****

**THE Mountain Area**

**NCWorks Work-based learning Grant**

**for**

**ICE House TRaining**

**APPLICATION**

An Equal Opportunity/Affirmative Action Employer/Program. Auxiliary aids and services available upon request to individuals with disabilities.

**NCWorks Ice House TrainingApplication**

## SECTION I. BUSINESS INFORMATION

The sections of the application are to be completed by the Applicant. Please complete within the form; the space will expand.

A. Applicant Information

|  |
| --- |
| Business Name:  |
| Street/Mailing Address:  |
| City/State:  | Zip:  | County:  |
| Company Contact Person:  | Title:  |
| Phone:  |  Ext:  | Fax:  |
| E-Mail Address:  | Company Website:  |
| Description of Business Product(s) or Service(s):  |
| Years in business at training location:  | Total number of paid employees at this location:  | Total number paid employees throughout NC:   | NAICS Code:    |
| How many of these employees have an employer-employee relationship?  |
| Legal Structure of Business:  |  Sole Proprietor  | Partnership  | Corporation (Designation)  |
| Tax Status of Business:  | For-profit  | Not-for-Profit  (Designation)  | Other:  |
| Employer’s Federal ID #:  | Unemployment Insurance ID #:  |
| Unique Entity ID: 12-character alphanumeric ID assigned to an entity by SAM.gov. |  |

B. Business Status Checklist Place an X in appropriate box.

|  |  |  |
| --- | --- | --- |
| Has the company been in operation in the State of North Carolina during the entire twelve-month period immediately preceding the submission deadline date?  | Yes | No |
| Is your company current on all North Carolina state taxes?  | Yes | No |
| Is your company current on all federal taxes?  | Yes | No |
| Is your company current on all county, city, and local taxes?  | Yes | No |
| Does your company have an employer-employee relationship with all of the trainees?  | Yes | No |
| Is your company subject to a collective bargaining agreement? (If “Yes,” please attach a letter of endorsement for the training from the authorized union official)  | Yes | No |

## SECTION II. TRAINING PLAN

|  |  |
| --- | --- |
| Anticipated Project Start Date:  |  |
| Project Length: Anticipated Completion Date: |  |
|  Amount of Funds Requested:  |  |
| Number of Employees to be trained **(**Count each **one** time**):**  |  |

1. Training Summary

There can be no more than three training components. Complete Attachment A for each training component. Place all Attachment A’s within the application before scanning.

**ATTACHMENT A**

## TRAINING COMPONENT \_\_# 1\_\_

|  |
| --- |
| **Course Title**:  |
| Course Description and Objectives:  |
| Training Schedule (# hours of training): Estimated Training Dates:  |
| Number of Trainees for Component:  |
| Training Location:  |
| Component Cost:  | Component Cost Charged to Grant:  |
| **Please provide information for the training provider.**  |
| Name of Training Provider:  |
| Name of Training Provider Contact:  | Phone:  |
| Address:  |
| City:  | State:  | Zip:  |
| E-Mail Address:  |
| **Provide the following information for each Instructor of this Component.**  |
| Name of Trainer/Instructor:  |
| Qualifications of Trainer/Instructor to Teach Component:  |
| Please provide the information requested in questions 1-3.  |
| 1. Identify the skills gaps of the employees to be trained. |
| 2. Explain how the training will address the identified skills gaps, improve employee retention, impact company stability, and increase the competitiveness of the employee and employer by either:Upgrading their skills and knowledge to retain their current job; ***OR***Gaining new skills and knowledge to qualify for a different job with their employer.  |
| 3. How will this training component impact the employees’ opportunity for advancement in the company and/or wage increases? |
| 4. How will this training component impact the business’s stability, competitiveness, and growth. |

1. Incumbent Worker Defined:

 An incumbent worker is:

* 1. At least 18 years of age, a paid W-2 employee of the applicant business or businesses;
	2. In a relationship that meets the Fair Labor Standards Act requirements for an employer-employee;
	3. All trainees must be an employee of the business prior to the first day of training;
	4. A citizen of the United States or a non-citizen whose status permits employment in the United States; and
	5. An employee to be trained who works at a facility located in North Carolina.

|  |  |
| --- | --- |
| Yes | No |

Are all employees to be trained an eligible incumbent worker as described above?

# SECTION III.BUDGET

1. Complete the Budget form, Attachment B as a separate document.

The applicant is encouraged to apply only for the amount of funds needed to meet its immediate training needs. All proposed expenses must be allowable, reasonable, and necessary and support the training components. The applicant must pay a portion of the cost of providing the training to incumbent workers. This portion is defined as the non-federal share. The non-federal share is based on the following limits:

Not less than 10% of the requested grant amount for employers with 3 - 25 employees.

The non-federal share provided by an employer participating in the program may include the amount of the wages paid by the employer to a worker while the worker is attending training. The employer may also provide the non-federal share in cash or in kind, pay for materials, or utilize a facility rental fee.

The Mountain Workforce Development Board reserves the right to remove or adjust any part of the budget prior to grant approval. \*The number of employees is based on all locations within Buncombe, Henderson, Madison, and Transylvania Counties.

 **PROJECT ABSTRACT SECTION IV.**

Please provide the following information, not to exceed three (2) pages: Use Times Roman 12, single spaced.

|  |
| --- |
| 1. Background information on the company;
 |
| 1. Overview of the training and information to support the request and need for training;
 |
| 1. Description of how the requested training will address the identified skills gaps, improve employee retention, impact company stability, and increase the competitiveness of the employee and employer;
 |
| 1. Reason for requesting financial assistance to conduct the training.
 |

**SECTION V.** AUTHORIZATION AND CERTIFICATION

As authorized representative of the Business submitting this application, I hereby certify that:

* I have read the Mountain Area NCWorks Work-Based Training Grant Guidelines and coordinated this application with the Workforce Development Board Business Services representative;
* The Business meets the requirements and is eligible to submit this application;
* The information contained in this application is true and accurate and reflects the intentions of the NCWorks Work-Based Learning Grant for incumbent worker training;
* I am aware that any false information, intentional omissions, or misrepresentations may result in rejection of the application and possible disqualification for future funding;
* I am aware that any false information, intentional omissions, or misrepresentations may subject the Business to civil or criminal penalties;
* I understand that training materials purchased with funds awarded under this project will be in the public domain and will be available for use by other eligible entities at no cost;
* The Business agrees to adhere to all reporting requirements; and to respond to a Customer Satisfaction Survey(s), if asked; and
* The Business agrees to provide all requested data elements as required for federal reporting.
* The Business agrees to allow an onsite visit upon request.

Further, this business shall not discriminate against any employee, applicant for employment, applicant or Workforce Innovation and Opportunity Act participant, subcontractor or potential beneficiaries of employment and training programs or projects because of race, color, disability, religion, age, sex, national origin, political affiliation, or belief.

Print Name Title

Signature Date

Electronic signature is acceptable.

**ATTACHMENT A-Allowable/Reimbursable and Non-Allowable/Non-Reimbursable Costs**

The following is a listing of reimbursable and non-reimbursable training costs for the MAWDB NCWorks Work-Based Learning Grant:

**Allowable/Reimbursable Training Costs:**

1. Training/Course registration/tuition fees.
2. Training that results in participants obtaining an industry-recognized certification or credential to include training preparation for certification exams. Funding must be requested for both the training and the certification exam and completed within the one year contract.
3. Web-based online training which may result in a certificate or certification.
4. Employee skills assessments that result in primary training funded through the grant.
5. Textbooks/manuals used 100% for the training activities.
6. Materials and supplies directly related to the training including purchase of software needed for training.
7. Travel for trainers-if the requested training is not available within reasonable proximity to the business. Travel may include mileage reimbursement, meals, and lodging based upon rates at [www.gsa.gov](http://www.gsa.gov).
8. Travel for trainees-up to $2,000 maximum, not to exceed 25% of total grant request.   Non-federal share for size of company must be met before travel is an allowable cost.   Travel (food, lodging, transportation) must be based on federal guidelines at [www.gsa.gov](http://www.gsa.gov).   Incidentals are not included in travel.  Mileage will be based on distance to and from training site only.  Google maps will be used for mileage calculations.  Travel records and paid receipts must be provided for all reimbursed travel expenses excluding per diem amounts for food.
9. Process improvement or quality-related training that is not a state or federally mandated training.
10. Cost consulting services are limited up to $5000 and must be in conjunction with training. Consulting will be evaluated on a case-by-case basis.

**Non-Allowable/Non-Reimburseable Training Costs:**

1. Employee related costs such as wages, fringe benefits, travel.
2. Training-related costs incurred prior to the beginning date of the contract with the MAWDB or after the contract end date.
3. Training that the company or an entity on the company’s behalf already provides to its employees.
4. Training that a company is mandated to provide on a regular basis to its employees by federal, state, or local laws.
5. Continuing Education Units (CEUs) and other training that is specifically required for an employee or entity to maintain licensure, certification, or accreditation.
6. Courses that are part of a trainee’s pursuit of an educational degree.
7. Employment or training in sectarian activities.
8. Curriculum design and/or training program development.
9. In-House Trainers employed by any business whose employees are being trained to include parent company employees.
10. Purchase of employee assessment systems or systems usage licenses (example: site licenses).
11. Company website design and development, website hosting, and maintenance, and advice on computer selection for purchase and upgrade.
12. Third party compensation or fees not directly related to the provision of the requested training.
13. Any costs that would normally be considered allowable, but for which there is no request/cost for training related to the item(s) within the application.
14. Capital improvements, purchase of real estate, to include the construction or renovation of facilities or buildings, and capital equipment or other durable long lasting and/or reusable training materials and hardware.
15. Business relocation or other similar/related expenses.
16. Travel outside of contiguous United States or costs associated with bringing a trainer into the country.
17. General office supplies and non-personnel services costs (example: postage and photocopying).
18. Membership fees/dues.
19. Food, beverage, entertainment, and/or celebration related expenses.
20. Job/position profiling.
21. Publicity/public relations costs.
22. Costs associated with conferences/meetings.
23. Costs associated with marketing.

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