

**SECTION I. BUSINESS INFORMATION**

**Company Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Main Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**NAICS Code (6 digits):** \_\_\_\_\_ **What year was the business established?** \_\_\_\_\_

**Has the business experienced a layoff in the last 120 days due to a relocation?**  Yes  No

**Does the business have a union bargaining agreement?**  Yes  No

**Is the business currently receiving funding from Wisconsin Fast Forward, WAT, or another Workforce Program?**  Yes  No

**Has the business participated in incumbent worker training utilizing WIOA funds in the past?**  
 Yes  No

**Company Size in Wisconsin:** \_\_\_\_\_ **Company Size in Waukesha, Ozaukee, and/or Washington Counties:** \_\_\_\_\_

**SECTION II. TRAINING PROGRAM INFORMATION**

**Name of Training Program:** \_\_\_\_\_

**Training Date(s):** Starts (mm/dd/yy): \_\_\_\_\_ Ends (mm/dd/yy): \_\_\_\_\_

**Training Location:**  On Site  Remote Site  At a training institute: \_\_\_\_\_  
(institution name)

**Total Training Cost:** \_\_\_\_\_ **Actual No. of employees to be trained:** \_\_\_\_\_

**Is this training needed to avert layoff and/or to keep the employee(s) retained in employment?**  
 Yes  No

**Are all employees, who will be sent to this training, been employed for 6 months or longer?**  
 Yes  
 No – If not, how many from the total number of employees have not been employed for 6 months or longer: \_\_\_\_\_.

**SECTION: III TRAINING PURPOSE**

**Please provide a description of the training** (detail of the curriculum and what the employee(s) will learn):

**Why is this training needed for your business?**

**How will this training component directly contribute to improving company processes, improve efficiency, or quality in a way that makes the company more competitive?**

**How will this training increase the employees' skill level or prevent the employee from being laid off and/ or avert layoff?**

**Please list any special tools, equipment, uniforms or protective gear required for the position.**

## SECTION IV: BUSINESS AGREEMENT & SIGNATURE

If awarded, in order to receive reimbursement for training, within 30 days upon the completion of training the business must submit:

1. Paid invoice(s) for training expenditures,
2. Proof of wage increase, and/or proof of promotion resulting in an open position on company letter head – if applicable,
3. Copy of employee(s) credential(s) showing successful completion – if applicable,
4. If training is not credential, employee(s) name(s) who successfully completed training on training provider's letterhead,
5. Complete post training follow-up questionnaire upon request from Forward Careers staff; and
6. Provide follow-up for one calendar year on training activities.

The Business is responsible to notify Forward Careers of any changes to training proposal outline **before** the training start date. Failure to notify Forward Careers will result in a terminated contract. After two (2) terminated contracts your business will not be eligible for training for one (1) calendar year.

**By submitting this application, the business representative agrees that information is true and agrees to provide post-training documents.**  Yes  No

**Name of Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### REQUIRED ATTACHMENTS WITH APPLICATION:

**Trainee Form(s):** For each employee that will participate in the training program, a trainee form must be submitted with IWT application. Example, 5 employees will be trained in ABC training program, 5 completed trainee forms are submitted with IWT application. – Refer to “Trainee Form”.

**Invoice that includes:**

- Training and learning objectives
- Dates of training
- Attainment of industry recognized certificate and/or credential
- Itemized cost

**Job descriptions of each employee's position to be trained**

### REQUIRED ONLY IF:

**In-House Training Invoice:** If training is occurring in-house, a letter on company letterhead that details training and learning objectives, dates of training, attainment of industry recognized certificate and/or credential, and itemized costs may be submitted. - Refer to “In-House Training Template”.

**Union Form:** Where a union bargaining agreement exists and is applicable to the training for the employee, submit a Union Concurrence Form. – Refer to “Union Form”.

**IMPORTANT:** Please ensure all fields are completed and supporting documents are submitted. Incomplete applications with missing supporting documents will not be accepted. Questions may be submitted to [contact@forwardcareers.org](mailto:contact@forwardcareers.org).