



Incumbent Worker Training

Sample Application

This is a sample application to prepare you for the [online application](#). Before submitting your online application, be sure that all sections are completed, and all document are uploaded. Failure to submit all documents with your application will delay processing of your application.

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Section 1

Company Information

Enter your company information as it would appear on contract: *

Company Name:	Street/Mailing Address:
City:	State:
Postal Code:	County:

Is your company a subsidiary of another company or affiliated with a parent company? Choose one.

Yes	No
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Enter your parent company information:

Parent Company Name:	
Street:	City:
State:	Postal Code:

Enter your contact information: *

First Name:	Last Name:
Title:	
Phone:	Fax:
E-mail Address:	
Company URL:	

Enter an alternate contact's information:

First Name:	Last Name:
Title:	
Phone:	Fax:
E-mail Address:	
Company URL:	

Enter your company information: *

Date of inception:	Total # of full-time employees at this location:
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Legal structure of your business: Choose one. *

Legal Structure	Sole Proprietor
Sole Proprietor	Partnership
Corporation	Non-Profit
Leased	Other

If "other", specify:

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Enter your company information:

*Employer's FEIN # (9 digits):	Unemployment Comp ID #:
Florida sales tax registration #:	Registration # (13 digits):

Enter your NAICS code: You may search for your NAICS code at siccode.com or the U.S. Census Bureau. *

Primary NAICS Code (6 digits):	Secondary NAICS (required if applicable):
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Is your company current on all state of Florida tax obligations? Choose one. *

Yes	No
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Please estimate the total amount your company will spend on training in this year: *

Total dollar amount:

Is your company receiving/applying for local Employed Worker Training Funds (EWT)? Choose one. *

Yes	No
-----	----

I or this company certify NOT having received a federal debarment notice: Choose one. *

Yes	No
-----	----

Is your company receiving/applying for any other federal training funds? *Choose one. **

Yes	No
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Is your company currently receiving federal funding from other sources that require the company to comply with the Federal Single Audit Act? *(Please refer to the [IWT guidelines](#) for more information.)*

*Choose one. **

Yes	No
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If “yes”, specify:

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Description of your business, product(s) and/or service(s): *

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Number of full-time employees to be trained: *(must be Florida residents) **

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Is this company minority-owned? *Choose one. **

Yes	No
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If “yes”, specify: *Choose one.*

Native American owned	African American owned
Asian American owned	Hispanic-American owned
Women owned	Other

If “other”, specify:

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Is this company located in? *Choose one. **

Distressed inner-city area	HUB Zone
Brownfield Resolution #:	Rural Country/Rural Area
None of the above	

How did you learn about the Florida Incumbent Worker Training program? *

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Section 2

Training Project and Provider Information

Note: *Complete this section as many times as necessary to account for each course of training.*

Name of training provider: *

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Training provider address: *

Street:	City:
State:	Postal Code:

Contact person information: *

Full Name:	Title:
Phone:	Fax:
Email:	

Note: No resume is needed for instructors from a public institution, i.e. college or university, or company employees. If your training provider is a company, you may provide their website address instead.

Type of training provider: Choose one. *

Public Training Institution (College or University)	Private Training Institution
Company Employee	Private Instructor

Training provider website:

URL:

Training information: *

Course Name:
Number of Hours:
Number of Trainees:

Provide the following information for each employee that will participate in this training program: *

Job Title	Department
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Training program description: *

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Type of training program: Choose one. *

Certification	Customer Service	Computer Hardware/Software
Equipment training	Industry Specific	ISO Certification Training
Lean Manufacturing	Mgmt./Leadership	Sales
Soft Skills	Other	

If "other", specify:

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Does training result in a certification? Choose one. *

Yes		No
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If "yes", specify:

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Training will be delivered: Choose one. *

On-Site
At the Training Institution
At a Remote Location

Course cost dollar amount: *

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Cost per trainee dollar amount: *

Number of hours of curriculum development:

Curriculum development cost dollar amount:

Number of books/ manuals:

Cost per book/manual dollar amount:

Section 3

Training Program Budget

Note: Training funds cannot be used to reimburse any training costs incurred before the grant is approved. Please take this into account when developing your budget timeline.

Enter number of trainees: *

Note: The Instructor Wages Dollar Amount should reconcile with Section 2, Training Program Description.
Example: Should be the total cost of the training in Section 2: 1) How to make Plastic \$500 x (5) = \$2,500,
2) New Visions \$35/hr x 24 hrs = \$840, TOTAL COSTS = \$3,340

Instructor wages total dollar amount: *

Curriculum development total dollar amount: Include Curriculum Development Cost in section 2. *

Book(s)/Manual(s) total dollar amount: Example: Should be the total Cost per Book/Manual in Section 2:
(10) New Vision Manuals @ \$30 each = \$300 *

Training equipment total dollar amount: Must be employer contribution. *

Other costs total dollar amount: (i.e. copies, DVD's, etc.) *

Facility usage total dollar amount: This is a **required field** if some training takes place at company site

Travel, food and/or lodging total dollar amount: *This is a **required field** if some training takes place off site*

Subtotal dollar amount: *

Trainee wages total dollar amount: (including benefits) *

A. BUDGET CATEGORY	B. TOTAL COSTS	C. IWT FUNDS REQUESTED	D. EMPLOYER CONTRIBUTION
Instructor Wages \$: (This information should reconcile with Section 2, Training Project Description.) Example: Should be the total cost of the training in Section 2: 1) How to make Plastic \$500 x (5) = \$2,500 2) New Visions \$35/hr x 24 hrs = \$840 TOTAL COSTS = \$3,340	\$1,000	\$500	\$500
Curriculum Development (include calculation of costs in section 2)	\$0	\$0	\$0
Manuals/Textbooks (itemize in section 2) Example: Should be the total cost of the manuals in Section 2: (10) New Vision Manuals @ \$30 each = \$300	\$0	\$0	\$0
Training Equipment Purchase/Usage (must be employer contribution)	\$0	Cannot fund with IWT grant	\$0
Other Costs (i.e. copies, DVD's,)	\$0	\$0	\$0
Training Facility Usage (<i>required field if some training takes place at company site</i>)	\$100	Cannot fund with IWT grant	\$100
Travel, Food, Lodging (<i>required field if some training takes place off-site</i>)	\$0	Cannot fund with IWT grant	\$0
Sub Total	\$1,100	\$500	\$600
Trainee Wages (including benefits)	\$5,000	Cannot fund with IWT grant	\$5,000
Totals	\$6,100	\$500	\$5,600

The total grant dollar amount you are requesting: *

Note: Businesses will be required to provide a minimum of 50% of the requested direct training costs (i.e., instructors' wages, curriculum development and manuals/textbooks). Some exceptions may apply. Other examples of employer contribution in addition to the direct costs may include expenses associated with additional instruction/tuition, curriculum development, manuals/textbooks, the use of space and equipment during the training project and trainee wages (including benefits) of employees during training.

Section 4

Anticipated Outcomes of the Training Project

Check the boxes that apply to the anticipated outcomes of the proposed training project and indicate the estimated number of jobs/employees impacted. Also, complete a brief statement under each applicable outcome as to how and/or why this training would result in the specific outcome.

Will make this location more competitive within our company: *Choose one.*

Yes	No
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If "yes", specify: *

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Will lower employee turnover at our company and retain jobs as a result: : *Choose one.*

Yes	No
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If "yes", specify: *

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How many jobs will be retained?

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Will demonstrate a commitment to avert the layoff of employees receiving training: *Choose one. **

Yes	No
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If "yes", specify: *

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Will create new jobs within our company: *Choose one.*

Yes	No
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If "yes", specify: *

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Number of new jobs that will be created: *

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Will create openings in entry-level positions: *Choose one.*

Yes	No
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If "yes", specify: *

Number of entry-level position openings that will be created:

Will save jobs within our company: *Choose one.*

Yes	No
-----	----

If "yes", specify: *

Number of jobs that will be saved:

Will promote employees within our company: *Choose one.*

Yes	No
-----	----

If "yes", specify: *

Number of employees that will be promoted:

Will enable employees to receive certifications or credentials: *Choose one.*

Yes	No
-----	----

If "yes", specify: *

Number of employees that will receive certifications or credentials:

Will increase the efficiency of our company: *Choose one.*

Yes	No
-----	----

If "yes", specify: *

Will enable our company to gain more business: *Choose one.*

Yes	No
-----	----

If "yes", specify: *

Will increase the profitability of our company: *Choose one.*

Yes	No
-----	----

If "yes", specify: *

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Will be an important component of our company's overall workforce employee development efforts:

Choose one.

Yes	No
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If "yes", specify: *

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Will assist in the improvement of international trade opportunities: *Choose one.*

Yes	No
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If "yes", specify: *

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Will improve the short-term wage levels of trainees: *Choose one.*

Yes	No
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If "yes", specify: *

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Will improve the long-term wage levels of trainees: *Choose one.*

Yes	No
-----	----

If "yes", specify: *

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Critical to the long-term viability of our company: *Choose one.*

Yes	No
-----	----

If "yes", specify: *

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Would help prevent company from having to relocate operations: *Choose one.*

Yes	No
-----	----

If "yes", specify: *

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Will assist in the training of veterans: *Choose one.*

Yes	No
-----	----

If "yes", specify: *

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Will assist in the training of minorities: *Choose one.*

Yes	No
-----	----

If "yes", specify: *

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Important to the stated mission of our company: Choose one.

Yes	No
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If "yes", specify: *

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Section 5

Certification by Authorized Company Representative

Authorized company contact: *

Signature of Authorized Contact	
First Name	Last Name
Title	Phone
E-mail Address	
Date Signed	

Application prepared by: (if different from authorized company representative above)

Full Name	
Title	Phone
Company	
E-mail Address	

Authorized company address:

Street	City
State	Postal Code

Would the authorized company representative like to have another party be included in correspondence relating to the application: Choose one.

Yes	No
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Florida Department of Revenue Tax Clearance Letter or Certificate of Compliance

You may request your Tax Clearance Letter online via the [Florida Department of Revenue](#), which must be dated within 45 days of application submission. Once your company receives the letter, submit it as part of your application process.

DOR Clearance Letter: *

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941 Tax Form

If your business is a corporation, you are required to submit an IRS Form 941 for the most current quarter prior to application. If your business is a sole proprietorship, a 1040 Income Tax Return with a Schedule SE is required. If you are a sole proprietor and your business has filed for an extension, you must provide that paperwork (IRS Form 7004) and a copy of your tax return once the tax return has been filed (which should be no later than 6 months from the due date of the return). If your business uses a PEO to lease its employees, then verification of the agreement is needed on the PEO's letterhead in lieu of a 941.

941 Tax Return: *

Letter of Credit

If contacted by CareerSource Florida, you will need to provide a letter of credit from a bank your company has done business with for at least six (6) months. The letter must be on bank letterhead.

Letter of Credit:

Certificate of Completion

Complete this section to certify all sections of the Incumbent Worker Training application have been completed and that all required documentation has been uploaded.

Business name as it would appear on contract: *

Name of individual certifying application completion:

E-mail:

I certify all sections of the Incumbent Worker Training application have been completed and all required documentation has been uploaded: *Choose one.*

Yes	No
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