



Incumbent Worker Training Program Application/Agreement

Office Use Only:

Agreement Number:	Funding Source:	Subtotal People:	Subtotal Funding:
CSB Business Liaison:	<input type="checkbox"/> WIA Youth		
	<input type="checkbox"/> WIA Adult		
	<input type="checkbox"/> WT		
	<input type="checkbox"/> Dislocated		
	<input type="checkbox"/> Other		
W-9 Form: <input type="checkbox"/> On file w/ CSB <input type="checkbox"/> Attached	GRANT TOTALS:		
Eligibility Completed: <input type="checkbox"/> YES <input type="checkbox"/> NO Initial: _____	Training Starts:		Training Ends:
	Contract Effective date:		Contract Ending date:
Justification:			

SECTION 1. Contracting Company Information:

Contracting Company Name:		
Street/Mailing Address:		
City:	Zip:	County: Brevard
Primary Company Contact & Title:		
Signatory Authority & Title:		
Accounting Contact & Title:		
Phone:	Ext.:	Fax:
Email Address:	Website Address:	
Employer's Federal ID #		
Total # Full-time Employees at this location:	Primary NAICS Codes:	
Is your company current on all State of Florida tax obligations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is your company receiving/applying for other public training funds?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes explain:		
Description of your business, products(s) and/or services(s):		

SECTION 2. Training Provider Information:

Training providers(s) will be:	<input type="checkbox"/> Public training institution	<input type="checkbox"/> Private training institution	
	<input type="checkbox"/> Company employee	<input type="checkbox"/> Private instructor	
Location:	<input type="checkbox"/> On Site	<input type="checkbox"/> At the training institution	<input type="checkbox"/> Mobile Training Unit
Training provided:	Hours of Training:		
Description of Certification resulting from training:			
Name of Training Provider(s):			
Training Provider Contact:	Phone:		
Address:			
City:	State:	Zip:	

SECTION 3. Training Program Budget:

Please use this as a guide. Show all formulas used to calculate totals as indicated. **BE SPECIFIC.**

Note: Training funds cannot be used to reimburse any training costs incurred before the grant is approved. Training funds must be spent on direct instruction costs. Excluded items include but are not limited to training equipment, travel, food, lodging, trainee wages and benefits. Please take this into account when developing your budget and timeline.

A. BUDGET CATEGORY	B. *EMPLOYER CONTRIBUTION	C. CareerSource Brevard CONTRIBUTION	D. TOTAL B+C=D
1. Reimbursement Request: Instructor Wages/Tuition, Curriculum Development, Materials/Supplies, and Textbooks.			
2. Other Costs (describe)			
3. Training Equipment Purchase (must be employer Contribution)	IWT grant Cannot fund		
4. Travel, Food, Lodging	IWT grant Cannot fund		
5. Trainee Wages (including Benefits)	IWT grant Cannot fund		
6. Totals			

Cost per Trainee (Line 6 Column D divided by Number of Trainees) =\$	Contracting Company Contribution Ratio (Line 6 Column B divided by Line 6 Column D) =0%	CareerSource Brevard Contribution Ratio (Line 6 Column C divided By Line 6 Column D) =0%
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SECTION 4. Anticipated Outcomes of the Training Project:

Please check the boxes that apply to the anticipated outcomes of the proposed training project.

Attach a brief statement to this Contract for each selected outcome explaining “how” and/or “why” this training will result in the specific outcome and include any relevant documentation.

<input type="checkbox"/> Will assist _____ employees with the acquisition of critical skills for job retention.
<input type="checkbox"/> Will improve the compensation levels within a 1 year period of time by at least 3% for trainees.
<input type="checkbox"/> Will assist _____ employees with advancement to a higher level position.
<input type="checkbox"/> Will improve the benefits offered to the trainees.

Trainee Information

The contracting company hereby affirms the employees listed below have the documented right to work in the United States of America. Furthermore the contracting company affirms they have on file copies of acceptable documents used to establish identity, age and employment eligibility for the named individuals and agrees to provide said documentation to fully cooperate in all auditing and or monitoring applicable to this Agreement. _____ (Initial)

Last Name	First Name	Middle Initial	Current Wage	Last 4 Digits SSN

SECTION 5. Effective Dates of Agreement: The parties hereto agree that each of them may execute this Agreement on different dates, but hereby acknowledge that this Agreement shall begin on _____ and remain in full force and effect until _____ unless otherwise modified or terminated in accordance with the terms and conditions of this Agreement..

SECTION 6. Employee Training Costs: The contracting company will be responsible for the training cost if an employee fails to attend scheduled training. The contracting company agrees to assist Brevard Workforce Development Board, Inc. d/b/a CareerSource Brevard (CSB) with obtaining fully completed Eligibility and program based documents per trainee; furthermore understands that any reimbursable training costs are subject to applicable program guidance, eligibility and availability of funding.

SECTION 7. Future Activities: By signing this agreement the contracting company certifies that they will post all of their current and future job openings with the no cost recruiting services of CareerSource Brevard. By signing this agreement the contracting company certifies that they will issue letters of support to CareerSource Brevard for the purpose of acquiring grant funding where the implementation of the grant is applicable to the contracting company.

SECTION 8. Labor Law Certification: By signing this agreement the contracting company certifies that they follow all applicable Federal and State labor laws in accordance with the Fair Labor Standards Act of 1938 (29 U.S.C. 206(a)(1)) and applicable State or local minimum wage law.

SECTION 9. Required Action: It is the responsibility of the contracting company to complete each of the required Action Items list in Attachment 1. In the event that an Action Item cannot be completed, it is the responsibility of the contracting company to notify their CSB Business Liaison immediately. The contracting company must notify the CSB Business Liaison within three business days of any changes to this Agreement including but not limited to number of employees trained, amount of grant request, and training start and end dates.

SECTION 10. Modification: This Agreement may be modified at any time upon mutual written agreement of the parties. In the event that a Modification is attached and made a part hereof and incorporated into this Agreement by specific reference, the applicable provisions, requirements, and guidelines contained therein shall be binding on the parties of this Agreement.

SECTION 11. Termination: Either party may terminate this Agreement with or without cause by providing 15 days written notice to the other party. The contracting company shall provide written notice to their CSB Business Liaison. In the event the contracting company terminates this agreement after training starts and before completion of the training, the contracting company forfeits any reimbursement of funds from CareerSource Brevard.

SECTION 12. Certifications by Contracting Company: By affixing a signature below, Company certifies the following:

- A. The Company information provided herein and attached to this Agreement is true and accurate and any false information or intended omissions may subject the signing party to civil or criminal penalties for filing of false public records and/or forfeiture of any training award approved through this program.
- B. The Company does not discriminate against any trainee because of race, color, religion, sex, age, handicap, marital status, military veteran status, political affiliation, or national origin.
- C. The Company agrees to comply with the terms and provisions of this Contract, including all attachments.
- D. Training funds will not be used to directly or indirectly assist, promote, or deter union organizing; or aid in the filling of a job opening which is vacant because the former occupant is on strike or locked out in the course of a labor dispute or the filling of which is otherwise an issue in a labor dispute involving a work stoppage.

The following individuals, by affixing their signatures below, agree to the terms of this Agreement and hereby attest that they are duly authorized representatives and have financial authority to commit to this Agreement.

Contracting Company

Signature:	Title:
Print Name:	Date:

Brevard Workforce Development Board, Inc. d/b/a CareerSource Brevard

Signature:	Title:
Print Name:	Date:

Attachment 1 - Incumbent Worker Training Program Checklist

Application Stage

Projected
Date

Action Items

	<input type="checkbox"/> Select the type or types of training that your company needs for your employees.
	<input type="checkbox"/> Determine who the participating employees would be.
	<input type="checkbox"/> Select a training vendor or if an internal trainer is to be utilized, provide the applicable information regarding trainer(s).
	<input type="checkbox"/> Have trainees complete the eligibility screening tool if Business Liaison deems appropriate.
	<input type="checkbox"/> Determine all costs associated with the training. Note! The IWT grant can cover up to 50% of the following: <ol style="list-style-type: none"> 1. Tuition and or trainer's wages. 2. Curriculum development if applicable. 3. Books, test kits and other misc. materials required for training. <i>Ineligible costs such as travel, accommodations, and lost production should be listed as part of the employer contribution even though they are not eligible for any reimbursement.</i>
	<input type="checkbox"/> Complete the IWT Agreement/ Application Form.
	<input type="checkbox"/> Have all potential trainees complete Eligibility Profile and Grievance.
	<input type="checkbox"/> Complete the IRS Form W-9.
	<input type="checkbox"/> Turn in the IWT Agreement/application/form and all Eligibility Profiles and Grievance to your assigned CSB Business Services Representative.

Training and Reimbursement Stage

Projected
Date

Action Items

	<input type="checkbox"/> Employer will commence training activities.
	<input type="checkbox"/> Employer will notify their CSB Business Liaison of attendance of training at the start of the training. It is suggested that this notification come in the form of an attendance sheet or an email.
	<input type="checkbox"/> Employer will notify their CSB Business Liaison of any changes in training, number of trainees, or who is being trained within three business days of such changes occurring. Note that these changes may impact the amount of reimbursement.
	<input type="checkbox"/> Within 30 days of training completion the employer will request reimbursement from CSB by providing the following: <ol style="list-style-type: none"> 1. Copy(s) of invoices from the training provider listed in Section 2 of this agreement. Internal training providers will need to supply a copy of a pay stub OR a payroll report that documents the hour pay rate from the contract period. The contracting company will need to submit a statement defining the dates that training activities occurred and the total number of hours of the internal training activities. 2. Proof of payment to the training provider such as a cancelled check (for internal training this criterion is met with previous action item.) 3. An invoice to the CareerSource Brevard Finance Department requesting reimbursement of the documented eligible training costs per this agreement. 4. Copies of Certificates issued to employees who participated in training.
	<input type="checkbox"/> 90, 270 and 360 days after successful completion of the training, employer will send to their CSB Business Liaison a list of trainees, whether they are still employed, and if applicable the percentage of any wage increase per individual.

Attachment 2 – Multiple Training Vendor Attachment

1. Training Provider Information:

Training providers(s) will be:	<input type="checkbox"/> Public training institution <input type="checkbox"/>	Private training institution
	<input type="checkbox"/> Company employee <input type="checkbox"/>	Private instructor
Location:	<input type="checkbox"/> On Site <input type="checkbox"/>	At the training institution <input type="checkbox"/> Mobile Training Unit
Training provided:	Hours of Training:	
Description of Certification resulting from training:		
Name of Training Provider(s):		
Training Provider Contact:	Phone:	
Address:		
City:	State: FL	Zip:

2. Training Provider Information:

Training providers(s) will be:	<input type="checkbox"/> Public training institution <input type="checkbox"/>	Private training institution
	<input type="checkbox"/> Company employee <input type="checkbox"/>	Private instructor
Location:	<input type="checkbox"/> On Site <input type="checkbox"/>	At the training institution <input type="checkbox"/> Mobile Training Unit
Training provided:	Hours of Training:	
Description of Certification resulting from training:		
Name of Training Provider(s):		
Training Provider Contact:	Phone:	
Address:		
City:	State: FL	Zip:

3. Training Provider Information:

Training providers(s) will be:	<input type="checkbox"/> Public training institution <input type="checkbox"/>	Private training institution
	<input type="checkbox"/> Company employee <input type="checkbox"/>	Private instructor
Location:	<input type="checkbox"/> On Site <input type="checkbox"/>	At the training institution <input type="checkbox"/> Mobile Training Unit
Training provided:	Hours of Training:	
Description of Certification resulting from training:		
Name of Training Provider(s):		
Training Provider Contact:	Phone:	
Address:		
City:	State: FL	Zip:

4. Training Provider Information:

Training providers(s) will be:	<input type="checkbox"/> Public training institution <input type="checkbox"/>	Private training institution
	<input type="checkbox"/> Company employee <input type="checkbox"/>	Private instructor
Location:	<input type="checkbox"/> On Site <input type="checkbox"/>	At the training institution <input type="checkbox"/> Mobile Training Unit
Training provided:	Hours of Training:	
Description of Certification resulting from training:		
Name of Training Provider(s):		
Training Provider Contact:	Phone:	
Address:		
City:	State: FL	Zip: