

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 Proposed 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

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 application fields are completed and supporting documents are submitted with this application. Incomplete applications with missing supporting documents will not be accepted. Questions may be submitted to contact@forwardcareers.org.

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:** _____