



**Employed Worker Training (EWT)/ Incumbent Worker Training (IWT)
Program Application– PY 2017-18**

SECTION 1: Employer Information

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Company Name:			
Street Address:			
City:	Zip:	County:	
Company Contact Person:		Title:	
Phone:	Ext.:	Fax:	
Email Address:		Website Address:	
Years in Business:		Total Number of Full-time Employees:	
Employer's Federal ID #:		Escambia/Santa Rosa County Lic#	
		Standard Industry Classification (SIC) Code:	
Description of your business, product(s) and/or service(s):			
Type of Business:	<input type="checkbox"/> Private For-Profit	<input type="checkbox"/> Private Non-Profit	<input type="checkbox"/> Public
Legal Structure of Business:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
Does your organization have any affiliation with CareerSource Escarosa (e.g. member of Board of Directors or subcommittee, employee's family member is a CareerSource Escarosa Board employee, etc.)? Yes <input type="checkbox"/> If <input type="checkbox"/> No <input type="checkbox"/> yes, please explain:			
Does the company have ongoing training programs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the company have an established training budget? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the company women/minority owned? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the company located in an enterprise zone or redevelopment area? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have there been any layoffs or furloughs in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any projected layoffs or furloughs in the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the company receiving/applying for other training grant funds? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Such as: <input type="checkbox"/> OJT (On-the-Job Training)		<input type="checkbox"/> QRT (Quick-Response Training)	
<input type="checkbox"/> I (Incumbent Worker Training)		<input type="checkbox"/> Vocational Rehabilitation	



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SECTION 2: Training Project Information

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Description of the proposed training project(s): Please note that you have choices in deciding the training program that best fits your company needs as well as choices in the training organizations that will provide that service.

Describe each Training Program for which you are requesting assistance (attach additional sheets if necessary):

Name of Training Provider: (If known)			
Training Provider Contact:		Title:	
Street Address:			
City:	State:	County:	Zip Code:
Phone:	Ext.:	Fax:	FEIN:
Email Address:		Website Address:	
Type of Training Provider:	<input type="checkbox"/> Public training institution	<input type="checkbox"/> Private training institution	<input type="checkbox"/> Private Instructor/Consultant
Does the Training Provider have any affiliation with CareerSource Escarosa (e.g. member of Board of Directors or subcommittee, employee's family member is a CareerSource Escarosa Board employee, etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please explain:			
Training Title:			SOC Code:
Start Date (30 days from application date):		End Date (no later than 05/31/2018):	
Number of trainees:		Number of Training Hours :	
Total Cost of Training:		Cost of Training per Trainee:	
Does your company have adequate resources to support 50% of the total cost of this training? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please provide a narrative description of the training to be provided:			
Please explain why the training is needed:			
Job Title(s) of Trainees	# of Trainees with this Job Title	Average Wage of Trainees	



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SECTION 3: Anticipated Outcomes of the Training Project

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Training projects have many different outcomes that impact a company and its employees. Please complete the chart below by describing how this training will impact your company's success. *Be as descriptive as possible. Attach additional sheets if necessary.*

Statement	Yes	No	Describe What/How/Who/How much?
Saves jobs within the company <i>If the training is <u>not</u> provided, will it result in a need to replace existing workers with workers who have the skills?</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Creates new jobs and/or openings for entry-level positions and the company intends to use CareerSource Escarosa to post openings <i>Will the training result in promotional opportunities for the trainees creating openings for others to move up and/or new staff to be hired?</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>If so, do you intend to utilize CareerSource Escarosa to post job openings and recruit qualified candidates?</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Provides a significant skill upgrade <i>Does this training significantly increase the current skill level of the trainees? How? Describe.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Improves wage levels of trainees <i>Will the training result in wage increases for those being trained? Describe and include the amount of any proposed increases.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Helps prevent the company from having to relocate operations <i>If the training is <u>not</u> provided, will it result in a need for the company to relocate operations to an area with workers who have the skills?</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Critical to the viability of the company <i>Are there current or anticipated changes in processes and/or technology innovations that require new or different skills than currently required of employees? Describe</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Please select if the training relates to any of the below activities: <input type="checkbox"/> Introduction of new technology <input type="checkbox"/> Introduction of new product/service <input type="checkbox"/> Upgrading to new jobs that require additional skills <input type="checkbox"/> Workplace literacy <input type="checkbox"/> Other – Provide detailed explanation			



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SECTION 4: Certification by Authorized Company Representative

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NOTE: The individual signing the application below must have authority to enter into contracts on behalf of the applying company.

As an authorized representative of the company listed above, I hereby certify that the information listed above and attached to this application is true and accurate. I am aware that any false information or intended omissions may subject me to civil or criminal penalties for filing of false public records and/or forfeiture of any training award approved through this program.

Table with 2 columns and 2 rows: Signature, Title, Print Name, Date

Approved YES [] NO []

CareerSource Escarosa
Executive Director

Date:

Submit via email to: jdyer@careersourceescarosa.com

OR mail to:

CareerSource Escarosa
Employ Worker Training /Incumbent Worker Training Program
Attention: Jeff Dyer/ Business Services Coordinator 3672-2A
North L Street Pensacola, FL 32505



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Workforce Training Needs Cost Analysis

Complete the following budget in as much detail as possible:

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Budget Category	Estimated Cost per Trainee	# of Employees to be Trained	Total Estimated Cost of Training	Total \$ Amount to be Paid by CSE	**Employer Match/In-Kind (Facility, books, training materials, Instructors, etc.)
Tuition, Textbooks, Training Materials, etc.					
Training Instructor Costs					
Training Equipment Purchase				EWT/IWT Award Cannot Fund	
Travel, Food, Lodging				EWT/IWT Award Cannot Fund	
Other Costs (describe in detail if you wish to propose that it be included in the award)					
Trainee Wages (Including benefits) – Special Circumstances only*				EWT/IWT Award Cannot Fund	
TOTAL					

*Trainee wages may be included as an in-kind contribution if training takes place during normal work hours.

**Does your company have adequate resources to support 50% of the total cost of this training? Yes No

Additional Comments: