

## NORTH CAROLINA DEPARTMENT OF COMMERCE DIVISION OF WORKFORCE SOLUTIONS

DWS POLICY STATEMENT NUMBER: PS 17-2013, Change 1

Date: October 9, 2013

Subject: Program Year 2013 Incumbent Workforce
Development Program

From:

Roger Shackleford, Assistant Secretary

Purpose:

To provide updated guidance and criteria for the Program Year (PY) 2013 North Carolina Incumbent Workforce Development Program (IW).

Changes and Additions: The following IWDP documents have been changed:

IWDP PY 2013 Guidelines for Businesses

Page 5 Who Is Not Eligible to Apply - Bull #3

Page 8 How Does a Business Substit Application—Link to Local Workforce
Development Boards Sected to NCWorks Online

Page 8 How Can A Business De rmine if its Parent Company and/or Subsidiaries Have Receives an IWDP Grant? –Link to indicate Companies who have been awarded Incumbent Workforce Development Grants to date

#### IWDP PY 2013 Application Assessment

Training Component Assessment Page—Additional Criteria Question — Review the Allowable / I on-A lowable Costs for IWDP funding (Attachment A in the IWDP Cridelies or Attachment C of the IWDP Application).

#### The foll ying IWDP documents have been added:

#### IWDP PY 2013 Guidelines for Local Workforce Development Boards

The Local Workforce Development Board Guidelines serve as guidance and instructions for operating the Incumbent Workforce Development Program.

#### **IWDP PY 2013 Application Overview**

The Application Overview will provide the Division of Workforce Solutions with the applicant and financial information necessary for maintaining the DWS Database. It is an electronic file that is completed and submitted for each application that the Board selects for funding.

#### **IWDP PY 2013 Quarterly Report**

The Quarterly Report provides financial information of the grant award, up to date expenditures, and number of trainees pertinent to each business.

**IWDP PY 2013 Final Report** 

The Final Report provides the final expenditures of the grant, reports training outcomes and captures the business' comments on IWDP.

Action:

Local Workforce Development Boards will use the attachments below for the PY 2013 Incumbent Workforce Development Program. All IWDP documents are provided below for accuracy, ease of access and are to be used for PY 2013.

**Effective Date:** 

**Immediate** 

**Expiration:** 

June 30, 2014

Contact:

**Business Services Specialist** 

Attachments:

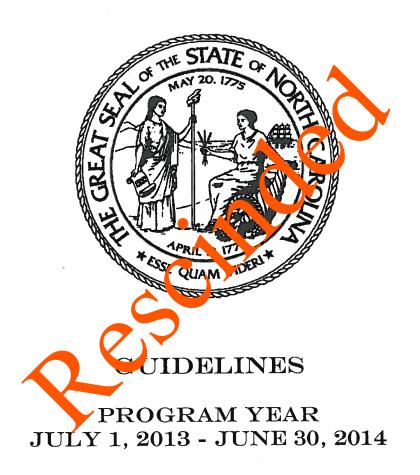
1-IWDP PY 2013 Guidelines for Businesses

2-IWDP PY 2013 State of North Carolina Incumbent Worker Application

3-IWDP PY 2013 Application Assessment
4-IWDP PY 2013 Guidelines for Local Board
5-IWDP PY 2013 Application Overview
6-IWDP PY 2013 Quarterly Report
7-IWDP PY 2013 Final Report

### THE STATE OF NORTH CAROLINA

# INCUMBENT WORKFORCE DEVELOPMENT PROGRAM





DIFFERENCES FOR COMMERCE

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

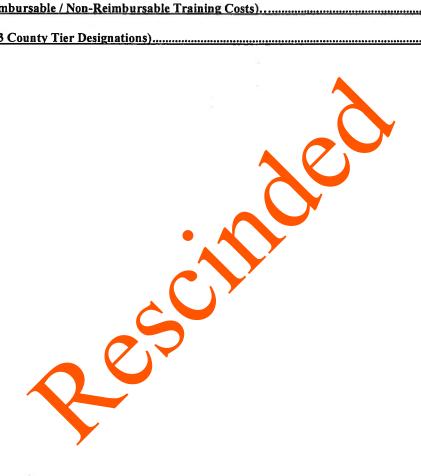
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# NORTH CAROLINA INCUMBENT WORKFORCE DEVELOPMENT PROGRAM GUIDELINES

#### KEY POINTS:

- The North Carolina Incumbent Workforce Development Program (IWDP) is a competitive, retention solutions grant that qualifying businesses can use to address employees' skills gaps, resulting in increased knowledge, certifications and value to the company. Addressing employees' skills gaps also contributes to a company's competitiveness in regional and global economies.
- North Carolina for-profit and not-for-profit businesses that have been in operation for a minimum of one year prior to the application date, are current on all federal and state tax obligations, and are financially viable are eligible to apply.
- IWDP grants are awarded on a competitive basis. The maximum amount is \$25,000 per grant, with a lifetime funding limit of \$40,000.
- The IWDP is cooperatively administered through the state's Local Workforce Development Boards (LWDB) and the North Carolina Department of Commerce's Division of Workforce Solutions (Division). Applications are submitted directly to a LWDB. A LWDB may request additional information or establish supplemental provisions and requirements for the training projects.
- State Submission Deadline October 31, 2013 April 1, 2014

Grant Awar An. we cement December 4, 2013 April 30, 2014

- For each funding cycle, each LWDB will set its own due late so that the state submission deadline can be met.
- Only complete IWDP applications will be considered for this competitive grant process.

Please see the information below for more details

#### FREQUENTLY ASKED QUESTIONS

#### WHAT IS THE NORTH CARCELLAND INCUMBENT WORKFORCE DEVELOPMENT PROGRM?

The North Carolina Incumbent Werkforce Development Program is a competitive, retention solutions grant. Qualifying businesses can use this grant to address employees' skills gaps, resulting in increased knowledge, certifications, and value to the company. Addressing employees' skills gaps also contributes to a company's competitiveness in regional and global economies.

#### WHAT IS AN INCUMBENT WORKER?

An incumbent worker is:

- A paid employee of the applicant business, or a person working for the business as a staffing agency employee;
- At least 18 years of age;
- A citizen of the United States or a non-citizen whose status permits employment in the United States;
- An employee to be trained that works at a facility located in North Carolina or working for a staffing agency and placed at a North Carolina facility.

#### WHEN WOULD AN EMPLOYER UTILIZE THIS RETENTION SERVICE?

An employer can utilize this retention solutions grant when employees have identified skills gaps that need to be addressed through training, thus enhancing their continued employability.

## WHICH EMPLOYEES WOULD BENEFIT FROM THE INCUMBENT WORKFORCE DEVELOPMENT PROGRAM TRAINING?

The Incumbent Workforce Development Program Training is beneficial to employees who have identified skills gaps, where eligible training addresses these gaps, allowing them to:

- Qualify for a job with changing skill requirements, or for higher paying jobs with their existing employers or other companies in the area; or
- Obtain the skills and knowledge to perform work that is at a higher level than their current positions.

Additionally, the training provides a significant step towards achieving an industry- or applicant-recognized certification or credential that increases the workers' overall employability.

#### WHO IS ELIGIBLE TO APPLY?

North Carolina for-profit and not-for-profit businesses that have been in operating for a minimum of one year prior to the application date, are current on all federal and state tax obligations, and are financially viable are eligible to apply.

#### WHAT IS A NOT-FOR-PROFIT BUSINESS?

A not-for-profit entity is a legally constituted organization whose primary objective is to support or to actively engage in activities of public or private interest without any commercial or monetary profit purposes. For the purpose of this grant, it is further defined as having the following characteristics: 1) has paid employees (volunteers are not eligible for training under this program), 2) pays required wage taxes; and 3) generates income through the production of products or the provision of services.

#### WHO IS NOT ELIGIBLE TO APPLY?

The following businesses are not eligible, apply or funds under this program:

- A business currently receiving training funds, either directly or indirectly, from North Carolina state government unless those raining ands do not duplicate the training efforts outlined in the project application
- A business that has received funds either directly or indirectly from North Carolina state government under any previous training initiative, and the terms of the agreement for training have not been met
- A training provider, unless it is to address the skills gaps of the training provider's incumbent workers
- A Workforce Development Board or its administrative entity
- A labor union
- A government entity
- A company that has already met its lifetime limit (\$50,000 for grants awarded prior to July 1, 2008, or \$40,000 for grants awarded after July 1, 2008), unless it is part of a collaborative grant application

## CAN A BUSINESS APPLY FOR AN IWDP GRANT IF IT IS ELIGIBLE FOR OTHER TYPES OF TRAINING RESOURCES, SUCH AS CUSTOMIZED TRAINING?

In addition to the IWDP, the North Carolina Community College System provides funds through the Customized Training Program. Introduced in 2008, the Customized Training Program is an integration of two prior programs: The New and Expanding Industry Program (NEIT) and the Focused Industrial Training Program (FIT). To maximize resources, the business must demonstrate that it is not eligible for, or has exhausted efforts to secure, funding through this or other existing programs (examples: agreement on an acceptable training schedule timeline; availability of funds to meet training timeframe).

#### WHAT KINDS OF TRAINING CAN BE FUNDED BY THE IWDP?

The following types of training can be funded:

- Occupational skills training designed to meet the special requirements of a business or a group of businesses
- Educational training including, but not limited to, workplace literacy, basic skills, soft skills, and English as a second language

Funds awarded for a project will be expended on training activities that take place only in North Carolina <u>unless</u> the Local Workforce Development Board approves training outside the state. If consent is given, all other rules and regulations of the IWDP still apply.

## WHAT IS THE MAXIMUM AMOUNT FOR WHICH A BUSINESS CAN APPLY?

IWDP funds are limited, and are, therefore, awarded on a competitive basis. The maximum amount is \$25,000 per grant, with a lifetime funding limit of \$40,000. Businesses with locations in multiple areas of the state will be treated as a single company for the purposes of determining when the lifetime maximum has been met. The lifetime limit applies to the company, its parent contrary and subsidiaries. The business may apply for subsequent grants, based on the difference between the amount of a previous grant award(s), not total expenditures of previous grants, and the lifetime funding limit of \$40,000. A business must meet all criteria in order to apply for its remaining lifetime limit; receive of a prior IWDP grant does not automatically make a business eligible for future grants.

## WHAT IS THE LIFETIME LILIT FOR THOSE WHO HAVE RECEIVED AN IWDP GRANT PRIOR TO JULY 1, 2008?

Businesses that received IWDP funds prior to July 1, 2008 and have not reached the lifetime funding limit that was set at \$50,000 are grandfathered under the \$50,000 lifetime limit. Thus, the eligible amount for which they can apply is based on the difference of the prior grant award, not total expenditures of previous grants, and \$50,000. A business must meet all criteria in order to apply for its remaining lifetime limit; receipt of a prior IWDP grant does not automatically make a business eligible for future grants.

If a company is awarded an Incumbent Worker grant but is unable to use <u>any</u> of the funds and forfeits the full grant amount, then that grant amount will not count against the total lifetime limit for that company.

## CAN A BUSINESS APPLY FOR A GRANT THAT WILL SERVE DIFFERENT, MULTIPLE BUSINESSES WITH COMMON TRAINING NEEDS?

Yes, unique businesses can partner and apply for a collaborative training grant. The businesses pursuing this approach must consult with their Local Workforce Development Boards (LWDB), who will help coordinate this type of application.

LWDBs are also encouraged to work with unique businesses in high demand sectors within their region to complete collaborative applications. All businesses included in the application must meet all rules, regulations, and guidelines of the Incumbent Workforce Development Program.

The proposal for the common training must:

- Serve employees of <u>at least two different</u> businesses, with one of those businesses designated as the Lead Applicant. A non-business entity can apply on behalf of the businesses, but this non-business entity cannot be the training provider;
- Include information on each business that will be part of the training. The application has a specific section for this information;
- Include training descriptions and outcomes that address the employees from all businesses impacted by the proposed common training; and
- Be for a collective group of businesses of which none have ever received a collaborative training grant.

An application representing the training needs of two (2) businesses will be subject to the \$32,500 per grant funding limits previously set forth.

If <u>three (3) or more</u> different businesses apply for a collaborative training grant, then the funding request may be awarded for an amount up to \$40,000.

## HOW IS A BUSINESS' LIFETIME FUNDING LIMIT AFFECTED IT IS PART OF A COLLABORATIVE APPLICATION?

The amount of the award will be equally portioned among the businesses included in the application as follows:

• For a business that has not received an Incumbent Work ree Development Program (IWDP) grant(s) prior to July 1, 2008, its portion of a collaborative war, will apply towards its lifetime funding limit of \$40,000.

Example: Two businesses receive a collaborative training grant in the amount of \$20,000. These businesses have never received an IVDP grant; therefore, their lifetime funding limit is \$40,000 each. Each business will have \$10,000 credited towards its lifetime funding limit, leaving \$30,000 available for future IWDP grant(s) in which each business is the sole applicant.

• For a business that has received in LNDP award(s) prior to July 1, 2008, its portion of a collaborative grant award will not only towards its lifetime funding limit of \$50,000. The business can still apply for its lifetime funding balance as a sole applicant.

Example: Two businesses receive a collaborative training grant in the amount of \$20,000. Business A has benefited from the IWDP prior to July 1, 2008. In determining each business's equal portion of the grant amount, Business A is considered in the denominator, but its portion is not applied towards the amount remaining, if any, in its lifetime funding limit of \$50,000.

#### WHAT COSTS CAN BE REIMBURSED BY THE IWDP?

See Attachment A for a list of allowable and non-allowable costs. Costs associated with the training that are not allowable can be included as part of the "Employer Contribution" column on the budget form.

#### WHAT OUTCOMES ARE EXPECTED FROM THE IWDP GRANT?

When workers lack needed training and businesses experience skills gaps in its workforce, the company's ability to compete, expand, and retain workers can be compromised. North Carolina's IWDP, funded by the federal Workforce Investment Act (WIA), addresses such needs. The specific outcomes of the training through the IWDP will address employees' skills gaps and result in increased knowledge, certifications, and value to the company.

#### HOW IS THE IWDP ADMINISTERED?

The IWDP is cooperatively administered through the state's Local Workforce Development Boards (LWDB) and the North Carolina Department of Commerce's Division of Workforce Solutions (Division). Within the framework established through the IWDP, a LWDB may request additional information for the applications.

#### HOW DOES A BUSINESS SUBMIT AN APPLICATION?

First the business must contact the Local Workforce Development Board (LWDB) that administers the Incumbent Workforce Development Training Program (IWDP) in its geographical area. The full listing for the NC LWDBs is available at NCWorks Online: <a href="www.ncworks.gov">www.ncworks.gov</a>. From the link, select Resources and Services, then Local Workforce Area Contacts. This contact allows the business and the LWDB the opportunity to review the guidelines and eligibility requirements, highlight respections, discuss training priorities, understand the cost reimbursement procedures and the upplication time schedule, and other procedures and expectations.

Program applications for North Carolina's IWDP are available on the Department of Commerce website: <a href="http://www.nccommerce.com/workforce/businesses/worker-tra.ing-program/how-to-apply/guidelines-applications-forms">http://www.nccommerce.com/workforce/businesses/worker-tra.ing-program/how-to-apply/guidelines-applications-forms</a>. These documents are also available through I WDB staff and websites.

## HOW CAN A BUSINESS DETERMINE IT ITS PRENT COMPANY AND/OR SUBSIDIARIES HAVE RECEIVED AN IWDP GRANT?

The business should work with its LWDE cutermine this information. It may also view the following website, which has a complete disting of all companies that have received an IWDP grant: <a href="http://www.nccommerce.com/workfore/businesses/worker-training-program/latest-grant-awards">http://www.nccommerce.com/workfore/businesses/worker-training-program/latest-grant-awards</a>
The list of total companies funded is updated within thirty (30) days from the announcement of awards for each round.

#### IS IT REQUIRED THAT THE PPLICANT USE THE APPLICATION FORM PROVIDED?

Yes. The application is provided as a Word document. All information is to be provided <u>within</u> the form. The space will expand to accommodate the information. Please do <u>not</u> include trainer's resumes or other excess information. Also, a trainer's qualifications, course descriptions and objectives should be summarized within the form. Incomplete applications will not be considered for review, however, the LWDB will assist the company as it deems appropriate, if the application is incomplete.

#### IS AN ELECTRONIC SIGNATURE ACCEPTABLE?

No. Electronic signatures will not be accepted. All sections requiring a signature must be original, handwritten signatures.

#### WHAT TECHNICAL ASSISTANCE IS AVAILABLE TO ASSIST THE BUSINESS?

The LWDB staff is available to provide technical assistance throughout the process.

#### CAN AN ENTITY APPLY FOR TRAINING ON BEHALF OF THE BUSINESS(ES)?

An individual or organization may apply for a grant on behalf of a business or group of businesses; however, the individual/organization may not be compensated with grant funds.

#### WHEN CAN A BUSINESS APPLY FOR AN IWDP GRANT?

State Submission Deadline
October 31, 2013
April 1, 2014

Grant Award Announcement
December 4, 2013
April 30, 2014

The LWDB will inform the business of its advanced submission date and other requirements necessary in order to meet the State's application submission deadline.

#### HOW WILL FUNDING DECISIONS BE MADE?

Using the Division's Criteria Check List, the LWDB will review the apprecation for viability and make funding decisions based on the State's IWDP criteria. The LWDB will be a second the Division to access the funding.

The number of awards approved per round is based in the number of eligible applications and funding availability as determined by the Division.

#### IS A BUSINESS GIVEN ANY SPECIAL CONSIDERATION?

Yes, special consideration may be given it.

- The business is located in a Til 1 county as specified by the NC Department of Commerce's 2013 County Tier Designation (see Attachment B); or if,
- The applicant's location has than 100 employees and less than 250 employees throughout North Carolina.

#### HOW WILL I KNOW IF MY BUSINESS' APPLICATION IS APPROVED?

The Local Workforce Development Board (LWDB) will notify the business of action taken on its application. The LWDB will begin the process of developing a contract between it and the successful applicant, to be executed within 60 days of the date of the Notice of Funds Availability cover letter from the LWDB. The contract will set forth all processes and expectations for administering, implementing, and completing the training. If the contract is not executed within the aforementioned 60-day time frame, the grant award becomes null and void and the business will have to re-apply in a future round.

Each project will be monitored and evaluated by the LWDB, with outcomes reported to the Division.

#### HOW LONG DOES A BUSINESS HAVE TO CONDUCT THE TRAINING?

Training must be completed within 12 months from the date of the contract between the business and the LWDB.

#### CAN THE CONTRACT BE EXTENDED?

A business is expected to carefully assess its training needs so that it will apply only for the funds needed for training that addresses its employees' skills gaps and can be completed in a twelve (12) month time frame. Under extenuating circumstances, a request can be made by the business to the Local Workforce Development Board (LWDB) to extend the date of a contract. Each request is reviewed on a case-by-case basis. In any event, no extension will exceed 30 days past the end date of the original contract.

## ONCE THE BUSINESS HAS BEEN AWARDED, AN IWDP GRANT, CAN IT CHANGE THE TYPE(S) OF TRAINING OR USE OF FUNDS APPROVED IN THE GRANT?

The Incumbent Workforce Development Training Program (IWDP) is a competitive retention solutions grant and each application is evaluated against program criteria.

If there is a need to request a change to the approved training, the business must contact the LWDB to discuss the best alternatives. Training changes must continue to address the employees' originally identified skills gaps, be completed within the original one-year timeframe, and meet the IWDP criteria. The LWDB will evaluate each request based on a case-by-case basis.

## WHAT INFORMATION IS A BUSINESS REQUIRED TO SUPPLY TO THE LWDB ON THE EMPLOYEES TO BE TRAINED?

The LWDB will discuss with the business the employee information equired on the trainees. Federal requirements mandate funded businesses provide the following data for such training participant:

- Social Security Number
- Complete Name and Contact Information
- Gender
- Date of Birth
- Citizenship (Right-to-Work Status)
- Selective Service Compliance
- Person with Disability
- Ethnicity and Race

It is possible that more information was be needed.

#### ARE ANY REPORTING REQUIREMENTS EXPECTED OF THE BUSINESS?

Yes. The Local Workforce Development Board (LWDB) will advise and discuss the reporting requirements for the grant award, to include content, time frame and other matters. A final report on the training is due no later than forty-five (45) days from the *end of the training*. It will be forwarded by the LWDB to the Division of Workforce Solutions.

#### ATTACHMENT A

#### Reimbursable / Non-Reimbursable Training Costs

The following is a listing of reimbursable and non-reimbursable training costs for North Carolina's Incumbent Workforce Development Program (IWDP):

#### Allowable Training Costs:

- Instructors' / trainers' salaries
- Tuition costs for training courses
- 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 twelve (12) month contract
- On-line training
- Employee skills assessment that results in primary training funded through the grant
- Textbooks / manuals used 100% for the training activities
- Materials and supplies directly related to the funded training
- Computer software used 100% for the training activities, limited to 5% of the training activities activities, limited to 5% of the training activities activities.
- Travel for trainers-if the requested training is not available within reasonable proximate to the business

#### Non-Allowable Training Costs:

- Employee wages, fringe benefits, travel, and process improvement of quality-related training
- Training-related costs incurred prior to the beginning date of the contract with the LWDB or after the contract ends.
- Training which is reimbursed / required by other public agencies of departments, such as but not limited to OSHA, Worker's Compensation, etc.
- Continuing Education Units (CEUs) and other training that specifically required for an employee or entity to remain licensed or certified
- Employment or training in sectarian activities
- Curriculum design and/or training program development.
- Any costs associated with in-house company trainers to include parent company employees, also to include employees of collaborative businesses, if applicable
- Trainers must not be employed by any business whose employees are being trained
- Purchase of employee assessment systems or systems usage licenses (ex., site licenses)
- Company website design and unclopment rebsite hosting, and maintenance, software or hardware upgrades, advice on computer selection for yrchae and upgrade
- Compensation or consultant nor unectly related to the provision of training
- 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
- 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
- Business relocation or other similar / related expenses
- Travel outside of contiguous United States or costs associated with bringing a trainer into the country
- General office supplies and non-personnel services costs, i.e., postage and photocopying
- Membership fees / dues
- Food, beverage, entertainment, and/or celebration related expenses
- Job / position profiling
- Publicity / public relations costs
- Costs associated with conferences

# Attachment B NC DEPARTMENT OF COMMERCE 2013 COUNTY TIER DESIGNATIONS

| TIE        | CR 1        | TIE        | R 2          | TIER 3      |
|------------|-------------|------------|--------------|-------------|
| Alleghany  | Northampton | Alamance   | Person       | Brunswick   |
| Anson      | Richmond    | Alexander  | Pitt         | Buncombe    |
| Bertie     | Robeson     | Ashe       | Polk         | Cabarrus    |
| Bladen     | Rockingham  | Avery      | Randolph     | Carteret    |
| Burke      | Rutherford  | Beaufort   | Rowan        | Chatham     |
| Caldwell   | Scotland    | Catawba    | Sampson      | Durham      |
| Camden     | Swain       | Cleveland  | Stanly       | Forsyth     |
| Caswell    | Tyrrell     | Craven     | Stokes       | Franklin    |
| Cherokee   | Vance       | Cumberland | Surry        | Haywood     |
| Chowan     | Warren      | Currituck  | Transylvania | Henda son   |
| Clay       | Washington  | Dare       | Wayne        | Ire all     |
| Columbus   | Wilkes      | Davidson   | Yadkin       | Johnston    |
| Edgecombe  | Wilson      | Davie      |              | Mecklenburg |
| Gates      | Yancey      | Duplin     |              | Moore       |
| Graham     |             | Gaston     |              | New Hanover |
| Halifax    |             | Granville  |              | Orange      |
| Hertford   |             | Greene     |              | Pender      |
| Hoke       |             | Guilfort   |              | Union       |
| Hyde       |             | Hymett     |              | Wake        |
| Jackson    |             | Lee        |              | Watauga     |
| Jones      |             | Lincoln    |              |             |
| Lenoir     |             | Macon      |              |             |
| Martin     |             | Madison    |              | 9           |
| McDowell   |             | Nash       |              |             |
| Mitchell   |             | Onslow     |              |             |
| Montgomery |             | Pamlico    |              |             |
|            |             | Pasquotank |              |             |
|            |             | Perquimans |              |             |

## THE STATE OF NORTH CAROLINA

# INCUMBENT WORKFORCE DEVELOPMENT PROGRAM



PROGRAM YEAR

JULY 1, 2013 - JUNE 30, 2014



DEPARTMENT OF COMMERCE

#### North Carolina Incumbent Workforce Development Program Application

Note: For an application to be considered, all requested and applicable information must be provided.

#### 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.

If the application is for a collaborative grant, the companies included in the grant, but **not** the lead applicant, are to also complete Attachment F.

| A. Applicant Information      | ·           |             |                       |                |                |             |
|-------------------------------|-------------|-------------|-----------------------|----------------|----------------|-------------|
| Business Name:                |             |             |                       | 3              |                |             |
| Street/Mailing Address:       |             |             |                       |                |                |             |
| City/State:                   |             | 10          | Zip:                  | d              | un' .          |             |
| Company Contact Person:       |             |             | Title:                |                |                |             |
| one:                          | Ex          | t:          | Fall                  |                |                |             |
| E-Mail Address:               |             | C           | Cor pany W            | Veb-site:      |                |             |
| Description of Business Pro   | oduct(s) or | Servic (s): |                       |                |                |             |
| Years in business at training | g le ation  | Total numb  | er of paid            | Total nu       | ımber of paid  | NAICS Code: |
| employees a location:         |             |             | at this               | employe<br>NC: | ees throughout |             |
| Legal Structure of            | Sole        | Proprietor  | Partners              | ship           | Corpora        | tion        |
| Business:                     |             |             |                       |                | (Designation)_ |             |
| Tax Status of Business:       | For-p       | rofit       | Not-for-profit Other: |                |                |             |
| Δ.                            |             |             | <br>  (Designation    | n)             |                |             |
| Employer's Federal ID #:      |             | 12          | Unemploym             | <u></u>        | ance ID #:     |             |

| В.  | Parent Company Is your company a subsidiary of another   | r company or   | affiliate                       | d with a pare  | nt company?  | Yes  | _No  |
|-----|--|--|---------------------------------|--|--|--|--|
|     | If "Yes," please provide the following is above, or indicate 'SAME."   | nformation ab  | out the                         | corporate offi   | ice/parent cor   | npany, if dif  | ferent from                                |
| Par | rent Company Name:   |  |                                 |  |  |  |  |
| Str | eet/Mailing Address:   |  |                                 |  | •  |  |  |
| Cit | y/State:   |  | Zip:                            |  | County:  | 8  |  |
| Au  | thorized Representative:   |  |                                 | Title:   |  |  |  |
| Ph  | one:   | Ext:   |                                 | Fax:   |  | 60   |  |
| E-l | Mail Address:  | C  | ompany                          | Website:   |  |  |  |
| C.  | Business Status Checklist  • Has the company been in operation   | in the State of  | `North (                        | Parolina duri  | an be entire t   | welve-mont   | h period                                   |
|     | immediately preceding the date of a  | pplication?  | 9                               |  |  | No   | n period                                   |
| (9) | Is your company current on all Nort  |  | te taxes'                       | 0  | Yes  | No   |  |
|     | Is your company current on all feder   |  |                                 | -0   | Yes  | No   |  |
|     | Is your company current on all coun  |  |                                 |  | Yes  | No   |  |
|     | • Is your company subject to a collect (If "Yes," please attach a letter of er   |  |                                 |  | Yes<br>ion official)   | No   |  |
| SE  | CTION II. AVAILABI IT AN   | D/OR USE   | OF O                            | THER FUN   | DS   |  |  |
|     | In addition to the IWDP, the North Customized Training Program. Introduprior programs: The New and Expan Program (FIT). To maximize resource exhausted efforts to secure, funding the acceptable training schedule timeline; and | ced in 2008, t<br>ding Industry<br>ces, the busin<br>hrough this o | he Cust Progra ess mus or other | omized Train<br>m (NEIT) a<br>st demonstra<br>existing pro | ning Program<br>and the Focu<br>te that it is a<br>grams (exam | is an integra<br>sed Industri<br>not eligible<br>aples: agreen | ation of two<br>al Training<br>for, or has |
| A.  | Please describe the results of your commor university concerning the availability other potential training resources that co   | of resources t   | hrough:                         | 1) The Cust  | omized Train   | •  | _  |
|     | Contact:   |  |                                 |  |  |  |  |
|     | Institution:   |  |                                 |  |  |  |  |
|     | Outcome of discussion:   |  |                                 |  | 1  |  |  |
|     | NOTE: If more than one contact was m   | ade, supply th   | e same                          | intormation f  | or each conta  | ict.   |  |

| B. Are any of the training components community college or university?                 | described in this application      | n availabl<br>-            | e from any publicly-funded   |
|--|------------------------------------|----------------------------|--|
| C. Has your company previously recei and Expanding Industry Training or sources? Yes N | r Focused Industrial Trainin       | ch as the C<br>ag or other | Customized Training Program, New training grants from any government |
| If YES, please provide the followin  | g information about <u>each</u> gr | ant receiv                 | red:   |
| Funding Source:  | Amount of Award:                   |                            | Dates of Grant Period:   |
| Types of training provided:  |                                    |                            |  |
| Have the terms and agreements of the   | training been completed?           | Yes                        | No (If no, explain.)   |
| Summary of the outcome(s) from the t   | raining:                           |                            |  |
| Explain the relationship, if any, to the   | training described in this ar      | plication:                 |  |
|  |                                    | _                          | <u> </u>   |
|  |                                    |                            |  |
| Funding Source:  | Amount of Award:                   |                            | Days of Grant Period:  |
| Types of training provided:  |                                    |                            |  |
| Have the terms and agreements of the   |                                    | Yes                        | (If no, explain.)  |
| Summary of the outcome(s) from the t   |                                    | K                          |  |
| Explain the relationship, if any, to the   | training described in this a       | ph tion.                   | 5  |
| D. Has your company previously received Yes No  If YES, please provide the following   |                                    |                            |  |
| Local Workforce Development Board:   |                                    | -                          |  |
| Amount of Award:   | Dates                              | of Grant I                 | Period:  |
| Types of training provided:  |                                    |                            |  |
| Have the terms and agreements of the tr  | raing been completed?              | Yes                        | No (If no, explain.)   |
| Summary of the outcome(s) from the tra   |                                    |                            |  |
| Explain the relationship, if any, the  |                                    | lication:                  |  |
|  | ,                                  | E 4                        |  |
| Local Workforce Development Board:   |                                    |                            |  |
| Amount of Award:   | Dates                              | of Grant I                 | Period:  |
| Types of training provided:  | Dates                              | or Grant I                 | . CIIOG.   |
| Have the terms and agreements of the tr  | aining been completed?             | Voc                        | No (If no overlois)  |
| Summary of the outcome(s) from the tra   |                                    | Yes                        | No (If no, explain.)   |
| Explain the relationship if any to the tr  |                                    | lication                   |  |
| Explain the relationship, if any, to the tr  | aining described in this app       | lication                   |  |

#### **SECTION III.** TRAINING PLAN

|    | Training Summary Anticipated Project Start Date:   |  |  |  |  |  |
|----|--|--|--|--|--|--|
|    | Project Length:  | (to be no longer than 12 months from date of contract)   |  |  |  |  |
|    | Amount of Funds Requested:   |  |  |  |  |  |
|    | Number of Employees who will attend only an orientation/introduction of the training:  (Do not count this number in the "Number of Employees to be trained")   |  |  |  |  |  |
|    | Number of Employees to be trained (C   | Count each one time):  |  |  |  |  |
| В. | Collaborative Grant  |  |  |  |  |  |
|    |  | rovide the following for each company, including the lead applicant:   |  |  |  |  |
| C  | Company Name:  | Number to be Trained (unique count   |  |  |  |  |
|    |  |  |  |  |  |  |
|    |  |  |  |  |  |  |
|    |  |  |  |  |  |  |
| D. | necessary to include all Training Comp<br>grant, the companies included in the gran<br>Incumbent Worker Defined<br>An incumbent worker is:  • A paid employee of the optimant bus<br>employee;   | omponent Ter plate. The form can be replicated as many times as onents requested for funding. If the application is for a collaborative at, but not the lead applicant, are to also complete Attachment F. |  |  |  |  |
|    | <ul> <li>At least 18 years of age;</li> <li>A citizen of the United States or a non-citizen whose status permits employment in the United States; and</li> <li>An employee to be trained that works at a facility located in North Carolina or working for a staffing agency and placed at a North Carolina facility.</li> </ul> |  |  |  |  |  |
|    | Are all employees to be trained an eligib  | ole Incumbent Worker as described above? Yes No  |  |  |  |  |
| Е. | Project Abstract Please provide the following information  | on Attachment B:   |  |  |  |  |
|    | training;  | ed ½ page) and information to support the request and need for will lead to employee retention and company competitiveness; and  |  |  |  |  |

# SECTION IV. BUDGET

column below should equal the total of the amounts shown under "Component Cost Charged to Grant" for all Training Components clearly support and relate to the training plan and itemize how the award will be used. The amount under the "Grant Funds Requested" A. The applicant is encouraged to apply only for the amount of funds needed to meet its immediate training needs. The project budget should listed in Section III C. Training Components, Attachment A. All proposed expenses must be allowable, reasonable and necessary (see Attachment C). Please provide the required information on this budget form, rather than submitting attachments.

The applicant is encouraged to place a monetary vilue on the contributions that will be made to this training request, if funded. These contributions may be in-kind, cash, etc. A colon has been provided for this information. NOTE: Shaded areas represent expenses not e gible to be funded through the IWDP. See Attachment C for additional information on allowable

|   | Grant Funds | Expl<br>Contributio (in-                            | Explanation and Detail  |
|---|-------------|---|---|
| Category  | Requested   | n<br>Signal   | Please place a "G" after all explanation of costs to be paid by IWDP funds and Itemize the cost of each Training Component. |
| Instructor Wages/Tuition  |             | Exar Ale: CAD training \$300 x 10 employees=\$3000) | 0 employees=\$3000)   |
| Manuals/Textbooks (itemize)   |             | (Exal. ple 10 Ni rosoft manuals at \$30 each=\$300) | it \$30 each=\$300)   |
| Training Certifications,<br>Certificates, Credentials,<br>Licenses  |             | (Specify numb r and type)                           | й<br>*  |
| Materials/Supplies  |             | (Itemize and describe)                              |   |
| Software (used 100% for<br>the training; limited to 5%<br>of total of other grant -<br>eligible expenses) |             |   |   |

| Category  | Grant<br>Funds<br>Requested | Employer Contribution (in-kind, cash, etc., expressed in \$) | Explanation and Detail                     |
|---|-----------------------------|--|--|
| Training equipment purchase (can be employer contribution)      |                             | <b>\$</b>  |  |
| On-site facility usage<br>(can be employer<br>contribution)     |                             |  |  |
| Employees' travel, food, lodging (can be employer contribution) |                             |  |  |
| Employees' wages<br>(can be employer<br>contribution)           |                             |  |  |
| Total Funds (Both Grant and EC)                                 | 89                          | S  | TOTAL TRAINING INVESTMENT (Grant + EC): \$ |

The Local Workforce Development Board and the NC Division of Workforce Solutions reserve the right to remove or adjust any part of the budget prior to grant approval.

#### **SECTION V.** AUTHORIZATION AND CERTIFICATION

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

- I have read the Incumbent Workforce Development Training Program Guidelines and coordinated this application with the Local Workforce Development Board;
- 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 Incumbent Workforce Development Training Program;
- 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 costs;
- 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.

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

|            |       | 3 |
|------------|-------|---|
| Print Name | Title |   |
| Signature  | Date  | ± |

#### ATTACHMENT A

#### TRAINING COMPONENT #

| Course Title:   |   |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| Course Description and Objectives:  |   |  |  |  |  |  |  |
| Training Schedule (# hours of training  |   |  |  |  |  |  |  |
| Number of Trainees for Component:   |   |  |  |  |  |  |  |
| Training Location:  |   |  |  |  |  |  |  |
| Component Cost:   | Component Cost Charged to Grant:  |  |  |  |  |  |  |
| Please provide information for the  | e 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 form onent.   |   |  |  |  |  |  |  |
| Name of Trainer/Instructor:   |   |  |  |  |  |  |  |
| Qualifications of Trainer/Instructor to Teach Component:  |   |  |  |  |  |  |  |
| Please provide the information requested in questions 1-3  1. Please identify the skills gaps of the employees to be trained. |   |  |  |  |  |  |  |
| =   |   |  |  |  |  |  |  |
| Qualifying the trainees for job with the existing employ  | job with changing skill requirements or for a higher paying yer or other companies in the area?  R the skills and knowledge to perform work that is at a higher tion? |  |  |  |  |  |  |
| 3. How will this training compo   | onent impact the employees' opportunity for advancement in creases?   |  |  |  |  |  |  |

**NOTE**: This template is to be replicated for each Training Component. Duplicate information in additional components that appears in a prior component may be noted as "Same as Component #\_\_\_\_" in the appropriate subsection.

#### ATTACHMENT B PROJECT ABSTRACT

#### SECTION VI.

Please provide the following information, not to exceed three (3) pages:

- 1. Background information on the company;
- 2. Overview of the training (not to exceed ½ page) and information to support the request and need for training;
- 3. Description of how the training plan will lead to employee retention and company competitiveness; and
- 4. Reason for requesting financial assistance to conduct the training.



#### ATTACHMENT C

#### Reimbursable / Non-Reimbursable Training Costs

The following is a listing of reimbursable and non-reimbursable training costs for North Carolina's Incumbent Workforce Development Program (IWDP):

#### Allowable Training Costs:

- Instructors' / trainers' salaries
- Tuition costs for training courses
- 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 twelve (12) month contract.
- On-line training
- Employee skills assessment that results in primary training funded through the grant
- Textbooks / manuals used 100% for the training activities
- Materials and supplies directly related to the funded training
- Computer software used 100% for the training activities, limited to 5% of the total request of the other eligible expenditures within the application
- Travel for trainers-if the requested training is not available within reasonable within the business

#### Non-Allowable Training Costs:

- Employee wages, fringe benefits, travel, and process improvement or quality related training
- Training-related costs incurred prior to the beginning date of the contract with the LWDB or after the contract ends.
- Training which is reimbursed / required by other public agencies or construents, such as but not limited to OSHA, Worker's Compensation, etc.
- Continuing Education Units (CEUs) and other training that is specifically required for an employee or entity to remain licensed or certified
- Employment or training in sectarian activities
- Curriculum design and/or training program dev lopment
- Any costs associated with in-house company trainers to include parent company employees, also to include employees of collaborative businesses, if applicable
- Trainers must not be employed by an business hose employees are being trained
- Purchase of employee assessment systems or systems usage licenses (ex., site licenses)
- Company website design and development, website hosting, and maintenance, software or hardware upgrades, advice on computer selection for purchase and agrade
- Compensation or consultant fees not directly related to the provision of training
- 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
- 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
- Business relocation or other similar / related expenses
- Travel outside of contiguous United States or costs associated with bringing a trainer into the country
- General office supplies and non-personnel services costs, i.e., postage and photocopying
- Membership fees / dues
- Food, beverage, entertainment, and/or celebration-related expenses
- Job / position profiling
- Publicity / public relations costs
- Costs associated with conferences

#### ATTACHMENT D

#### NC WORKFORCE DEVELOPMENT BOARD CONTACT INFORMAITON

http://support.nccommerce.com/joblink/default.aspx?yar=workforcedevboards



# ATTACHMENT E NC DEPARTMENT OF COMMERCE 2013 COUNTY TIER DESIGNATIONS

| TIE                |             | TIE         | R 2          | TIER 3      |
|--------------------|-------------|-------------|--------------|-------------|
| Alleghany          | Northampton | Alamance    | Perquimans   | Brunswick   |
| Anson              | Richmond    | Alexander   | Person       | Buncombe    |
| Bertie             | Robeson     | Ashe        | Pitt         | Cabarrus    |
| Bladen             | Rockingham  | Avery       | Polk         | Carteret    |
| Burke              | Rutherford  | Beaufort    | Randolph     | Chatham     |
| Caldwell           | Scotland    | Catawba     | Rowan        | Durham      |
| Camden             | Swain       | Cleveland   | Sampson      | Forsyth     |
| Caswell            | Tyrrell     | Craven      | Stanly       | Frankli     |
| Cherokee           | Vance       | Cumberland  | Stokes       | Aayod .     |
| Chowan             | Warren      | Currituck   | Surry        | Underson    |
| Clay               | Washington  | Dare        | Transylv nia | Iredell     |
| Columbus           | Wilkes      | Davidson •  | V. vne       | Johnston    |
| <b>_</b> £dgecombe | Wilson      | Davie       | 'adk) 1      | Mecklenburg |
| Gates              | Yancey      | Duplin      | <b>y</b>     | Moore       |
| Graham             |             | Gaston      |              | New Hanover |
| Halifax            |             | Granville 🗸 |              | Orange      |
| Hertford           |             | Greene      |              | Pender      |
| Hoke               |             | Guilford    |              | Union       |
| Hyde               |             | Harnett     | H            | Wake        |
| Jackson            |             | Lee         |              | Watauga     |
| Jones              |             | Lincoln     |              |             |
| Lenoir             |             | Macon       |              |             |
| Martin             |             | Madison     |              |             |
| McDowell           |             | Nash        |              | u u         |
| Mitchell           |             | Onslow      |              |             |
| Montgomery         |             | Pamlico     |              |             |
|                    |             | Pasquotank  |              | 18          |

## ATTACHMENT F MULTIPLE BUSINESS COLLABORATIVE FORM

Please complete Attachment F for each additional business that is part of a collaborative grant, but not the lead applicant. This attachment(s) is to be included as part of the completed application.

| A. Applicant Information      |                  |          |         |           |             |         |            |           |             |
|-------------------------------|------------------|----------|---------|-----------|-------------|---------|------------|-----------|-------------|
| Business Name:                |                  |          |         |           |             |         |            |           |             |
| 0                             |                  |          |         |           | · · · · · · |         |            |           |             |
| Street/Mailing Address:       |                  |          |         |           |             |         |            |           |             |
| City/State:                   |                  |          | Zip     | •         | C           | ounty:  |            |           |             |
|                               |                  |          |         |           |             | •       |            |           |             |
| Business Contact Person:      |                  |          |         | Title:    |             |         |            |           |             |
| TNI                           |                  |          |         | ~         |             | _       |            |           |             |
| Phone:                        | Ext:             |          |         | Fax:      |             |         |            |           |             |
| E-Mail Address:               |                  |          | omnor   | ıy Web    | cita:       | -       |            |           |             |
| E-Man Address.                |                  |          | ompan   | ly WEU    | ile.        |         |            |           |             |
| Description of Business Pro-  | duct(s) or Servi | ce(s):   |         |           |             | ,       |            |           |             |
|                               |                  |          |         |           | V           |         |            |           |             |
| Years in business at training | location:        | Total n  |         |           | Total ni    |         | of paid    | NAICS (   | Code:       |
|                               |                  | paid en  | _       |           | employ      |         | o.         |           |             |
|                               |                  | this loc | ation.  |           | through     | iout N  | C:         | <u>*</u>  |             |
| Legal Structure of            | Sole Propi       | rietor   |         | artners   | hip         |         | Corpo      | oration   |             |
| Business:                     | _                |          |         |           |             |         |            |           | 5011        |
| 1                             |                  |          |         |           |             |         |            | 1)        |             |
| Tax Status of Business:       | r-pro it         |          |         | Not-f     | or-profit   | Oth     | er:        | •         |             |
|                               |                  |          | (D:     | 4!        | `           |         |            |           |             |
| Employee's Federal ID #.      |                  |          |         |           | )           |         | и.         |           |             |
| Employer's Federal ID #:      |                  | 0        | nempi   | oymeni    | Insuran     | ce ID + | <i>†</i> : |           |             |
|                               |                  | <u> </u> |         |           |             |         |            |           |             |
| B. Is your company a subside  | diary of another | r compa  | ny or a | affiliate | d with a    | parent  | compan     | y? Y      | es No       |
|                               | II.              | _        | -       |           |             | _       | _          |           |             |
| If YES, please provide the    | _                | formatio | n abou  | ut the c  | orporate    | office  | parent co  | ompany, i | f different |
| from above, or indicate '     | SAME.            |          |         |           |             |         |            |           |             |
| Parent Business Name:         |                  |          |         | -         |             |         |            |           |             |
| Street/Mailing Address:       |                  |          |         |           |             |         |            |           |             |
| City/State:                   |                  |          |         | Zip:      |             |         | County     | :         |             |
| Authorized Representative:    |                  |          |         |           | Title:      |         |            |           |             |
| none:                         |                  | Ext:     |         | =         | Fax:        |         |            |           |             |
| E-Mail Address:               |                  |          | Co      | ompany    | Website     | e:      |            |           | 2.          |

| Has the company been in operation in the State of North Carolina d   | uring the entire to | velve-month period |
|--|---------------------|--------------------|
| immediately preceding the date of application?   | Yes                 | No 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                 |
| • Is your company subject to a collective bargaining agreement?  | Yes                 | No                 |
| (If YES, please attach a letter of endorsement from the authorized u   | rion official)      |                    |
| D. Has your company previously received an Incumbent Workforce Devel  Yes No  If YES, please provide the following information about each great received an Incumbent Workforce Devel                                      | opmen. Training of  | Grant(s)?          |
| Local Workforce Development Board:   |                     |                    |
| Amount of Award:  Description  | t Period:           |                    |
| Types of training provided:  | NI (IC              | 1 • \              |
| As the terms and agreements of the training been completed. Yes  | No (If no, exp      | iain.)             |
| Summary of the outcome(s) from the training:  Explain the relationship, if any, to the training described in this application:   |                     |                    |
| Explain the relationship, it any, to the training less theolin this application.   |                     |                    |
|  |                     |                    |
| Local Workforce Development Board:   | (D 1 1              |                    |
| Amount of Award:  Dates of Gran  | renoa:              | 41                 |
| Types of training provided:  Have the terms and agreements fine training been completed?  Yes  | No (If no, exp      | lain )             |
| Summary of the outcome(s) from the training:   | 140 (11 110, СХР.   | 14111.)            |
| Explain the relationship, if any, to the training described in this application:   |                     |                    |
| E. What are the identified skills gaps of your employees and how does this   |                     | these skills gaps  |
| and bring value to the company?  | J                   | ,                  |
| (Cell will expand as you type.)  |                     |                    |
| F. Explain how the training will address those skills gaps by: qualifying the skills requirements, or for higher paying jobs; OR allowing the trainees perform work that is at a higher level than their current position. |                     |                    |
| (Cell will expand as you type.)  |                     |                    |

C. Business Status Checklist

#### AUTHORIZATION AND CERTIFICATION FOR ATTACHMENT F

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

- I have read the Incumbent Workforce Development Training Program Guidelines and coordinated this application with the Local Workforce Development Board;
- 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 Incumbent Workforce Development Training Program;
- 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 costs;
- The Business agrees to adhere to all reporting requirements: and to espond to a Customer Satisfaction Survey(s), if asked; and
- The Business agrees to provide all requested data elements as required for pleral reporting.

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

| Print Name   |      | Title |  |
|--|------|-------|--|
| Authorized Signature (Collaborative Business Representation) | tive | Date  |  |
|  |      |       |  |

#### **APPLICATION ASSESSMENT**

## NORTH CAROLINA INCUMBENT WORKFORCE DEVELOPMENT PROGRAM

**PROGRAM YEAR JULY 1, 2013 – JUNE 30, 2014** 

**PURPOSE:** The purpose of this document is to provide a common assessment methodology for each application submitted for the Incumbent Workforce Development Program (IWDP).

#### **INSTRUCTIONS:**

- 1) Complete **one form per application** received by the Local Workforce Development Board (LWDB). Each form will be used to assess the application for adherence to criteria and completeness.
- 2) LWDBs are responsible for assessing the quality of the information and assuring that the information addresses and supports the eligibility criteria.

There are two types of review quire

- A) Criteria Eligibility noted by "C" in front of the appropriate questions
  - A "NO" on a criter question indicates that the application is not viable for IWDP, with the possible exception of the training component assessments.
  - "NO" on a training component criteria question indicates that the sp cific training component is not eligible for funding.
  - The LWDB is encouraged to work with a business in revising the application if it deems that the business has misunderstood, skipped or inaccurately answered criteria questions, if time and conditions allow.
- B) Quality Review noted by "Q" in front of the appropriate questions
  - Incomplete applications are not eligible
  - LWDBs have two options for incomplete applications
    - o Work with the business to complete the application, or
    - Defer the business to the next round.

#### North Carolina Incumbent Workforce

PS 17-2013 Change 1

# Development Program Application Assessment For PY 20 \_\_\_\_

| ocal Workforce Development Board (LWDB) |                                 |  |
|---|---------------------------------|--|
| Round Date                              |                                 |  |
| Business Name                           |                                 |  |
| Amount Requested                        |                                 |  |
| Assessed by                             | Date                            |  |
| Complete one form                       | for each application submitted. |  |

|   | •   |                           |       |          |         |  |
|---|---|---------------------------|-------|----------|---------|--|
|   | Section I. Business   | Inform                    | ation |          |         |  |
| A. App  | licant Information  |                           |       | Yes      | □<br>No |  |
| QI  | Have all fields been completed?   |                           |       |          | 140     |  |
|   | Does the company qualify for special consideration cated in a Tier One (1) county?  | on by beir                | ng C  | Yes      | □<br>No |  |
| b<br>lo   | Does the applicant qualify for special consideration business by having less than 100 employees at the ocation AND less than 250 employees throughout Carolina? | ne app <mark>li</mark> ca |       | Yes      | □<br>No |  |
| Q   | ent Information  Is the company a subsidiary of anothe company or affiliated with a parent company?   | res                       | No    | Comments |         |  |
|   | If Yes, has the company provided all information about the corporation, pare it company?  | Yes                       | No    | Comments |         |  |
| C   | Has the company been in operation in North Carolina during the error 12 months preceding the date of the application?   | Yes                       | No No | Comments |         |  |
| ;   | Is the company current on all North Carolina state taxes, federal taxes, county, city, and local taxes?   | Yes                       | No No | Comments |         |  |
| i   | Is the business subject to collective bargaining? If Yes, is a letter of endorsement included?  | Yes<br>Yes<br>Yes         | No No | Comments |         |  |
| Does the company meet <b>ALL</b> eligibility criteria in this section?  Yes No  If no, the application is not eligible for funding. |   |                           |       |          |         |  |

|    | Section II. Availability And   | / Or Use O | f Other | Funds                                   |  |  |  |
|----|--|------------|---------|---|--|--|--|
| A. | CDoes the application support the required communication and outcomes of the applicant with the local community college and/or a publicly-funded college or university demonstrating that it is not eligible for or has exhausted efforts to secure funding?             | Yes        | No      | Comments                                |  |  |  |
| B. | QIs the training requested in this application available from any publicly-funded community college or university?   | ☐<br>Yes   | □<br>No | Comments                                |  |  |  |
| C. | QHas the applicant previously received funding from the Customized Training Program, New and Expanding Industry Training or Focused Industrial Training, or other training grants?   | Yes        | No      | Comments                                |  |  |  |
|    | <ol> <li>QIf so, has the applicant provided<br/>complete information pertaining to the<br/>Funding Source, Award Amount, Dates of<br/>Grant Period, terms of the Grant,<br/>outcomes, and the relationship to the<br/>training requested in this application?</li> </ol> | Yes        | No      |   |  |  |  |
| D. | QHas the applicant previously received any Incumbent Workforce Development Training Grant funding?   | os .       | No      | Comments                                |  |  |  |
|    | 1. QIf so, has the applicant completed the information indicating the Boald Nume. Amount of Award, Dates of the Count, types of training that were provided, terms of the Grant, ou comes and the relationship to the training requested in this application?            | Yes        | □<br>No | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |  |  |
|    | Does the internation provided meet ALL eligibility criteria in this section?   |            |         |   |  |  |  |
|    | If no, the application is not eligible for funding.  |            |         |   |  |  |  |

|    | Section III.  | aining Pia           |   |  |  |  |  |  |
|----|---|----------------------|---|--|--|--|--|--|
| A. | Training Summary Does the application:  |                      |   |  |  |  |  |  |
|    | 1. QProvide all Information?  | ∐Yes                 | □No   |  |  |  |  |  |
|    | <ol><li>CIndicate that the project will occur after<br/>the beginning date of the contract with<br/>the LWDB, and before the contract ends?</li></ol> | ∐Yes                 | □No   |  |  |  |  |  |
|    | 3. CSignify that the training will be completed within 12 months?   | ∐Yes                 | □No   |  |  |  |  |  |
|    | 4. C-Reflect the number of employees to<br>be trained to be less than or equal to the<br>number of paid employees?                                    | ∐Yes                 | □No   |  |  |  |  |  |
| B. | Collaborative Grant QIs this a Collaborative Grant Application?   | ∏Yes                 | □No   |  |  |  |  |  |
|    | (If yes, Attachment F of the application must be con<br>Attachment B of the Application Assessment must   | mpleted for          | each no lead participating business.              |  |  |  |  |  |
|    | <ol> <li>CIf Yes, have the names of all the compa<br/>been provided?</li> </ol>   | inies and th<br>∐Yes | e number to be mained (unique count)              |  |  |  |  |  |
| C. | Training Components - Fill out one assessment f   | or each Tre          | ing Inponent. See Attachment A.                   |  |  |  |  |  |
| D. | D. Incumbent Worker is defined as:  |                      |   |  |  |  |  |  |
|    | <ul> <li>A paid employee of the applicant business,<br/>staffing agency employee;</li> </ul>  | o. 3 perso           | n working for the business as a                   |  |  |  |  |  |
|    | <ul> <li>At least 18 years of age;</li> <li>A citizen of the United States or a non-citizen whose status permits employment in the</li> </ul>         |                      |   |  |  |  |  |  |
|    | <ul> <li>United States; and</li> <li>An employee to be trained that we at a fastaffing agency and placed a North Carol</li> </ul>                     |                      |   |  |  |  |  |  |
|    | CHas the applicant infirm of the all employed Worker as de criber above?  | es to be tra         |   |  |  |  |  |  |
| E. | Project Abstract  |                      | □No   |  |  |  |  |  |
|    | CHas the applicant supplied a Project Abstrac<br>☐Yes   | et?                  | □No   |  |  |  |  |  |
|    | C–Does it provide background information on the requested? ☐Yes   | he company           | v, and an overview of the training that is<br>☐No |  |  |  |  |  |
|    | C-Does the abstract describe how the requeste company competitiveness?  | ed training l        | eads to employee retention and<br>☐No             |  |  |  |  |  |
|    | CIs the rationale justifiable for requesting financial assistance for this training? ☐Yes ☐No   |                      |   |  |  |  |  |  |
|    | Does the information provided meet A  | LL eligibility<br>□  | criteria in this section?                         |  |  |  |  |  |
|    |   | No<br>is not eligib  | le for funding                                    |  |  |  |  |  |
|    | If no, the application is not eligible for funding.   |                      |   |  |  |  |  |  |

# ATTACHMENT A Training Component # Complete One Sheet Per Training Component

| )             | QIs there a c               | ourse title and course<br>☐Yes                         | e description and obj<br>☐No     | ectives for the training  | component?                       |             |
|---------------|-----------------------------|--|----------------------------------|---|----------------------------------|-------------|
|               | QHas the ap                 | plicant provided the ti<br>☐ Yes                       | raining schedule and<br>∐No      | the estimated training  | dates?                           |             |
|               | QHas the ap                 | plicant provided the n<br>∐Yes                         | number of trainees ar<br>No      | nd training location?   |                                  |             |
|               |                             | oplication state the co                                | ost of the component             | and what portion of th  | e cost will be charged to th     | ne          |
|               | grant?                      | ∐Yes   | □No                              |   |                                  |             |
|               | **Note** The '<br>grant.    | Component Cost C                                       | harged to the Gran               | t" should capture all (   | cost to be charged to the        | <b>&gt;</b> |
|               |                             | olicant named the Tra<br>one number, and em<br>∐Yes    |                                  | ing Provider Contact w  | rith contact information to      | include     |
|               | QDoes the apstate her / h   | oplication provide the<br>is qualifications?<br>☐Yes   | name of the trainer<br>☐No       | / instructor that will tea  | ch the training component        | and         |
|               | CDo the qual                | ifications support the<br>☐ Yes                        | selection of the inst            | ructo for elivering the   | training?                        |             |
|               | Questions 1-3  1. CDoes the |  | the skills paps of the           | employees to be train   | ed?                              |             |
|               | 2. CDoes th                 | e application explain                                  | how the training will            | address those skill gap   | os by either:                    |             |
|               |                             |  |                                  | ng skill requirements on the a  |                                  |             |
| 2             |                             | elping to train as of<br>an their current posit        | otain the skills and kr          | nowledge to perform we  | ork that is at a higher level    | l           |
|               |                             | e application describe<br>ent in the company a<br>☐Yes |                                  | ill impact the employee<br>es?  | es' opportunities for            |             |
|               | Rev                         | in the IWDP Guid                                       | delines or Attachme              | ets for IWDP funding (<br>ent C of the IWDP App<br>able for reimbursemen<br>\times No | olication).                      |             |
| If no, the Tr | aining Componer             | nt is not eligible for fund                            | ing. If this is the only T       | raining Component subm  | itted, the application is not vi | able        |
|               |                             | Does this training of                                  | component meet <b>AL</b><br>☐Yes | L the eligibility criteria i<br>□No   | n this section?                  |             |
| if no, the T  | Training Compone            | ent is not eligible for fun                            | iding. If this is the only       | Training Component sub  | mitted, the application is not   | viable.     |

### ATTACHMENT B

### North Carolina Incumbent Workforce Development Program Collaborative Application Assessment For PY 20

Complete **ONE** Collaborative Application Assessment **for each business** included in the application that is not the lead applicant.

This form correlates with Attachment F of the Application.

| Section I. Business Information   |          |         |          |         |
|---|----------|---------|----------|---------|
| A. Applicant Information     Q-Have all fields been completed?  |          | Yes     | 8        | □<br>No |
| QDoes the company qualify for special consideration by being located in a Tier One (1) county?  | 2        | 725     |          | No      |
| QDoes the applicant qualify for special consideration for small business by having less than 100 employees at the applicant's location AND less than 250 employees throughout North Carolina? |          | Yes     |          | No      |
| B. Parent Information  QIs the company a subsidiary of another company or affiliated with a parent company?   | ☐<br>Yes | □<br>No | Comments |         |
| QIf Yes, has the company provided information about the corporation / parant company?   | Yes      | □<br>No | Comments |         |
| C. Business Status Checklist:   | Yes      | No      | Comments |         |
| CHas the company been in operation in North Carolina during the entire 12 months preceding the date of the application?   | 163      |         |          |         |
| CIs the company current on all North Carolina state taxes, federal taxes, county, city, and local taxes?  | Yes      | □<br>No | Comments |         |
| CIs the business subject to collective bargaining, and if so, is a letter of endorsement included?  | Yes      | No      | Comments |         |

| D.  | Q-Has the applicant previously received any<br>Incumbent Workforce Development Training Grant<br>funding?  | ☐<br>Yes         | No        | Comments                 |
|-----|--|------------------|-----------|--------------------------|
| )   | QIf so, has the applicant completed the information indicating the Board Name, Amount of Award, Dates of the Grant, types of training that were provided, terms of the Grant, outcomes, and the relationship to the training received and the relevance to training requested in this application? | Yes              | □<br>No   |                          |
| E.  | Has the collaborative business provided the following:   |                  |           |                          |
|     | C-Identified the skills gaps of its employees to be t  | rained?          |           |                          |
|     | 2. C-Explained how the training will address those sk  | ill gaps by:     |           |                          |
|     | Yes Qualifying the trainees for a job wit paying jobs with the existing emplo  |                  |           |                          |
|     | ☐Yes Helping the trainees obtain the ski higher level than their current posit   |                  | dge to p  | er orm work that is at a |
|     | Does the company meet AL   | · ·              | en. in u  | section?                 |
|     |  |                  |           |                          |
| No. | If no, this business is not eligible to pa   | articipa         | abo       | orative application.     |
|     | Collaborative Business (Non-Le   | ea.'' Aut ori    | zation    | and Certification        |
|     | CBy way of a signature, has a corpor information provided within   | Attachmen        |           |                          |
|     | If no, this business is let elicible to p  | articipate in th | is collab | porative application.    |

### PY 2013 Incumbent Workforce Development Program Guidelines for Local Workforce Development Boards

These Guidelines serve as instruction and guidance to administering the Incumbent Workforce Development Program (IWDP). This retention solution remains a state-funded, competitive grant program that must adhere to state guidelines. However, the Local Workforce Development Board (LWDB) may require additional information as it deems appropriate.

### I. Application Submission at the Local Board Level

The LWDB will establish the structure and timeline of the local review process so it can meet the submission deadline.

The Division of Workforce Solutions (DWS) will accept the LWDB's funding selection by 5:00 pm on:

DWS Submission Deadlines
October 31, 2013
April 1, 2014

### II. Application Review at the Local Board Level

The LWDB will evaluate each application to ensure its viability, using the Business Guidelines, Application Assessment and other tools as deemed application. It should consider only an accurate, completed application, which meets all of the criteria.

The LWDB is strongly encouraged to adopte teat or group decision-making process for the award selection in this competitive process.

### A. Application Assessment

The purpose of the Application Assessment is to provide a common assessment methodology for each application subjected in the IWDP. Complete one assessment per application received by the LWDB. The relation of this assessment determines the viability of the application. Refer to the Application A ressment in the IWDP Policy Statement 17-2013, Change 1 for more information.

### B. Acceptable Application Package

The application is provided as a Word document. All information is to be provided within the form and should include the:

- Application;
- Attachment A (Training Component), replicated as necessary;
- Attachment B (Project Abstract);
- Additional information required by the LWDB; and
- Attachment F (Multiple Business Collaborative Form), if applicable.

A trainer's qualifications, course description and objectives should be summarized within the form. The trainer's resume or other excess information should not be included.

### C. Determination of Prior IWDP Grants

A single lifetime funding limit applies to a business, its parent company and subsidiaries. A complete listing of all companies that have received an IWDP grant can be found at <a href="http://www.nccommerce.com/workforce/businesses/worker-training-program/latest-grant-awards">http://www.nccommerce.com/workforce/businesses/worker-training-program/latest-grant-awards</a>. Determination of a former grant requires the LWDB to contact the DWS Business Services' IWDP Business Services Specialist to ensure that this request for funding does not exceed the lifetime funding limits.

### D. Incomplete Applications

If the application does not meet all criteria, the LWDB can work with applicant to rectify incomplete or inaccurate applications, so they may be viable for consideration in the current round, or work with the applicant for submission in a later round.

Not all applications will be viable for IWDP.

### E. Out-of-State Training

Funds awarded for a project will be expended on training activities that take place in North Carolina only unless the LWDB approves training justifies the state. Should out-of-state training be allowed, all other rules and regulations of the IWDP still apply.

### F. Collaborative Grant Applications

Multiple/unique businesses may partner and caply in a collaborative training grant. The LWDB is encouraged to work with unique businesses in high demand sectors within their region to complete collaborative applications. All businesses in the application must meet all IWDP criteria. The following information fur supports and explains the information contained in the IWDP Application:

- A business carrierefit by orce from a collaborative training grant award.
- The LWDP will contract wan the Lead Applicant.
- The LWDB will come the DWS IWDP Business Services Specialist to ensure the funding request does not speed lifetime funding limits.

### G. Local Board Proportionate Share of Funding

Each LWDB can view its proportionate share of funding for the PY 2013 inclusive of the 2.5% administrative funding, at Attachment A. The LWDB will determine how to manage its proportionate share across the two rounds of the PY 2013 IWDP.

### III. Funding Submission Request to DWS

The LWDB will submit the funding requests according to the DWS Submission Deadlines of October 31, 2013 and April 1, 2014 for PY 2013. Submissions received after 5pm on these dates will not be accepted.

The following documents are required for the funding submission request:

### A. Cover Letter from the LWDB

The LWDB will submit a single cover letter, endorsed by the LWDB's Chairperson, addressing the application selected for funding. One letter for multiple selections will suffice.

The Cover Letter must include:

- The name of the business(es) selected for funding;
- Approval of out-of-state training, if applicable; and
- The presence of any collaborative grants selected for funding, if applicable.

The following documents are required for each application submitted for funding, in an individual application packet format:

### B. Application Overview

The Application Overview captures key information. There are two worksheet tabs. One is an Instruction Worksheet; the other is the Input Application Data Worksheet. The Instruction Worksheet provides detailed instructions within the Application Overview for completion and directions for submission. One may not need to reference the Application Overview instructions after completing the form several times.

- C. Training Component, Attachment A of the Application, replicated as needed copies only
- D. Budget copies only

The request for funding from the LWDB to DWS acceptable by email (preferred method), the US Postal Service, other carrier, fax, or hand delivered

All documents regardless, of the method of delivery, must be received by the deadline date/time.

The date and time stamp of the submission are not to exceed 5:00 pm on the DWS Submission Deadline dates stated previously.

Execution of the review and ubmission process does not imply a start date for training. Contracts cannot be entered into until receipt of a ongratulatory award letter from an authorized representative of DWS.

### IV. DWS Grant Award Notification

The Award Notification occurs in two steps:

### A. Award Letter

Upon review of the funding request, DWS will notify the LWDB in the following manner:

- 1. An electronic congratulatory award letter from an authorized official of DWS
  - o LWDB may then notify its applicants as to the status of their applications, and begin the contract process.

### B. Notice of Funds Availability (NFA)

The Notice of Funds Availability (NFA) is generated in Workforce Information System Enterprise

(WISE) from the respective DWS Planner. The dates within the NFA are important because:

- 1. The date of the NFA letter begins the 60-day time period within which the contract with the business must occur.
- 2. The NFA will include the end date for the use of the funds.

### V. Contract Process and Duration

The LWDB is responsible for oversight of each contract to ensure alignment with the approved application and all regulatory requirements.

The LWDB works with the applicant to generate the contract within the <u>60-day time period from the date of the NFA Letter</u>. Each contract will have a definite beginning and ending date not to exceed 12 months and will include other information required by the LWDB.

If a contract is not executed within that time frame, the award becomes null and void and the entire grant award will be rescinded. See Section X.B.

Payment to the business is on a cost reimbursement basis for grant costs in the approved application.

Below is the timeline for the contract execution, completion of training, and fund availability.

### PY 2013 Incumbent Workforce Development Program Funding Availability Time Line

| DWS Submission Deadlines by Round | Expected Award Announcement Date | NFA Letter Date* | Contract<br>Execution<br>Page** | ontract End Date *** | End Date for<br>Fund<br>Availability |
|-----------------------------------|----------------------------------|------------------|---------------------------------|----------------------|--------------------------------------|
| 10/31/13                          | 12/4/13                          | 12/ /13          | 2/ 14                           | 2/ /15               | 3/31/15                              |
| 4/1/14                            | 4/30/14                          | 5/ /14           | 7/ /14                          | 7/ /15               | 9/30/15                              |

<sup>\*</sup>Actual date will vary. The actual date will be used to calculate the Contract Execution Date deadline and the Contract End Date. ee ben

### VI. Training Contract Extension and/or Changes

The LWDB will maintain all documentation at the local level concerning all types of changes in training. Below are a few examples of changes that a LWDB may encounter, but are not all inclusive:

- An increase or decrease in the number of employees to be trained
- Change in the individual employees to be trained
- A request for additional training to that approved in the grant; and/or
- A request to change the training vendor
- A request to increase the number of trainees originally approved
- A change in the training components

<sup>\*\*</sup>No later than 60 days from the date of the NFA letter.

<sup>\*\*\*</sup>No later than 12 months from the Contract Execution Date.

### A. Time Extensions

Under extenuating circumstances, a business may need to request an extension of the contract. The LWDB will evaluate the request and make the decision based on information received. In any event, an extension will not exceed thirty (30) days past the end date of the original contract.

1. If the Board agrees to the time extension requests, an email will be sent to DWS Business Services' IWDP Business Services Specialist within five (5) business days of the decision.

### 2. The email will include:

- Business Name, Program Year and round date of the funds designated for the training, the end date of the original contract, and the end date for the contract extension
- Explanation of why the extension is needed

The LWDB is to include the amended extension date in the next quarterly report that is submitted to DWS. This will enable DWS to properly maintain the 1 DP database.

### B. Changes in Training

Under extenuating circumstances, the business may make a request to the LWDB to change the originally approved training component. i.e., the essence on what the employees will be trained. Because this is a connectitive process, changes should be carefully evaluated and considered against the training Component and the Application Assessment as follows:

- Determine if the proposed training change is addressing the originally identified skills gaps,
- Conducted at the same or least cost,
- Complies with all guidelines of the IWDP, and
- Includes any consideration as determined by the LWDB.

If favorably reviewed, Explosion will submit the decision by email to the DWS IWDP Business Services Specialist within five (5) business days of the decision.

### The email will include:

- Business Name, Program Year and round date of the funds designated for the training;
- An explanation of why the extension is needed, to include confirmation that the training being requested addresses the originally identified skills gaps;
- Will meet all eligibility criteria;
- The training requested will be at the same or lesser cost; and
- Attachment A of the application addressing the new Training Component(s).

### C. Other Change Requests

The LWDB may receive other types of change requests, which will need to be addressed on a case-by-case basis. The LWDB will need to contact the IWDP Business Services Specialist by email of these occurrences.

### VII. Participant Data Entry

IWDP trainees will need to be entered into NCWorks Online.

The above is the minimum information on trainees that DWS is requiring; a LWDB may collect more if it so chooses. It is up to the LWDB as to how it will collect this information for required data entry in NCWorks Online and record retention.

The LWDB must collect the following information for every trainee:

| Social Security Number                |  |
|---------------------------------------|--|
| Complete Name and Contact Information |  |
| Gender                                |  |
| Date of Birth                         |  |
| Citizenship (Right to Work Status)    |  |
| Selective Service Compliance          |  |
| Person with Disability                |  |
| Ethnicity and Race                    |  |

Detailed instructions for data entry will follow a law date.

### VIII. Reporting Requirements

The LWDB will be expected to monitor and evaluate each training grant. DWS Business Services' IWDP Business Services Specialist will provide technical support and conduct grant reviews.

### A. Quarterly Reposing

Each LWDB adminitering an Incumbent Workforce Development training grant must submit a quarterly report to DVS. The first reporting timeframe is to begin in the quarter in which the cover letter to the Notice of Funds Availability is dated. All quarterly reports are due no later than thirty (30) days after the end of the calendar quarter.

### Examples:

| Quarter                 | Report Due Date  |  |  |
|-------------------------|------------------|--|--|
| July – September 2013   | October 31, 2013 |  |  |
| October – December 2013 | January 31, 2014 |  |  |
| January - March 2014    | April 30, 2014   |  |  |
| April – June 2014       | July 31, 2014    |  |  |

Quarterly reports are due as long as Incumbent Workforce Development Training contracts are in place. To ensure that DWS has current contact information for Incumbent Worker Grantees, please update changes to the Point of Contact as specified in the Quarterly Report.

The Quarterly Report form and additional instructions are attached to the Policy Statements and changes thereto. The LWDB may collect additional information for its records as it deems appropriate.

Once the training is complete, a Final Report is due to the IWDP Business Services Section of DWS.

### B. Final Reporting

At the conclusion of the training, the LWDB will submit a Final Report on the Incumbent Workforce Development project. The LWDB is responsible for ensuring that all information requested in the Final Report is provided and is encouraged to assist the business in its completion. The LWDB may also collect additional information for its records as it deems appropriate.

The Final Report is due to DWS within <u>forty-five (45) days</u> from the end of the training or the end of the contract, whichever <u>occurs first</u>. The final financial data included on the Final Report must be completed by the LWDB and must agree with the fund status reported in WSE. The Final Report is to be signed/sent by an authorized representative of the LWDB, preferably by example.

The Final Report form is attached to the Policy Statement and angumereto.

### IX. Record Retention

IWDP records include the following documents and must a main in the office for a minimum of five (5) years after the expiration of the grant.

### A. IWDP Records

IWDP records may be in paper and/or electronic formats and include:

- Email correspondence elevant to each application;
- Cover letter;
- Completed applica in, to moude all attachments;
- Application Assessment
- Application Overview;
- Award letter;
- Notice of Funds Availability; and
- Other documents required by the LWDB.

IWDP Records must remain in the office for five (5) years after expiration of the grant, if no litigation, claim, audit, or other official action involving the record has been initiated.

**NOTE:** If the LWDB's record retention is more stringent than DWS's retention policy, the LWDB must follow the most stringent regulation.

### X. Incomplete Grant Awards

When training is not completed as approved in the grant, the LWDB will need to address the de-obligation of unspent funds and the appropriate reporting process. The appropriate process is determined by whether or not training occurred.

Examples of when incomplete awards may occur are, but not all inclusive:

- Lack of contract with the business within the 60-day deadline;
- Decline of award by the business;
- Occurrence of extenuating circumstances, such as a natural disaster or closing of the business; or
- Lack of federal funds.

### A. Training has Occurred

1. If <u>any</u> training has been provided, then a Final Report will be due for this grant and the normal deobligation process through WISE will be followed.

### B. No Training has Occurred

- 1. If a company is awarded an IWDP but is unable to expend by the funds and forfeits the full grant amount, then:
  - The grant amount will not count against the total lifeting limit for that company.
  - The entire amount will be de-obligated through WSE.
  - The LWDB will notify DWS by email within fr. (5) business days of the event.

### 2. Email notification to DWS

The email notification, to the DWS IVDP Business Services Specialist, will include the:

- Business Name,
- Round Date,
- Training Awa Amount
- Reason for the grant not being used, and
- LWDB's decion on eping the administrative fee.

### C. Unused Grant Awards

Due to the competitiveness of the IWDP retention solution and need for fairly administering the program across all applicants, <u>substitution of unused grant awards</u> to unsuccessful applicants, or other businesses, <u>is not allowed</u>. Unused funds are to go through the de-obligation process with DWS. Businesses may apply for the IWDP during the normal competitive funding rounds.

### XI. Training Materials

Training materials purchased with the funds awarded through this Program will be in the public domain and will be available for use by other eligible entities at no cost. It is the LWDB's choice concerning the retrieval of materials from its grant recipient.

### XII. Administrative Fee

A two and one-half percent (2.5%) grant servicing fee is added to the funding for each approved project under the Incumbent Workforce Development Program. The fee covers Local Workforce Development Board management and oversight associated with the project.



Attachment A
PY 2013 IWDP: Local Board Proportionate Share of Funding

| LWDB and Counties      | 2012 #<br>Establishments* | Adjusted Share<br>of Funds with<br>\$75K Floor | Administrative<br>Fee at 2.5% of<br>Adjusted Share | PY 2013 Total<br>Share per<br>LWDB (Incl<br>Admin) |
|------------------------|---------------------------|--|--|--|
| Cape Fear              | 11757                     | \$100,028                                      | \$2,501  | \$102,529  |
| Capital Area           | 32492                     | \$276,441                                      | \$6,911  | \$283,352  |
| Centralina             | 19338                     | \$164,527                                      | \$4,113  | \$168,640  |
| Charlotte Works        | 32715                     | \$278,338                                      | \$6,958  | \$285,296  |
| Cumberland             | 6082                      | \$75,000                                       | \$1,875  | \$76,875   |
| DavidsonWorks          | 2734                      | \$75,000                                       | \$1,875  | \$76,875   |
| Durham                 | 7321                      | \$75,000                                       | \$1,875  | \$76,875   |
| Eastern                | 12718                     | \$108,204                                      | \$2,705  | \$110,909  |
| Gaston                 | 4007                      | \$75,000                                       | \$1,075  | \$76,875   |
| Greensboro/HP/Guilford | 13912                     | \$118,363                                      | \$2,959  | \$121,322  |
| High Country           | 5061                      | \$75,000                                       | \$1,875  | \$76,875   |
| Kerr-Tar               | 3984                      | \$75,000                                       | \$1,875  | \$76,875   |
| Lumber River           | 4425                      | \$75,000                                       | \$1,875  | \$76,875   |
| Mountain Area          | 11777                     | \$10 198                                       | \$2,505  | \$102,703  |
| Northeastern           | 4874                      | \$5,00   | \$1,875  | \$76,875   |
| Northwest Piedmont     | 14303                     | \$121 689                                      | \$3,042  | \$124,731  |
| Region C               | 4478                      | \$75,000                                       | \$1,875  | \$76,875   |
| Region Q               | 6166                      | \$75,000                                       | \$1,875  | \$76,875   |
| Regional Partnership   | 12505                     | \$106,392                                      | \$2,660  | \$109,052  |
| Southwestern           | 5 167                     | \$75,000                                       | \$1,875  | \$76,875   |
| Triangle South         | 5353                      | \$75,000                                       | \$1,875  | \$76,875   |
| Turning Point          | 6. 1                      | \$75,000                                       | \$1,875  | \$76,875   |
| Western Piedmont       | 7658                      | \$75,000                                       | \$1,875  | \$76,875   |

Total All Counties 235,074 \$2,424,180 \$60,605 **\$2,484,785** 

<sup>\*</sup>BLS Quarterly Census of Employment and Wages Data; Total All industries, Private, All Establishment Sizes; 2012 Annual Average

### North Carolina Incumbent Workforce Development Program Application Overview

Purpose of this Form: The Application Overview is designed to provide the Local Workforce Development Board (LWDB) with an electronic file for submitting the data for each Incumbent Workforce Development Program (IWDP) Application that the Board selects for funding. The information will be imported into the Division of Workforce Solutions (DWS) IWDP Database.

### Directions for Completing:

- \* There is one document with instructions and one worksheet. It is recommended that these instructions be printed for ease of use.
- Type of Training and Training Provider, if not applicable. All fields will not be filled, if the application is requesting less than five Training of another business or affiliated with a parent company, there will be no entry. \* All of the fields in the Input Application Fata Worksheet have to be completed, with the exception of: Parent Business Name, if the business is not a labeled of another business or affiliated with a parent company, Components.
- All information can be found in the completed appeartion of instructions for proper formatting and noting where the information is located.
  - The following fields include drop down menus for selection

Collactive Grant ed Ar acant North American Industry Classification System (NAICS) Local Area Name Small Business Not for Profit Round Date For Profit County

### Directions for Submission:

The following is a crosswalk for completing the Input Application Data Worksheet, to s w w fre the pertinent information is located in et the worksheet. One may not need the ed in LWDB Guidelines. the application. It is recommended that you print these for future reference as you com $\mathbf{p}_{\mathbf{q}}$ \* Submit one Application Overview for each application selected for funding and submares is Application Overview after completion of several applications.

## BUSINESS INFORMATION DATA(CELLS A2 through K2)

Cell A2: Local Area Name

Full Name of the LWDB will be selected from the drop down.

Cell B2: Round Date

Round Date for PY 2013, is either: 10/31/2013 or 04/01/2014. Choose the appropriate date from the drop down.

Cell C2: Business Name

Section I. Business Information A. Applicant Information - Business Name

Cell D2: Type of Business

Section I. Business Information A. Applicant Information - Description of Business Product(s) or Service(s)

Cell E2: Small Business

on - Does the business applying for the grant have less than 100 total paid employees at Section I. Business Information A. Applicant mornion - Does the business applying for the grant have less than 100 total paid employees at this location. Employees at the applicant's location AND is the Total Number of Paid Employees throughout NC less than 250? If the answer is rom the drop down. yes to both criteria, select Y, otherwise select N

Cell F2: NAICS Codes and Description

Section I. Business Information A. Applicant Information - North American Industry Classification System (NAICS) Code for applicant will be selected from the drop down.

Cell G2: County

Section I. Business Information A. Applicant Information - Courty - will be elected from the drop down.

Cell H2: Total Number of Paid Employees

Section I. Business Information A. Applicant Information - Total Numb of Fid Employees at this location.

Cell I2: For Profit

Section I. Business Information A. Applicant Information – Select Y for tes on for No from the drop down.

Cell J2: Non Profit

Section I. Business Information A. Applicant Information – Select Y for Yes or 7 for 75 from the drop down.

Cell K2: Parent Business Name

smpa y, if your company is a subsidiary of another Section I. Business Information B. Parent Company - Provide the Name of the Parent company or affiliated with a parent company, provide the Parent Company Name.

## TRAINING INFORMATON DATA (CELLS L2 through W2)

Cell L2: Number to be Trained

Section III. Training Plan A. - Number of Employees to be Trained (Count Each One Time)

Cell M2: Type of Training 1

Attachment A: Training Component # 1 - Course Title

Cell N2: Training Provider 1

Attachment A: Training Component #1 - Name of Training Provider

Cell O2: Type of Training 2

Attachment A: Training Component #2 - Course Title

Cell P2: Training Provider 2

ng Provider Trail Attachment A: Training Component #2 - Name

Cell Q2: Type of Training 3

Attachment A: Training Component # 3 - Course itle

Cell R2: Training Provider 3

Attachment A: Training Component #3 - Name of Tr ning

Cell S2: Type of Training 4

Attachment A: Training Component # 4 - Course Title

Cell T2: Training Provider 4

Attachment A: Training Component #4 - Name of Training Prov

Cell U2: Type of Training 5

Attachment A: Training Component # 5 - Course Title

Cell V2: Training Provider 5

Attachment A: Training Component #5 - Name of Training Provider

Cell W2: Training Comments

provider, can be shown as Excel I-III and put in one "Type of Training"). Training contonents that are related, but not necessarily similar titles as I, Excel II, Excel III, if provided by the same training Combine components with like title and same training provider into one component Ex C.I. Excel II. Excel III. if near provider, can be shown as Excel II. of ir in #1 above, AND have the same training provider can be clustered to fit within the five Fyp

If there are still components not recorded after clustering, put the information in "Training C

## FINANCIAL INFORMATION DATA(CELLS X2 through AC2)

Cell X2: Collaborative Grant

Section III. Training Plan B. Collaborative Grant - Provides additional information if the application is collaborative. Select Y for Yes or N for No.

Cell Y2: Lead Applicant

Section III. Training Plan B. Provides additional information if the application is collaborative. A collaborative grant only has one lead applicant, which is the Business in Section I. A. This will determine selection of a Y for Yes or N for No.

Cell Z2: Administration

This is a calculated number that is obtained from multiplying the Total Grant Funds Requested that is found in Section IV Budget, at the bottom of the budget column Grant Funds Requested and bester tow named Total Funds X 2.5%. Use rounding rules to adjust the amount up or down to a dollar amount (no cents). NOTE: If the amount requested is adjusted to a lesser amount, then the lesser amount is to be used for calculating the Administration fee.

Cell AA2: Training Award

This is a calculated number that is obtained from the Traff Crant Funds Requested in Section IV Budget at the bottom of the budget column Grant Funds Requested and beside the row named Total Funds.

NOTE: Based on review of the application, the amount avarded may be less than requested. Use the lesser amount.

Cell AB2: Previous Award

Section II. Availability and/or Use of Other Funds 2 D. Selectry of Yes or N-for No.

Cell AC2: Employer Contribution

This cell should be filled with the number in Section IV Budget, Employ Contribution column, in the Total Funds row.

# Quarterly Report for Incumber\* Workforce Development Program

| Quarter Ending:   |                                |  |            |                            |  |                                   |               |                                       |                |                                 |                      |  |
|---|--------------------------------|--|------------|----------------------------|--|-----------------------------------|---------------|---------------------------------------|----------------|---------------------------------|----------------------|--|
| ocal Board Name: Authorized Representative:   |                                |  |            |                            | 20   |                                   | -             |                                       |                |                                 |                      |  |
| Signature:  |                                | :  |            |                            |  |                                   |               | \$ S                                  | Date: _        |                                 | 29                   |  |
| <ol> <li>Quarterly Reporting is required for every Incumbent Wor<br/>Report is due in 45 days.</li> <li>If the company point of contact for the Incumbent Forl</li> </ol> | d for <u>eve</u><br>tt for the | <u>ry</u> incumbert  | nt Wor     | e Developr<br>Int has char | arce Development Training Grant <u>currently under contract</u> . Once training has been completed the Final and Phone Number and the spaces and the spaces. | Grant <u>curre</u><br>ovide the n | ently under o | <u>contract</u> . Onc<br>y Contact Na | ce training ha | is been compli<br>e Number in t | sted the<br>he space | Final  |
| provided.   |                                |  |            |                            |  |                                   | Training      |                                       |                |                                 |                      |  |
|   | 11.0                           | , de la companya de l |            | 7                          | of charles   | Proposed                          | Award         | Funds                                 | Funds          | Total                           | %                    |  |
|   | Comp.                          | Multi- NFA Cover<br>Comp. Letter   | Contract   | Cnthet                     | End Date for<br>Funds  | to be                             | (including    | this                                  | Previous       | Funds                           | Funds                | Training   |
| Company Name  | App.                           |  | Begin Date | End Cute                   | Ava lability   | Trained*                          | admin.)       | Quarter                               | Quarters       | Expended                        | Used                 | Complete   |
|   |                                | 52   |            |                            |  |                                   |               |                                       |                | \$0.00                          |                      |  |
| Contact Name:   |                                |  |            |                            | Phon tumb "  |                                   |               |                                       |                |                                 |                      |  |
|   |                                |  |            |                            |  |                                   |               |                                       | 22             | \$0.00                          |                      |  |
| Contact Name:   | <u></u>                        |  |            | 38                         | Phone Number   |                                   |               |                                       |                |                                 |                      |  |
|   |                                |  |            |                            |  |                                   |               |                                       |                | \$0.00                          |                      |  |
| Contact Name:   |                                |  |            |                            | Phone Number:  |                                   |               |                                       |                |                                 |                      |  |
|   | L                              |  |            |                            |  | 75                                |               |                                       |                | \$0.00                          | 719                  |  |
| Contact Name:   |                                |  |            |                            | Phone Number:  |                                   |               |                                       |                |                                 |                      |  |
|   |                                |  |            |                            |  |                                   |               |                                       |                | \$0.00                          |                      |  |
| Contact Name:   | 99<br>26                       |  |            |                            | Phone Number:  |                                   |               |                                       |                |                                 |                      |  |
|   |                                |  |            |                            |  |                                   |               |                                       |                | \$0.00                          |                      |  |
| Contact Name:   |                                |  |            |                            | Phone Number:  |                                   |               |                                       |                |                                 |                      |  |
|   |                                |  |            |                            |  |                                   |               |                                       |                | \$0.00                          |                      |  |
| Contact Name:   | ä                              |  |            |                            | Phone Number:  |                                   |               |                                       |                |                                 |                      |  |
|   |                                |  |            |                            |  |                                   |               |                                       |                | \$0.00                          |                      | STREET, STREET |
| Contact Name:   | ä                              |  |            |                            | Phone Number:  |                                   |               |                                       | AAAAAAAAA      |                                 |                      |  |

<sup>\*</sup>Count each employee one time only.

### North Carolina Incumbent Workforce Development Program Final Training Project Report

Please complete the requested information and submit to the Local Workforce Development Board representative within the timeframe requested. Space will expand as text is entered.

| For internal LWDB use only. This is to be completed prior to submission to the Division of Workforce  |    |
|---|----|
| Solutions.  |    |
| LWDB Name:  |    |
| A. Amount of grant award (to <u>include</u> the administrative fee):  |    |
| B. Actual funds expended (to include the administrative fee):   |    |
| C. Amount to be de-obligated (A - B = C):   |    |
| Signature of Authorized LWDB representative   |    |
| Please complete the requested information and submit to the Local Workforce Development Boar representative within the timeframe requested. | rd |
| Company Information   |    |
| Business Name:  | _  |
| Business Address:   | _  |
| Name of Business Representative Completing this report:   | _  |
| Title:  | _  |
| Phone Number:   | _  |
| Email Address:  | _  |
| Training Information  |    |
| Complete the information for <u>all</u> participants in the training provided through this grant.   |    |
| 1. How did this training avert lay-offs?  |    |
|   |    |
|   |    |
|   |    |
| 2. Planned # of trainees (count each 1 time – do not include those who attended an overview/introduction to the training):                  |    |
| 3. Actual # of trainees (count each 1 time – do not include those who attended an overview/introduction the training):                      | to |
| 4. How many trainees have kept their jobs as a result of this training?   |    |

PS 17-2013 Change 1

|       | Be as accurate as possible:   |
|-------|---|
| 5.    | Was training provided to the employees as approved in the application? Yes/No   |
|       | If no, please explain:  |
| 6.    | Was any of the training provided through this grant available from a publicly funded local commun college or university? Yes/No |
|       | If yes, and you did <u>not</u> choose that source as a training vendor, please explain why:                                     |
| 7.    | How many businesses were involved in this training?   |
|       | If more than one, did all businesses participate as proposed in the application?  Yes/No  |
|       | If no, please explain:  |
| Custo | mer Satisfaction  |
| 1.    | How did you hear about the Incumbent Workford Development Training Program?   |
|       |   |
| 2.    | Please briefly describe the company's overall experience with this training program.  |
|       |   |
|       |   |
| 3.    | Were you satisfied with the training that was provided? Yes/No  |
|       | If no, please explain:  |
|       |   |

| 4.       | Yes/No   | ia the incumbent v | vorktorce Development Tr                          | raining Program to other dusinesses?                               |
|----------|--|--------------------|---|--|
|          | If no, please explain                              | 1:                 |   |  |
| 5.       | If this training was pr<br>an effective training d |                    | le business collaborative, p                      | please explain how it was or was not                               |
|          | 3  |                    |   |  |
| Traini   | ing Outcomes                                       |                    |   |  |
| If the l | _  | awarded prior to S | eptember 2010 please fi                           | ll out all Training Outcomes                                       |
| grant t  |  |                    |   | at at is specific to the type of at a Ly-Off Aversion through      |
|          | rants awarded as La                                | ov-Off through S   | kill Attainment                                   |  |
|          |  |                    | nceased a a result of the t                       | training.  |
|          |  | Ċ                  |   |  |
| 2.       | Certifications/License certifications/licenses     | s/Credentials:     | applicable, list the d by the trainees. Do not in | type(s) and quantity of skill nelude "Certificates of Completion". |
|          |  | YPE                |   | QUANTITY   |
|          |  |                    |   |  |
| :        |  |                    |   | 4  |
| 3.       | Did any trainees recei                             | ve a wage increase | after completion of training                      | g? Yes/No  |
|          | If yes, please comple                              | ete the following: |   | e  |
|          |  | # of Trainees      | % of Increase                                     |  |
|          |  | Ex: 3              | 5   |  |
|          |  | -                  |   |  |

| 4. | Did any trainee advance to other job positions or perform other advanced job responsibilities as a result of the training? Yes/No |
|----|---|
|    | If yes, how many?   |
| 5. | If other outcomes were realized, please describe.   |
|    |   |
|    |   |
|    |   |



### Carpenter, Julie P

`om:

Spivey, Laura B

Jent:

Tuesday, October 08, 2013 3:15 PM

To:

LocalAreaDirectors; Barbara Darby; Brenda Williamson; crudd; Craig Cole; Crystal Taylor; Crystal Waugh; Darrell Solomon; Dave Whitmer; Demone Frink; Eldon Meacham; Harry Brower; Howie Snotherly (hsnotherly@regionalcs.org); jerryb; Greene, John; Joyce Stone: Lipscomb, Keith; Harvey, Lisa: Lisa Hawk; Michael Ramey; Mike Peluso; Pat Bailey:

; Lipscomb, Keith; Harvey, Lisa; Lisa Hawk; Michael Ramey; Mike Peluso; Pat Bailey; Peggy Byrd; Ricky Roten; Kehres, Bob; Steve Barrington; Tim Maness; Todd Douglas; Vail

Carter; Wayne Rollins

Cc:

Carpenter, Julie P; Gibson, Pryor; Spivey, Laura B

Subject:

Advanced Copies - Phase III PY 2013 IWDP Documents

**Attachments:** 

1-IWDP Guidelines for the Business FINAL 10-7-13.pdf; 2-PY 2013 State of North Carolina IW Applic FINAL 10-7-2013.docx; 3-IWDP Application Assessment FINAL 10-7-13.doc; 5-IWDP ApplicationOverview FINAL 10-7-2013.xlsx; 6-IWDP PY 2013 Quarterly Report FINAL 10-7-13.xls; 7-IWDP PY 2013 Final Report Final 10-7-2013.doc; A - DWS Policy Statement PS 17-2013 Change 1 praft 10-7-13.docx; 4-IWDP PY2013

LWDB Guidelines FINAL 10-7-2013.docx

Importance:

High

Hello All.

(Note – there may be formatting or grammatical errors in the documents that are added in Change 1. We are still fine tuning those types of things, but wanted to get this to you.)

Attached is an advanced copy of the documents that you be part of PS 17-2013, Change 1. A draft of Change 1 is also attached. Refer to the Draft PS 17-2013, Change 1 for references to minor changes in the Business Guidelines and the Application Assessment, and for a listing of the additional ocuments. These are all of the documents to be used for the PY 2013 IWDP and are in one place for your convenience. Please use these documents. Note that the Application has not changed.

The official posting of PS 17-2013. Change 1 will complete Phase III for the PY 2013 IWDP; there will be no more phases unless our collective experience in the occurrent 31 round suggests that we need to make some immediate changes. This posting should occur in the next course of days.

At this time, all IWDP trainees must be entered in NC Works. The necessary information to collect is included in the Local Board Guidelines; there could be more needed. Michael Hoskins is working with USDOL on some technical issues, so we will forward the instructions for data entry as soon as they are available.

Reminder: The LWDP funding requests are due to the by October 31, 2013, by 5:00 PM at DWS.

If you have any questions, please contact Julie Carpenter at julie.carpenter@nccommerce.com or 919-814-0327.

Laura B. Spivey
Manager of Business Services
Division of Workforce Solutions
"C Department of Commerce
\_19-814-0423

Fax: 919-814-0366

### laura.spivey@nccommerce.com

E-mail correspondence to and from this address is subject to the North Carolina Public Records Act and may be disclosed to third parties unless made confidential under applicable law.



To: LWDB Directors and BSRs

Cc: PG & LS

Subject: Advanced Copy of Incumbent Worker PS 17-2013, Change 1

Hello All.

Attached is an advanced copy of the above-referenced Policy Statement. It includes all documents to be used for the PY 2013 IWDP. Any applications completed to date will be fine, as that document was not impacted by minor revisions. Also, Change 1 adds documents that incorporate guidance for administering the program and for reporting purposes.

The Local Board Guidelines are critical in carrying out the IWDP. It also includes the proportionate share of funding available to each Local Board for PY 2013. Please become familiar with this document.

At this time, all IWDP trainees must be entered in NC Works. The necessary in trmation for doing so is included in the Local Board Guidelines. However, Michael Hoskins is working with USDOL on some technology issues. We will forward the instructions for entry as soon as they are available.

The official PS 17-2013, Change 1, will be announced in the near future by email. However, you can use the documents attached to this email as you continue to process your submission for the Division's submission deadline of October 31, 2013.

If you have any questions, please contact Julie Carpetter a <u>ulie.carpenter@nccommerce.com</u> or 919-814-0327.