



Mountain Area

Business Accelerator Grant For Incumbent Worker Training

GRANT GUIDELINES

**Program Year (PY 21)
July 1, 2021 to June 30, 2022**

An Equal Opportunity/Affirmative Action Employer/Program

This Business Accelerator Grant opportunity offered by the Mountain Area Workforce Development Board is 100% federally-funded by the Employment and Training Administration of the US Department of Labor as part of an award totaling (\$XXXX).

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FOR INCUMBENT WORKER TRAINING

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KEY POINTS:

- The Business Accelerator Grant for incumbent worker training is a competitive training grant through which qualifying businesses can address employees' skills gaps. These skills gaps can be a result of a worker's changing responsibilities/requirements in her/his job, or for a worker whose job may potentially be eliminated and skill upgrading is needed to accept new responsibilities. The training should result in increased knowledge/skills for the employee and increase the stability and competitiveness of the employer. Training that provides a significant step towards achieving an industry-recognized certification/credential is important.
- North Carolina for-profit and not-for-profit businesses located in the four counties of Mountain Area (Buncombe, Henderson, Madison & Transylvania Counties) that have been in operation in the Mountain Area for at least one year prior to submission of the application are eligible to apply. The business must have a W-2 employer-employee relationship with at least five or more employees prior to the application deadline. Businesses that are current on all federal, state, and local tax obligations and are financially viable, are eligible to apply.
- **The Business Accelerator Grant is a cost reimbursement grant.** Businesses are reimbursed upon completion of the proposed training with required documentation. Grants are awarded on a competitive basis and are dependent upon the availability of funding. Mountain Area may commit up to \$100,000 for PY 21 (July 1, 2021 – June 30, 2022). The maximum grant amount is \$10,000 per grant. There are up to two grant application cycles per program year. The grant recipient must be reimbursed in full before another grant application can be submitted. There is no maximum lifetime limit at this time, but one may be established based upon future funding availability.
- The Business Accelerator Grant is administered by the Mountain Area Workforce Development Board (MAWDB) with the application, information and guidelines provided by MAWDB. Applications are submitted directly to the MAWDB. The Board may request additional information or establish supplemental provisions and requirements for the training grant applications.
- For each program year, July 1 – June 30, the MAWDB may designate funding for the Business Accelerator Grant program. If funding is available, funding amounts may differ from program year to program year, based on federal allocations. Businesses should contact the Business Services Representative regarding funding availability and other requirements, including current program guidelines. Each business awarded a grant will have one year, 365 calendar days, to complete training from the date that the contract is signed.

➤ Application Process and Tentative Schedule

Call for Pre-Assessment – Intent to apply	July 1 – July 31, 2021
Call for Applications	August 1 – September 10, 2021 4 pm
Required Zoom meeting for first-time applicants	August 6, 13, or 20; to be scheduled
Draft application Deadline	September 10, 2021; 4 pm
Final Application Deadline	September 17, 2021; 4 pm
Application Review	September 20 – October 15, 2021
Award Announcement	October 27 – November 2, 2021
Deadline for Contracts	January 14, 2022

All applications will be reviewed by the Workforce Board’s Grant Committee. The Committee uses an assessment scoring system for each application. The Committee will make recommendations to the Board on applications for funding. After the Board approves the recommendations, the Business will be notified within 5 business day by email and/or phone. The Business Services Representative will have 60 days from award notification to prepare the contract. Payment for training or training that is conducted prior to the date of the dually signed contract can’t be reimbursed.

FREQUENTLY ASKED QUESTIONS:

WHAT IS AN INCUMBENT WORKER?

An incumbent worker is:

- a. At least 18 years of age and a paid employee of the applicant’s business;
- b. In a relationship that meets the Fair Labor Standards Act requirements for an employer-employee;
- c. At least fifty percent of the employees to be trained must have an established employment history with the employer for 6 months or more prior to the start date of training. The remainder of the employee(s) may have less than 6 months employment with the company prior to the start date of training; All employee(s) must be in an employer-employee relationship (W-2) prior to the start of training.
- d. A citizen of the United States or a non-citizen whose status permits employment in the United States; and,
- e. An employee to be trained who works at a facility located in Buncombe, Henderson, Madison or Transylvania Counties, North Carolina.

WHAT IS AN EMPLOYER-EMPLOYEE RELATIONSHIP?

In order for the Fair Labor Standards Act (FLSA) minimum wage and overtime provisions to apply to a worker, the worker must be an “employee” of the employer. This means that an employment relationship must exist between the worker and the employer. The FLSA defines “employ” as the work

that the employer directs or allows to take place. Workers who are economically dependent on the business of the employer and will receive a W-2 for tax filing purposes have an employer-employee relationship.

An individual who does not meet the employer-employee relationship are:

- Those who will receive a 1099 for tax filing purposes or
- Those who are placed at the applicant's business through a temporary agency and are paid by the temporary agency.

WHEN WOULD AN EMPLOYER UTILIZE THE BUSINESS ACCELERATOR GRANT?

An employer can utilize this competitive training grant when an employee has identified skills gaps that need to be addressed through training, thus enhancing the employee's continued employability and improving the business' stability.

WHICH EMPLOYEES WOULD BENEFIT FROM THE BUSINESS ACCELERATOR GRANT?

The Business Accelerator Grant is beneficial to employees who have identified skills gaps, where eligible training addresses these gaps, improves employee retention, helps stabilize the business, and will increase the competitiveness of the employee and employer. These employees either:

- Need to upgrade skills and knowledge to retain their current job;

OR

- Need to gain new skills and knowledge so they qualify for a different job with their employer.

Additionally, training that provides a significant step towards achieving an industry recognized certification or credential that increases the workers' overall employability is encouraged but not required. An ideal incumbent worker opportunity is one where a participant acquires new skills allowing him or her to move into a higher skilled and higher paid job within the company, thus allowing the company to hire a job seeker to backfill the incumbent worker's position.

WHO IS ELIGIBLE TO APPLY?

A business that is eligible to apply:

- ❖ Is a North Carolina for-profit or not-for-profit business;
- ❖ Has an employer-employee relationship with all the trainees;
- ❖ Has at least five or more employees with which there is an employer-employee relationship;
- ❖ Has been in operation in North Carolina for a minimum of one year prior to the application submission deadline date;
- ❖ Is current on all federal, state and local tax obligations;
- ❖ Is financially viable;
- ❖ The business must be located in the Mountain Area Workforce Development Board Area (Buncombe, Henderson, Madison and Transylvania Counties).

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 to apply for funds under this program:

- A business currently receiving training funds, either directly or indirectly, from North Carolina state government unless those training funds do not duplicate the training efforts outlined in the grant 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;
- The Mountain Area Workforce Development Board or its administrative entity;
- A labor union;
- A government entity;
- Entities whose primary business is education.
- A business that has received an Incumbent Worker Training Grant/Business Accelerator Grant and has not completed the training, and/or submitted all required documentation and/or received reimbursement in full.
- A business that is on the Federal Debarment List.

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

In addition to the Business Accelerator Grant, the North Carolina Community College System provides training funds through the Customized Training Program. 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 including the Small Business Technology and Development Center. (examples: agreement on an acceptable training schedule timeline; availability of funds to meet training timeframe).

WHAT KINDS OF TRAINING CAN BE FUNDED BY THE BUSINESS ACCELERATOR GRANT?

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 defined as short courses that address the identified skills gaps and could lead to a credential or to an industry-recognized certification. The training may include a continuing education course, a curriculum course, but cannot be part of a trainee's pursuit of an

educational degree.

Grant funds will be expended on training activities that take place only in North Carolina **unless** the Mountain Area Workforce Development Board approves training outside the state. If consent is given, all other rules and regulations of the Business Accelerator Grant still apply.

WHAT IS THE DESIGNATED AMOUNT PER PROGRAM YEAR FOR WHICH BUSINESSES CAN APPLY?

The Business Accelerator Grant is an allowable local workforce development board service component authorized by the Workforce Innovation and Opportunity Act (WIOA). The MAWDB will utilize up to 20% of formula funding to determine the availability of funds for each fiscal year. For the **2021-2022 Program Year**, the local area may commit up to \$100,000. Businesses can apply for up to \$10,000 per grant application. There are up to two grant application rounds per program year, pending funding.

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

Grant funds are limited and based upon funding availability, and are awarded on a competitive basis. Eligible applicants can apply for a maximum of \$10,000/grant application. There are up to two grant application rounds per year. For a company to be able to apply for two grants per year, the first grant must be completed, with all required documents submitted and the total reimbursement made to the business prior to the application deadline. The MAWDB has not set a Lifetime Maximum per business at this time.

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 the Business Services Coordinator, who will help coordinate this type of application. The MAWDB is encouraged to work with unique businesses in high demand sectors within the local region to complete collaborative applications. All businesses included in the application must meet all rules, regulations, and guidelines of the Business Accelerator Grant.

The proposal for the common request must:

- Train employees of at least two different businesses, with one of those businesses designated as the Lead Applicant. The Lead Applicant completes the application;
- Include employees of the Lead Applicant in the training;
- 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 for the proposed training.
- If two or more different businesses apply, the grant amount is up to \$12,500/application.

IS THE BUSINESS REQUIRED TO CONTRIBUTE?

The employer or group of employers must pay for a portion of the cost of providing the training to incumbent workers. This portion is defined as the non-federal share. The non-federal share is based on the following limits:

- Not less than 10% of the training cost, for employers with less than 50 employees;
- Not less than 25% of the training cost, for employers with 50-99 employees; and
- Not less than 50% of the training cost, for employers with 100 or more employees.

The number of employees is based on all locations within Mountain Area's four counties. The business will be required to calculate the actual non-federal share in the budget part of the application.

WHAT IS THE NON-FEDERAL SHARE?

The non-federal share provided by an employer participating in the program may include the amount of the wages paid by the employer to a worker while the worker is attending a training program. The employer may provide the share in cash or in kind, fairly evaluated. Examples of the non-federal share are trainees' wages, on-site facility usage, trainees' travel, food, and lodging. Travel, food, and lodging must be based upon the limits defined at www.gsa.gov for the city where the training will take place.

WHAT COSTS CAN BE REIMBURSED BY THE TRAINING GRANT?

See Attachment A for a list of allowable and non-allowable costs.

WHAT OUTCOMES ARE EXPECTED FROM THE TRAINING GRANT?

When businesses experience a skills gap in their workforce, the company's stability can be compromised. The Business Accelerator Grant funded by WIOA addresses such needs by increasing workers' skills, wages, advancement opportunities, knowledge, and certifications/credentials. Outcomes will be expressed in the Final Report completed by the business. The Final Report is due within 45 days of the end of training.

HOW IS THE GRANT ADMINISTERED?

The Business Accelerator Grant is administered through the Mountain Area Workforce Development Board.

HOW DOES A BUSINESS SUBMIT AN APPLICATION?

First, the business must contact the Business Services Representative for the Mountain Area Workforce Development Board that administers the grant in its workforce area. This contact allows the business and the Board staff the opportunity to review the guidelines and eligibility requirements, highlight criteria, discuss training. The Business must submit the Pre-Assessment before and Application can be submitted. The Pre-Assessment, Grant Guidelines and Application for the grant are available by contacting the Business Services Representative. These documents are also available

at www.mountainareaworks.org or on the Land of Sky website at: www.landofsky.org under Workforce Development.

IS IT REQUIRED THAT THE APPLICANT USE THE APPLICATION FORM PROVIDED?

Yes. The application is provided as a PDF fillable document. *All* information is to be provided *within* the form. The space will expand to accommodate the information. Please **do not attach/include** trainer’s resumes or other excess information. Also, the trainer’s qualifications, course descriptions and objectives should be summarized within the form.

IS AN AUTHORIZED ELECTRONIC SIGNATURE ACCEPTABLE?

Yes. All sections requiring a signature must have an authorized signature. An electronic or original signature of an authorized individual is acceptable.

WHAT TECHNICAL ASSISTANCE IS AVAILABLE TO ASSIST THE BUSINESS?

Businesses and vendors should contact the Business Services Coordinator for technical assistance throughout the process.

WHEN CAN A BUSINESS APPLY FOR A BUSINESS ACCELERATOR TRAINING GRANT?

Businesses and vendors should contact the Business Services Representative of MAWDB before beginning the application process to express interest in applying and review the type of training desired. The Business must completed a Pre-Assessment Form and submit it to the Business Services Representative. The schedule for the Business Accelerator Grant will be determined by the availability of funding and the program year schedule. The schedule will be posted in the Call for Submissions document.

DRAFT APPLICATIONS ARE STRONGLY ENCOURAGED

A draft application submitted prior to the Final Application Deadline is strongly suggested. This allows for the review of the application and corrections by the business. No application modifications can be made after the final application deadline. After the application is approved and there are extenuating circumstances that arise that require a modification, the business should contact the business services representative immediately.

FIRST TIME APPLICANTS

If a business is a first time applicant, the business may require a phone session with the business services representative to better understand the guidelines and application. It is incumbent upon the business to request this service.

HOW WILL FUNDING DECISIONS BE MADE?

The MAWDB Staff and Business Accelerator Grant Committee will review the application for viability and make funding recommendations to the Board based on the training grant criteria. The number of awards approved per application cycle and program year is based on funding availability and the number of eligible applications as determined by MAWDB. If applications exceed the

allocated amount for the program year, the approved applications will be prioritized and awarded in part depending upon funding. The Business will be notified after the Board has approved the Grant Committee's recommendations for funding or not funding the application.

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

The MAWDB's Business Services Representative will notify the business of a decision on its application after the grant review committee has made a recommendation to the board for approval of applications. After board approval, the MAWDB business services representative will begin the process of developing a contract. The contract is between MAWDB and the business, to be executed within 60 days of the date of the award notification from the MAWDB.

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 may become null and void and the business may need to re-apply in a future round. Each project will be monitored and evaluated by the MAWDB staff with outcomes reported to the MAWDB Board in a Final Report. If training should need to be scheduled within the 60 day period following award notification please contact the Business Services Representative so the contract may be prioritized. No training should be paid for or take place prior to the dually signed contract date.

HOW LONG DOES A BUSINESS HAVE TO CONDUCT THE TRAINING?

Training must be completed within the one year or 365 days of the signed contract date. A contract signed on February 1, 2022 will expire on February 1, 2023.

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 within the calendar contract year. Under **extenuating circumstances**, a request can be made by the business in writing to the MAWDB Director to extend the date of a contract. The request will be presented to the MAWDB Grant Committee and the final decision will reside with the Board. In any event, no extension will exceed 30 days past the end date of the original contract.

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

The Business Accelerator Grant is a competitive training grant and each application is evaluated against eligibility criteria. If there is an extenuating circumstance that leads to a need to request a change to the approved training, the business must contact the Business Services Representative to discuss the best alternatives as soon as possible. Training changes cannot create a new application or increase the approved financial award amount. The training changes must continue to address the trainees' originally identified skills gaps, be completed within the original calendar year timeframe, and meet the Grant criteria. The Business Services Representative will evaluate each request on a case-by-case basis, and consult with the Grant Committee and Board Director for a final decision.

WHAT INFORMATION IS A BUSINESS REQUIRED TO SUPPLY TO THE MAWDB ON

THE EMPLOYEES TO BE TRAINED?

The Business Services Representative will discuss with the business the employee information required on the trainees. Federal requirements mandate funded businesses provide, at a minimum, the following data for each training participant. The Employee Application Form (E) will capture this information which will include but not be limited to:

- Complete Name and Contact Information
- Gender
- Date of Birth
- Citizenship (Right-to-Work Status)
- Selective Service Compliance
- Person with Disability
- Ethnicity and Race
- Date of employment with business (month and year)
- Rate of pay or salary

The employer will be required to complete the Company Attestation, Form F. Each business and trainee will be required to register on www.NCWorks.gov.

ARE ANY REPORTING REQUIREMENTS EXPECTED OF THE BUSINESS?

Yes. The MAWDB Staff will advise and discuss the reporting requirements for the grant award, to include content, timeframe and other matters. A Final Report on the training is due no later than thirty (30) days from the end of the training. The Final Report will be forwarded to the Board Director by the Business Services Representative.

HOW IS THE TRAINING EVALUATED?

The business will submit a Final Report which is due 30 days after completion of training. All Reporting forms are provided in the Contract Package.

WHEN IS THE BUSINESS REIMBURSED?

The business will be reimbursed upon completion of training, with a copy of a paid receipt, and completion of Forms E & F and the Final Report. If the training has more than one Training Component, each component may be reimbursed upon completion with required documentation.

TO WHOM DO I ADDRESS QUESTIONS

Please address questions to Barbara Darby at barbarad@landofsky.org; 828.231.6611.

ARE THE GRANT AWARDS PUBLIC KNOWLEDGE?

“All records relating to the Business Accelerator Grants for Incumbent Worker Training are subject to public review under the NC Public Records Law.”

ATTACHMENT A -Reimbursable and Non-Reimbursable Costs

The following is a listing of reimbursable and non-reimbursable training costs for the MAWDB Business Accelerator Grant:

Allowable Training Costs:

1. Training/Course registration/tuition fees.
2. 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 one year contract.
3. Web-based online training.
4. Employee skills assessment that results in primary training funded through the grant.
5. Textbooks/manuals used 100% for the training activities.
6. Materials and supplies directly related to the training. Does not include purchase of software.
7. Travel for trainers-if the requested training is not available within reasonable proximity to the business. Travel may include mileage reimbursement, meals, and lodging based upon rates at www.gsa.gov.
8. Travel for trainees-up to \$2,000 maximum, not to exceed 25% of total grant request. Non-federal share for size of company must be met before travel is an allowable cost. Travel (food, lodging, transportation) must be based on federal guidelines at www.gsa.gov. Incidentals are not included in travel. Mileage will be based on distance to and from training site only. Google maps will be used for mileage calculations. Travel records and paid receipts must be provided for all reimbursed travel expenses.
9. Process improvement or quality-related training that is not a state or federally mandated training.

Non-Allowable Training Costs:

1. Employee related costs such as wages, fringe benefits, travel.
2. Training-related costs incurred prior to the beginning date of the contract with the MAWDB or after the contract ends.
3. Training that the company or an entity on the company's behalf already provides to its employees.
4. Training that a company is mandated to provide on a regular basis to its employees by federal, state, or local laws.
5. Continuing Education Units (CEUs) and other training that is specifically required for an employee or entity to maintain licensure, certification or accreditation.
6. Courses that are part of a trainee's pursuit of an educational degree.
7. Employment or training in sectarian activities.
8. Curriculum design and/or training program development.
9. Trainers employed by any business whose employees are being trained to include parent company employees.
10. Purchase of employee assessment systems or systems usage licenses (example: site licenses).
11. Company website design and development, website hosting, and maintenance, software or hardware upgrades, advice on computer selection for purchase and upgrade.
12. Third party compensation or fees not directly related to the provision of the requested training.
13. 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.
14. 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.
15. Business relocation or other similar/related expenses.
16. Travel outside of contiguous United States or costs associated with bringing a trainer into the

country.

17. General office supplies and non-personnel services costs (example: postage and photocopying).
18. Membership fees/dues.
19. Food, beverage, entertainment, and/or celebration related expenses.
20. Job/position profiling.
21. Publicity/public relations costs.
22. Costs associated with conferences/meetings.
23. Costs associated with consulting services.

**Mountain Area Workforce Development Board
Attachment A: Business Accelerator Grant Pre-Application Questionnaire
For Incumbent Worker Training**

Business Name: _____

Date: _____

Contact Name: _____

Phone Number: _____

Email: _____

What type(s) of training are you interested in for your employees?

Do you need assistance from the Mountain Area Workforce Development Board in exploring training topics, finding a training provider?

Yes No

Approximately how many employees would participate in the training(s)?

How many of the above employees been employed with your business for at least six (6) months prior to the anticipated start date for training(s)?

Has the business been in operation in NC for 12 months?

Yes No

What's your estimated timeline for the training(s) to occur? Month/Year

Please indicate the physical location of business. (Madison, Buncombe, Henderson or Transylvania County)

Is your business current on all federal, state, and local taxes?

Yes No

Has your business previously received a state sponsored Incumbent Worker Grant? (2003 – 2016)

Yes No

Has your business previously received a local sponsored Incumbent Worker Grant? (2018-2020)

Yes No

Is your business on the federal debarment list?

Yes No

<https://www.dol.gov/agencies/ofccp/debarred-list>

Has your business established an employer account on the state's online workforce system – <https://www.ncworks.gov/>? If not, please set up your free account before submitting this form.

Yes No

Have you contacted the Small Business Technology and Development Center (SBTDC) in Asheville, NC regarding the availability of free training programs related to the training you are interested in through this grant? This must be done prior to submitting a grant application.

SBTDC - Asheville
46 Haywood St., Suite 212
Asheville, NC 28801
(828) 251-6025
unca@sbtdc.org

Yes, but does not meet my needs.

Yes, there are trainings available to meet my needs.

No

Comments: _____

Have you contacted the appropriate NC Community College's Customized Training department regarding the availability of free training programs related to the training you are interested in through this grant? This must be done prior to submitting an application.

Contact information for A-B Technical Community College

Kevin Kimrey
Economic & Workforce Development
A-B Tech Community College
340 Victoria Road, Advanced Manufacturing Center
Asheville, NC 28801
Office – 828.398.7923
Cell – 828.620.1955
kevinbkimrey@abtech.edu

Yes, but does not meet my needs.

Yes, there are trainings available to meet my needs.

Yes, there are trainings to meet my needs, but I am selecting a third part training vendor.

No

Comments: _____

Contact information for Blue Ridge Community College

Shanda R. Bedoian
Director of Corporate & Customized Training
Blue Ridge Community College
Flat Rock Campus - Sink Building - #155
Hendersonville, NC
(828) 694-1756
shandab@blueridge.edu

Yes, but does not meet my needs.

Yes, there are trainings available to meet my needs.

Yes, there are trainings to meet my needs, but I am selecting a third party training vendor.

No

Comments: _____

I hereby certify that the above information is, to the best of my knowledge, true and correct.

Business Representative Print Name: _____

Business Representative Signature: _____

Date: _____

Submit Pre-Application Questionnaire to:

Barbara Darby, Business Services Representative, Mountain Area Workforce Development Board
barbarad@landofsky.org; 828-231-6611

Email Template to use for communication to your Local NC Community College and the SBTDC:

I am emailing you because my business is applying for Local Area name Incumbent Worker grant. My business is interested in trainings in the areas of

_____.

Please advise as to whether you offer a training at no cost on these topics. Thank you.

Round Date: _____

Business Name: _____

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

C--Is there a course title and course description and objectives for the training component?	Yes	No
C--Has the applicant provided the training schedule and the estimated training dates?	Yes	No
C--Has the applicant provided the number of trainees and training location?	Yes	No
C--Does the application state the cost of the component and what portion of the cost will be charged to the grant?	Yes	No
Note The “Component Cost Charged to the Grant” should capture all cost to be charged to the grant.		
C--Has the applicant named the Training Provider, Training Provider Contact with contact information to include address, phone number, and email address?	Yes	No
C--Does the application provide the name of the trainer/instructor that will teach the training component and state her/his qualifications?	Yes	No
C--Do the qualifications support the selection of the instructor for delivering the training?	Yes	No
<u>Questions 1-3</u>		
1. C--Does the application identify the skills gaps of the employees to be trained?	Yes	No
2. C--Does the application explain how the training will address the identified skills gaps, improve employee retention, impact company stability, and increase the competitiveness of the employee and employer by either: Upgrading their skills and knowledge to retain their current job; OR Gaining new skills and knowledge so they qualify for a different job with their employer;		
3. C--Does the application describe how this training will impact the employees' opportunities for advancement in the company and/or wage increases?	Yes	No
Review the Allowable / Non-Allowable Costs for NCWorks IW funding (Attachment A in the NCWorks IW Guidelines or Attachment C of the NCWorks IW Application).		
C--Is this Training Component allowable for reimbursement? If no , the Training Component is not eligible for funding. If this is the only Training Component submitted, the application is not viable	Yes	No

Does this training component meet **ALL** the eligibility criteria in this section?

Yes

No

If NO, the Training Component is not eligible for funding. If this is the only Training Component submitted, the application is not viable.



**THE MOUNTAIN AREA
BUSINESS ACCELERATOR GRANT
(INCUMBENT WORKER TRAINING GRANT)
APPLICATION
PROGRAM YEAR (PY 21)
JULY 1, 2021 - JUNE 30, 2022**

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

**Mountain Area Business Accelerator Grant Application for One Business
Attachment B-1**

Note: The Local Workforce Development Board will inform the business of its' submission date deadline.

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.

A. Applicant Information

Business Name:			
Street/Mailing Address:			
City/State:		Zip:	County:
Company Contact Person:		Title:	
Phone:	Ext:	Fax:	
E-Mail Address:		Company Website:	
Description of Business Product(s) or Service(s):			
Years in business at training location:	Total number of paid employees at this location:		Total number paid employees throughout NC:
	How many of these employees have an employer-employee relationship?		
Legal Structure of Business:	Sole Proprietor	Partnership	Corporation (Designation)
Tax Status of Business:	For-profit	Not-for-Profit (Designation)	Other:
Employer's Federal ID #:		Unemployment Insurance ID #:	

B. Parent Company

Is your company a subsidiary of another company or affiliated with a parent company?				Yes	No
If “Yes,” please provide the following information about the corporate office/parent company, if different from above, or indicate ‘SAME.’					
Parent Company Name:					
Street/Mailing Address:					
City:		State:		Zip:	County:
Authorized Representative:				Title:	
Phone:		Ext:		Fax:	
E-Mail Address:				Company Website:	

C. Business Status Checklist

Has the company been in operation in the State of North Carolina during the entire twelve-month period immediately preceding the submission deadline date? Place an X in appropriate box.	Yes	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
Does your company have an employer-employee relationship with all of the trainees?	Yes	No
Is your company subject to a collective bargaining agreement? (If “Yes,” please attach a letter of endorsement for the training from the authorized union official)	Yes	No

SECTION II. AVAILABILITY AND/OR USE OF OTHER FUNDS

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).

A. Please describe the results of your communication with a local community college or publicly-funded college or university concerning the availability of resources through: 1) The Customized Training Program, and/or 2) other potential training resources that could fund the training described herein.

NOTE: If more than one contact was made, supply the same information for each contact.

Contact:	Institution:	
Outcome of discussion:		
B. Are any of the training components described in this application available from any publicly funded community college or university?	Yes	No
C. Has your company previously received any training grants, such as the Customized Training Program, New and Expanding Industry Training or Focused Industrial Training or State-funded NC Works Incumbent Worker Grant, or other training grants from any government sources?	Yes	No

D. State-Funded Incumbent Worker Grant 2003-2016

Year	Grant Amount	Type of Training	Completed Training (Y/N)

E. Locally-Funded Incumbent Worker Grant 2018-present

Year	Grant Amount	Type of Training	Completed Training (Y/N)

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F. Explain how the training will address the identified skills gaps, improve employee retention, impact company stability, and increase the competitiveness of the employer and employee by either: Upgrading their skills and knowledge to retain their current job, or Gaining new skills and knowledge so they qualify for a different job with their employer.

SECTION III. TRAINING PLAN

A. 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 (Count each one time):	

B. Collaborative Grant

If this is a Collaborative Grant, please provide the following for each company, including the lead applicant:

Company Name:	Number to be Trained (unique count):

If the application is for a collaborative grant, all of the companies included in the grant, but not the lead applicant, are to complete Attachment D and each company should be included on the Application Overview.

C. Training Components

See Attachment A for the Training Component Template. The form can be replicated as many times as necessary to include all Training Components requested for funding.

D. Incumbent Worker Defined:

An incumbent worker is:

- a. At least 18 years of age, a paid employee of the applicant business or businesses;
- b. In a relationship that meets the Fair Labor Standards Act requirements for an employer-employee;
- c. A minimum of 50% of the employees to be trained must have an established employment history with the employer as a W-2 employee for 6 months or more prior to the start of training. The remainder of the employees to be trained must be W-2 employees prior to the start of training but may have less than six months of W-2 employment with the company.
- d. A citizen of the United States or a non-citizen whose status permits employment in the United States; and
- e. An employee to be trained who works at a facility located in North Carolina.

Are all employees to be trained an eligible Incumbent Worker as described above?

Yes	No
-----	----

E. Project Abstract (Use Times Roman 12, single spaced in the narrative)

Please provide the following information on Attachment B:

- 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 requested training will address employees' skills gaps, improve employee retention, impact company stability, and increase the competitiveness of the employee and employer.
- 4. Reason for requesting financial assistance to conduct the training.

SECTION IV. BUDGET

A. The applicant is encouraged to apply only for the amount of funds needed to meet its immediate training needs. The project budget should clearly support and relate to the training plan and itemize how the award will be used. **The amount under the “Grant Funds Requested” column below should equal the total of the amounts shown under “Component Cost Charged to Grant” for all Training Components 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 must pay for a portion of the cost of providing the training to incumbent workers. This portion is defined as the non-federal share. The non-federal share is based on the following limits:

- Not less than 10% of the cost, for employers with not more than 50 employees;
- Not less than 25% of the cost, for employers with more than 50 employees, but not more than 100 employees;
- Not less than 50% of the cost, for employers with more than 100 employees.

The non-federal share provided by an employer participating in the program may include the amount of the wages paid by the employer to a worker while the worker is attending training. The employer may provide the share in cash or in kind, fairly evaluated. A column has been provided for this information.

NOTE: Shaded areas allow for the entry of Grant Funds Requested, Employer’s Non-Federal Share, and Explanation and Detail. The shading will appear with the selection of the “Highlight Existing Fields” option in the upper right corner. See Attachment C for additional information on allowable costs.

Category	Grant Funds Requested	Employer’s NonFederal Share (ENFS) (Wages, in-kind, cash, etc.)*	Explanation and Detail Please place a “G” after all explanation of costs to be paid by the Training Grant funds and Itemize the cost of each Training Component.
Training/Course Registration			
Manuals/Textbooks (itemize)			
Training Certifications, Certificates, Credentials, or Licenses			
Materials and Supplies			
Training equipment purchase (can be employer’s nonfederal share)			
On-site facility usage (can be employer’s non-federal share)			
Trainer’s travel, food, and lodging			
Employees’ travel, food, lodging (can be employer’s nonfederal share); up to \$2,00 can be grant funded			

Employees' wages (can be employer's non-federal share)			
Total Funds (Both Grant and ENFS)	\$	\$	TOTAL TRAINING INVESTMENT (Grant + ENFS): \$

The Mountain Workforce Development Board reserve the right to remove or adjust any part of the budget prior to grant approval. *The number of employees is based on all locations within Buncombe, Henderson, Madison and Transylvania Counties.

SECTION V. AUTHORIZATION AND CERTIFICATION

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

- I have read the Mountain Area Incumbent Worker Training Grant 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 Mountain Area Incumbent Worker Training Grant;
- 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 Innovation and Opportunity Act participant, subcontractor or potential beneficiaries of employment and training programs or projects because of race, color, disability, religion, age, sex, national origin, political affiliation or belief.

Print Name

Title

Signature

Date

ATTACHMENT B

PROJECT ABSTRACT SECTION VI.

Please provide the following information, not to exceed three (3) pages: Use Times Roman 12, single spaced and 1" margins.

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 requested training will address the identified skills gaps, improve employee retention, impact company stability, and increase the competitiveness of the employee and employer;
4. Reason for requesting financial assistance to conduct the training.

ATTACHMENT C REIMBURSEABLE/NON-REIMBURSEABLE TRAINING COSTS

The following is a listing of reimbursable and non-reimbursable training costs for the Mountain Areas Business Accelerator Training Grant:

Allowable Training Costs:

1. Training / Course registration
2. 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
3. Web-based online training
4. Employee skills assessment that results in primary training funded through the grant
5. Textbooks / manuals used 100% for the training activities
6. Materials and supplies directly related to the funded training
7. Travel for trainers-if the requested training is not available within reasonable proximity to the business
8. Travel for trainees-up to \$2,000 maximum, not to exceed 25% of total grant request. Non-federal share for size of company must be met before travel is an allowable cost. Travel (food, lodging, transportation) must be based on federal guidelines at www.gsa.gov. Incidentals are not included in travel. Mileage will be based on distance to and from training site only. Google maps will be used for mileage calculations. Travel records and paid receipts must be provided for all reimbursed travel.
9. Process improvement or quality-related training that is not a state or federally mandated training.

Non-Allowable Training Costs:

1. Employee related costs such as wages, fringe benefits, travel.
2. Training-related costs incurred prior to the beginning date of the contract with the MAWDB or after the contract ends.
3. Training that the company or an entity on the company's behalf already provides to its employees.
4. Training that a company is mandated to provide on a regular basis to its employees by federal, state, or local laws
5. Continuing Education Units (CEUs) and other training that is specifically required for an employee or entity to maintain licensure, certification or accreditation
6. Courses that are part of a trainee's pursuit of an educational degree
7. Employment or training in sectarian activities
8. Curriculum design and/or training program development
9. Trainers employed by any business whose employees are being trained to include parent company employees
10. Purchase of employee assessment systems or systems usage licenses (example: site licenses)
11. Company website design and development, website hosting, and maintenance, software or hardware upgrades, advice on computer selection for purchase and upgrade
12. Third party compensation or fees not directly related to the provision of the requested training
13. 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
14. 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
15. Business relocation or other similar/related expenses
16. Travel outside of contiguous United States or costs associated with bringing a trainer into the country

17. General office supplies and non-personnel services costs (example: postage and photocopying)
18. Membership fees/dues
19. Food, beverage, entertainment, and/or celebration related expenses
20. Job/position profiling
21. Publicity/public relations costs
22. Costs associated with conferences
23. Costs associated with consulting services



**THE MOUNTAIN AREA
BUSINESS ACCELERATOR GRANT
(INCUMBENT WORKER TRAINING GRANT)**

**APPLICATION
PROGRAM YEAR
JULY 1, 2021 - JUNE 30, 2022**

Mountain Area Business Accelerator Grant Application for a Multiple Businesses Attachment B-2

Note: The Local Workforce Development Board will inform the business of its' submission date deadline.

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.

A. Applicant Information

Business Name:			
Street/Mailing Address:			
City/State:		Zip:	County:
Company Contact Person:		Title:	
Phone:	Ext:	Fax:	
E-Mail Address:		Company Website:	
Description of Business Product(s) or Service(s):			
Years in business at training location:	Total number of paid employees at this location:		Total number paid employees throughout NC:
	How many of these employees have an employer-employee relationship?		
Legal Structure of Business:	Sole Proprietor	Partnership	Corporation (Designation)
	For-profit	Not-for-Profit (Designation)	Other:

Employer's Federal ID #:	Unemployment Insurance ID #:
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B. Parent Company

Is your company a subsidiary of another company or affiliated with a parent company?				Yes	No
If "Yes," please provide the following information about the corporate office/parent company, if different from above, or indicate "SAME."					
Parent Company Name:					
Street/Mailing Address:					
City:		State:		Zip:	County:
Authorized Representative:				Title:	
Phone:		Ext:		Fax:	
E-Mail Address:				Company Website:	

C. Business Status Checklist

Has the company been in operation in the State of North Carolina during the entire twelve-month period immediately preceding the submission deadline date? Place an X in appropriate box.	Yes	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
Does your company have an employer-employee relationship with all of the trainees?	Yes	No
Is your company subject to a collective bargaining agreement? (If "Yes," please attach a letter of endorsement for the training from the authorized union official)	Yes	No

SECTION II. AVAILABILITY AND/OR USE OF OTHER FUNDS

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).

A. Please describe the results of your communication with a local community college or publicly-funded college or university concerning the availability of resources through: 1) The Customized Training Program, and/or 2) other potential training resources that could fund the training described herein.

NOTE: If more than one contact was made, supply the same information for each contact.

Contact:	Institution:
Outcome of discussion:	

Contact:	Institution:
Outcome of discussion:	

B. Are any of the training components described in this application available from any publicly funded community college or university?	Yes	No
C. Has your company previously received any training grants, such as the Customized Training Program, New and Expanding Industry Training or Focused Industrial Training or State-funded NC Works Incumbent Worker Grant, or other training grants from any government sources?	Yes	No

D. State-Funded Incumbent Worker Grant 2003-2016

Year	Grant Amount	Type of Training	Completed Training (Y/N)

E. Locally-Funded Incumbent Worker Grant 2018-

Year	Grant Amount	Type of Training	Completed Training (Y/N)

F. Explain how the training will address the identified skills gaps, improve employee retention, impact company stability, and increase the competitiveness of the employer and employee by either: Upgrading their skills and knowledge to retain their current job, ***or*** Gaining new skills and knowledge so they qualify for a different job with their employer.

SECTION III. TRAINING PLAN

A. Training Summary

Anticipated Project Start Date:	
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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 (Count each one time):	

B. Collaborative Grant

If this is a Collaborative Grant, please provide the following for each company, including the lead applicant:

Company Name:	Number to be Trained (unique count):

If the application is for a collaborative grant, all of the companies included in the grant, but not the lead applicant, are to complete Attachment D and each company should be included on the Application Overview.

C. Training Components

See Attachment A for the Training Component Template. The form can be replicated as many times as necessary to include all Training Components requested for funding.

D. Incumbent Worker Defined:

An incumbent worker is:

- a. At least 18 years of age, a paid employee of the applicant business or businesses;
- b. In a relationship that meets the Fair Labor Standards Act requirements for an employer-employee;
- c. An employee with an established employment history with the employer for 6 months or more (the employee must be in an employer-employee relationship at least 6 months) prior to the IW Training Grant’s submission deadline date);
- d. A citizen of the United States or a non-citizen whose status permits employment in the United States; and
- e. An employee to be trained that works at a facility located in North Carolina.

Are all employees to be trained an eligible Incumbent Worker as described above?

Yes	No
-----	----

E. Project Abstract

Please provide the following information on Attachment B:

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 requested training will address employees' skills gaps, improve employee retention, impact company stability, and increase the competitiveness of the employee and employer.
4. Reason for requesting financial assistance to conduct the training.

SECTION IV. BUDGET

A. The applicant is encouraged to apply only for the amount of funds needed to meet its immediate training needs. The project budget should clearly support and relate to the training plan and itemize how the award will be used. **The amount under the “Grant Funds Requested” column below should equal the total of the amounts shown under “Component Cost Charged to Grant” for all Training Components 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 must pay for a portion of the cost of providing the training to incumbent workers. This portion is defined as the non-federal share. The non-federal share is based on the following limits:

- Not less than 10% of the cost, for employers with not more than 50 employees;
- Not less than 25% of the cost, for employers with more than 50 employees, but not more than 100 employees;
- Not less than 50% of the cost, for employers with more than 100 employees.

The non-federal share provided by an employer participating in the program may include the amount of the wages paid by the employer to a worker while the worker is attending training. The employer may provide the share in cash or in kind, fairly evaluated. A column has been provided for this information.

NOTE: Shaded areas allow for the entry of Grant Funds Requested, Employer’s Non-Federal Share, and Explanation and Detail. The shading will appear with the selection of the “Highlight Existing Fields” option in the upper right corner. See Attachment C for additional information on allowable costs.

Category	Grant Funds Requested	Employer's NonFederal Share (ENFS) (Wages, in-kind, cash, etc.)*	Explanation and Detail Please place a "G" after all explanation of costs to be paid by the IW Training Grant funds and Itemize the cost of each Training Component.
Training/Course Registration			
Manuals/Textbooks (itemize)			
Training Certifications, Certificates, Credentials, Licenses			
Materials and Supplies			
Training equipment purchase (can be employer's nonfederal share)			
On-site facility usage (can be employer's non-federal share)			
Trainer's travel, food, lodging			
Employees' travel, food, lodging (can be employer's nonfederal share)			

Employees' wages (can be employer's non-federal share)			
Total Funds (Both Grant and ENFS)	\$	\$	TOTAL TRAINING INVESTMENT (Grant + ENFS): \$

The Mountain Workforce Development Board reserve the right to remove or adjust any part of the budget prior to grant approval.

*The number of employees is based on all locations within Buncombe, Henderson, Madison and Transylvania Counties.

SECTION V. AUTHORIZATION AND CERTIFICATION

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

- I have read the Mountain Area Incumbent Worker Training Grant 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 Mountain Area Incumbent Worker Training Grant;
- 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 Innovation and Opportunity Act participant, subcontractor or potential beneficiaries of employment and training programs or projects because of race, color, disability, religion, age, sex, national origin, political affiliation or belief.

Print Name Title

Signature Date

ATTACHMENT A
TRAINING COMPONENT# _____

Course Title:		
Course Description and Objectives:		
Training Schedule (# hours of training):		Estimated Training Dates:
Number of Trainees for Component:		
Training Location:		
Component Cost:	Component Cost Charged to Grant:	
Please provide information for the training provider.		
Name of Training Provider:		
Name of Training Provider Contact:		Phone:
Address:		
City:	State:	Zip:
E-Mail Address:		
Provide the following information for <u>each</u> Instructor of this Component.		
Name of Trainer/Instructor:		
Qualifications of Trainer/Instructor to Teach Component:		
Please provide the information requested in questions 1-3.		
1. Identify the skills gaps of the employees to be trained.		
2. Explain how the training will address the identified skills gap, improve employee retention, impact company stability, and increase the competitiveness of the employee and employer by either: <div style="text-align: center; margin-left: 40px;">Upgrading their skills and knowledge to retain their current job;</div> <div style="text-align: center; margin-left: 40px;">OR</div> <div style="text-align: center; margin-left: 40px;">Gaining new skills and knowledge so they qualify for a different job with their employer.</div>		
3. How will this training component impact the employees' opportunity for advancement in the company and/or wage increases?		

NOTE: This template (Attachment A) 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.

PROJECT ABSTRACT SECTION VI.

Please provide the following information, not to exceed three (3) pages: Use Times Roman, size 12 font and 1” margins.

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 requested training will address the identified skills gaps, improve employee retention, impact company stability, and increase the competitiveness of the employee and employer;
4. Reason for requesting financial assistance to conduct the training.

ATTACHMENT C REIMBURSEABLE/NON-REIMBURSEABLE TRAINING COSTS

The following is a listing of reimbursable and non-reimbursable training costs for the Mountain Area Business Accelerator Grant for Incumbent Worker Training:

Allowable Training Costs:

1. Training / Course registration
2. 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
3. Web-based online training
4. Employee skills assessment that results in primary training funded through the grant
5. Textbooks / manuals used 100% for the training activities
6. Materials and supplies directly related to the funded training
7. Travel for trainers-if the requested training is not available within reasonable proximity to the business
8. Travel for trainees-up to \$2,000 maximum, not to exceed 25% of total grant request. Non-federal share for size of company must be met before travel is an allowable cost. Travel (food, lodging, transportation) must be based on federal guidelines at www.gsa.gov. Incidentals are not included in travel. Mileage will be based on distance to and from training site only. Receipts must be provided for all reimbursed travel.
9. Process improvement or quality-related training that is not a state or federally mandated training.

Non-Allowable Training Costs:

1. Employee related costs such as wages and fringe benefits.
2. Training-related costs incurred prior to the beginning date of the contract with the MAWDB or after the contract ends.
3. Training that the company or an entity on the company's behalf already provides to its employees.
4. Training that a company is mandated to provide on a regular basis to its employees by federal, state, or local laws
5. Continuing Education Units (CEUs) and other training that is specifically required for an employee or entity to maintain licensure, certification or accreditation
6. Courses that are part of a trainee's pursuit of an educational degree
7. Employment or training in sectarian activities
8. Curriculum design and/or training program development
9. Trainers employed by any business whose employees are being trained to include parent company employees
10. Purchase of employee assessment systems or systems usage licenses (example: site licenses)
11. Company website design and development, website hosting, and maintenance, software or hardware upgrades, advice on computer selection for purchase and upgrade
12. Third party compensation or fees not directly related to the provision of the requested training
13. 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
14. 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
15. Business relocation or other similar/related expenses
16. Travel outside of contiguous United States or costs associated with bringing a trainer into the country
17. General office supplies and non-personnel services costs (example: postage and photocopying)

18. Membership fees/dues
19. Food, beverage, entertainment, and/or celebration related expenses
20. Job/position profiling
21. Publicity/public relations costs
22. Costs associated with conferences
23. Consulting services and fees

**ATTACHMENT D
MULTIPLE BUSINESS COLLABORATIVE FORM**

All of the companies included in the grant must complete Attachment D, but not the lead applicant, and each company must be included on the Application Overview.

This attachment(s) is to be included as part of the completed application.

A. Applicant Information

Business Name:			
Street/Mailing Address:			
City/State:		Zip:	County:
Business Contact Person:		Title:	
Phone:	Ext:	Fax:	
E-Mail Address:		Company Website:	
Description of Business Product(s) or Service(s):			
Years in business at training location:	Total number of paid employees at this location: How many of these employees have an employer-employee relationship?	Total number of paid employees throughout NC:	NAICS Code:
Legal Structure of Business:	Sole Proprietor	Partnership	Corporation (Designation)
Tax Status of Business:	For-profit	Not-for-profit (Designation) _____	Other:
Employer's Federal ID #:		Unemployment Insurance ID #:	
B. Is your company a subsidiary of another company or affiliated with a parent company?			Yes No

If YES, please provide the following information about the corporate office/parent company, if different from above, or indicate 'SAME.'

Parent Business Name:			
Street/Mailing Address:			
City:	State:	Zip:	County:
Authorized Representative:		Title:	
Phone:	Ext:	Fax:	
E-Mail Address:		Company Website:	

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C. Business Status Check

Has the company been in operation in the State of North Carolina during the entire twelve-month period immediately preceding the state's submission deadline date?	Yes	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
Does your company have an employer-employee relationship with all of the trainees?	Yes	No
Is your company subject to a collective bargaining agreement? (If "Yes," please attach a letter of endorsement for the training from the authorized union official)	Yes	No

D. Has your company previously received a State Incumbent Worker Training Grant between 2003 and 2016?

If YES, please provide the following information about each grant received:

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Local Workforce Development Board:	Amount of Award:	Dates of Grant Period:
Types of training provided:		
Have the terms and agreements of the training been completed? (If no, explain.)		
Yes	No	
Summary of the outcome(s) from the training:		
Explain the relationship, if any, to the training described in this application:		

Local Workforce Development Board:	Amount of Award:	Dates of Grant Period:
Types of training provided:		
Have the terms and agreements of the training been completed? (If no, explain.)		
Yes	No	
Summary of the outcome(s) from the training:		
Explain the relationship, if any, to the training described in this application:		

E. Has your company previously received a Local Incumbent Worker Training Grant? (Beginning July 1, 2018)

If yes, please provide the following information about each grant received:

Yes No

Local Workforce Development Board	Amount of Award:	Dates of Grant Period:
Types of training provided:		
Have the terms and agreements of the training been completed? (If no, explain.)		

Yes	No	
Summary of the outcome(s) from the training:		
Explain the relationship, if any, to the training described in this application:		

F. Explain how the training will address the identified skills gaps, improve employee retention, impact company stability, and increase the competitiveness of the employee and employer by either:

Upgrading their skills and knowledge to retain their current job,

or

Gaining new skills and knowledge so they qualify for a different job with their employer.

An incumbent worker is:

- a. At least 18 years of age, a paid employee of the applicant business or businesses;
- b. In a relationship that meets the Fair Labor Standards Act requirements for an employer-employee;
- c. An employee with an established employment history with the employer for 6 months or more (the employee must be in an employer-employee relationship at least 6 months prior to the NCWorks IW Training Grant’s state submission deadline date);
- d. A citizen of the United States or a non-citizen whose status permits employment in the United States; and
- e. An employee to be trained that works at a facility located in North Carolina.

Are all employees to be trained an eligible Incumbent Worker as described above?

Yes	No
-----	----

AUTHORIZATION AND CERTIFICATION

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

- I have read the Incumbent Workforce Development Training Grant Program Guidelines and coordinated this application with the Mountain Area 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 Worker Training Grant 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 Innovation and Opportunity Act participant, subcontractor or potential beneficiaries of employment and training programs or projects because of race, color, disability, religion, age, sex, national origin, political affiliation or belief.

Print Name

Title

Authorized Signature
(Collaborative Business Representative)

Date

Round Date: _____

Business Name: _____

ATTACHMENT B

**BUSINESS ACCELERATOR GRANT
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 D of the Application.

Section I. Business Information			
A. Applicant Information			
Q--Have all fields been completed?		Yes	No
C--Does the company have 5 or more employees? (Note: Companies funded during PY 2013 with less than 5 employees are grandfathered in. – Answer Yes if that applies.)		Yes	No
B. Parent Information			Comments
Q--Is the company a subsidiary of another company or affiliated with a parent company?	Yes	No	
Q--If Yes, has the company provided all information about the corporation / parent company?	Yes	No	Comments
C. Business Status Checklist:			Comments
C--Has the company been in operation in North Carolina during the entire 12 months preceding the date of the application?	Yes	No	
C--Is the company current on all North Carolina state taxes, federal taxes, county, city, and local taxes?	Yes	No	Comments
C--Does the company have an employer-employee relationship with all the trainees?	Yes	No	Comments
Q--Is the business subject to collective bargaining, and if so, is a letter of endorsement included?	Yes	No	Comments
C--If Yes, is a letter of endorsement included?	Yes	No	
D.			Comments
Q--Has the applicant previously received any Incumbent Workforce Development Training Grant funding?	Yes	No	
Q--If 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	No	

Round Date: _____

Business Name: _____

E. Has the collaborative business provided the following: 1. C--Identified the skills gaps of its employees to be trained? 2. C--Explained how the training will address those skill gaps by: Upgrading their skills and knowledge to retain their current job: OR Gaining new skills and knowledge, so they qualify for a different job with their employer?	Yes Yes	No No
--	----------------	--------------

Collaborative Business (Non-Lead) Authorization and Certification

C--By way of a signature, has a company-authorized representative certified the information provided within Attachment D for its business?

Yes No

If NO, this business is not eligible to participate in this collaborative application.

Refer to the answers above and the Business Guidelines, especially "Who is eligible to apply", "What is a not-for-profit business?", "Who is not eligible to apply?" and "Can a business apply for a grant that will serve different, multiple businesses with common training needs".

Does the company meet ALL eligibility criteria?

Yes No

If NO, this business is not eligible to participate in this collaborative application.

ATTACHMENT C SECTION IV. BUDGET

A. The applicant is encouraged to apply only for the amount of funds needed to meet its immediate training needs. The project budget should clearly support and relate to the training plan and itemize how the award will be used. **The amount under the “Grant Funds Requested” column below should equal the total of the amounts shown under “Component Cost Charged to Grant” for all Training Components 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 must pay for a portion of the cost of providing the training to incumbent workers. This portion is defined as the non-federal share. The non-federal share is based on the following limits:

- Not less than 10% of the cost, for employers with not more than 50 employees;
- Not less than 25% of the cost, for employers with more than 50 employees, but not more than 100 employees;
- Not less than 50% of the cost, for employers with more than 100 employees.

The non-federal share provided by an employer participating in the program may include the amount of the wages paid by the employer to a worker while the worker is attending training. The employer may provide the share in cash or in kind, fairly evaluated. A column has been provided for this information.

NOTE: Shaded areas allow for the entry of Grant Funds Requested, Employer’s Non-Federal Share, and Explanation and Detail. The shading will appear with the selection of the “Highlight Existing Fields” option in the upper right corner. See Attachment C for additional information on allowable costs.

Category	Grant Funds Requested	Employer’s Non-Federal Share (Wages, in-kind, cash, etc.)*	Explanation and Detail Please place a “G” after all explanation of costs to be paid by the NCWorks IW funds and Itemize the cost of each Training Component.
Training/Course Registration	\$	\$	
Manuals/Textbooks (itemize)			
Training Certifications, Certificates, Credentials, Licenses			

Materials and Supplies			
------------------------	--	--	--

Contract #

Category	Grant Funds Requested	Employer's Non-Federal Share (Wages, in-kind, cash, etc.)*	Explanation and Detail	
Training equipment purchase (can be employer's non-federal share)				
On-site facility usage (can be employer's non-federal share)				
Employees' travel, food, lodging (can be employer's non-federal share)				
Trainer's travel (food, lodging, transportation)				
Employees' wages (can be employer's non-federal share)				
Total Funds (Both Grant and ENFS)	\$	\$		

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.

*The number of employees is based on all locations within North Carolina

ATTACHMENT D ASSURANCES AND CERTIFICATIONS

I. General Assurances

A) The Contractor assures that it will fully comply with the requirements of the Workforce Innovation and Opportunity Act of 2018, all Federal Regulations issued pursuant to the Act, and with the State Plan as developed by the Workforce Commission and the Division of Workforce Solutions.

B) The Contractor, in administering or in operating programs funded under the Act, assures that it will administer its programs under the Workforce Innovation and Opportunity Act (WIOA) in full compliance with safeguards against fraud and abuse as set forth in WIOA and the WIOA regulations.

C) As a condition to the award of financial assistance under WIOA from the Department of Labor, the contractor assures, with respect to operation of the WIOA-funded program or activity and all agreements or arrangements to carry out the WIOA funded program or activity, that it will comply fully with the Nondiscrimination and Equal Opportunity Provisions of the Workforce Innovation and Opportunity Act of 2018; Title VI of the Civil Rights Act of 1964, as amended; section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975, as amended; title IX of the Education Amendments of 1972, as amended; the Americans With Disabilities Act of 1990 and with all applicable requirements imposed by or pursuant to regulations implementing these laws, including but not limited to 29 CFR part 34. The United States has the right to seek judicial enforcement of this assurance.

D) The Contractor, in administering or operating programs financed under the Act, assures that it will administer its program under WIOA in accordance with these provisions: (1) a trainee will receive no payments for training activities in which the trainee fails to participate without good cause; (2) on-the-job training participants will be compensated by the employer at the same rate, including periodic increases, as similarly situated employees or trainees and in accordance with applicable law, but in no event less than the higher of the rate specified in Section 6(a)(1) of the Fair Labor Standards Act of 1938 or the applicable State minimum wage law; and (3) participants employed in activities authorized under the Act must be paid wages which will not be less than the highest of (a) the minimum wage under Section 6(a)(1) of the Fair Labor Standards Act of 1938, (b) the minimum wage under the applicable State minimum wage law, or (c) the prevailing rates of pay for individuals employed in similar occupations by the same employer.

E) The Contractor, in administering or in operating programs funded under the Act, assures that it will administer its programs under WIOA in full compliance with health and safety standards established under State and Federal law and that conditions of employment and training be appropriate and reasonable in light of such factors as the type of work, geographical area, and proficiency of the participant.

F) The Contractor, in administering or in operating programs funded under the Act, assures that all staff and participants paid from the grant funds and employed in any activity will be covered by workers compensation benefits in accordance with State law;

that participants in training will be provided accident or medical insurance to cover any injury resulting from participation in the program; and that participants employed in subsidized jobs will be provided benefits and working conditions at the same level and to the same extent as other employees working a similar length of time and doing the same type of work.

G) The Contractor, in administering or in operating programs under the Act, assures that no funds available under WIOA will be used to impair existing contracts for services or collective bargaining agreements; to assist, promote, or deter union organization; and to displace any currently employed worker.

H) The Contractor, in administering or in operating programs under the Act, assures and certifies that it is in compliance with federal rules and regulations, Debarment and Suspension, 29 CFR Part 98 and is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

I) The Contractor, in administering or in operating programs under the Act, assures and certifies that the contractor has in place an established grievance procedure to be utilized for grievances or complaints about its program and activities from participants, sub-grantees, and sub-contractors, and other interested parties.

J) The Contractor will comply with the provisions of the Hatch Act, which limits the political activity of certain State and local government employees.

K) The Contractor will comply with NC-GS-234 which contains a provision that prohibits public officials and employees from having a personal interest in any contract to which he is also a party in an official capacity.

L) The Contractor will comply with provisions of a drug-free workplace as outlined in 29 CFR Part 98, Subpart F, Appendix C to the extent that it applies to the contractor's operations.

M) The Contractor will comply with federal rules against lobbying members of Congress, officials and employees in connection with federal grants and contracts as outlined in 29 CFR Subtitle A, Part 93, Appendix A.

ATTACHMENT E

MOUNTAIN AREA WORKFORCE DEVELOPMENT BOARD

**Employee Application for the Workforce Innovation and Opportunity Act
Business Accelerator Grant for Incumbent Worker Training**

Name of Business/Employer: _____

Application Date: _____ **Applicant's Name:** _____
First Middle Initial Last

Date of Birth: _____ **Social Security Number (last 4 digits):** _____
Month Day Year

Address: _____
Street/P.O. Box Apt. # City State Zip Code County

Primary Phone Number: _____ **Alternate Phone Number:** _____

Male Female **Race:** _____ **Hispanic or Latino?** Yes No

Are you a citizen of the United States? Yes No

If not, are you authorized to work in the United States? Yes No

Specify Work Visa Authorization Type & date of expiration/renewal. _____

Are you currently in school? Yes No

Do you have a disability? Yes No **(Response Required)**

If you are a male born after 12/31/1959, have you registered with Selective Service? Yes No

Are you a veteran of U. S. military service? Yes No **Are you a Disabled Veteran?** Yes No

Did you separate from U. S. military service within the last 48 months? Yes No

What is the highest level of education that you completed? Circle the highest grade completed:
(Less than 8) 9 10 11 12 HS Diploma/GED 13 14 15 16(Bachelors) 17 18(Masters) 19 20 (PhD)

How long have you worked for your current employer? _____year(s)_____month(s)

What is your current job title and wage per hour? _____

How many months or years have you worked in this job/position? _____year(s)_____month(s)

I certify that the information provided in this application is true to the best of my knowledge. I am aware that this information will be verified and that any falsification shall be grounds to deny services and may subject me to prosecution under the law. I understand that the information will be used for participation in the Incumbent Worker Training Program may be released to authorized officials for verification and federal reporting purposes.

I hereby give my permission for my employer to share information concerning my eligibility to work in the United States and to provide information about my employment status with this company for the period of one year following the completion of this training program. I have completed an Immigration and Naturalization Service Form I-9 for employment with the above named business.

Signature of Employee/Trainee

Date

The Mountain Area Workforce Development Board (828) 251-6622 is an Equal Opportunity Program/Employer
Auxiliary aids are available upon request to participants with disabilities.
NC Relay Number 1-800-735-2962 (TT) 1-800-735-8262 (Voice) TDD/TTY Local 1-828-255-5056

ATTACHMENT F COMPANY ATTESTATION

Documentation Required of Company and Workers Receiving Training through the Business Accelerator Grant Program (Incumbent Worker Training)

I, _____ (name), representative of _____
(company) for the Business Accelerator Grant Program, hereby attest that:

- 1) An I-9 form is on file at _____ (company) with verification of US Citizenship or authorization to work in the US for each of the trainees listed below; and, a copy of the I-9 will be made available to the local Business Accelerator Grant Program business services representative upon request.
- 2) Each trainee will complete and sign an Employee Application, Form E, prior to the start of training and register as a employee in www.ncworks.gov. This form must be submitted to the business services representative prior to the start of training.
- 3) The company is registered as an employer on www.ncworks.gov upon approval of the grant application.

(signature of company representative)

(title)

(date)

Contract #

Att. G: Page

Individual Trainee Progress Report

Prepared By: _____

Signature

Current Participation Status :

Pending (P)

Active (A)

Completed (C)

Training Program: _____

Reporting Period: Start Date: _____ **End Date:** _____

(Trainees with more than one training component must have separate listings for each training component.)

	Participant Name	Job Title	Training Component	Training Start Date	Training End Date	Total Training Hrs. to Complete	Training Hours Actually Completed	Current Participation Status
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

ATTACHMENT H

Business Accelerator Grant (Incumbent Worker Training)

FINAL REPORT

July 1, 2021 – June 30, 2022 Round

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.

Development: LWDB Name: Mountain Area Workforce Development Board

A. Amount of grant award: _____

B. Actual funds expended: _____

C. Amount to be de-obligated (A - B = C): _____

Signature of Authorized LWDB representative _____

Please complete the requested information and submit to the MAWDB representative within the timeframe requested.

Company Information

Business Name: _____

Business Address: _____

Name of Business Representative Completing this report: _____

Title: _____

Training Information

Complete the information for all participants in the training provided through this grant.

1. How did this training upgrade workers' skills, improve processes, stabilize the company, or make the company more competitive?

2. Planned # of trainees (count each 1 time): _____

3. Actual # of trainees (count each 1 time): _____

4. How many trainees have kept their jobs as a result of this training? _____

5. How many trainees received a promotion or received an increase in wages as a result of this training?

6. Was training provided to the employees as approved in the application? Yes/No _____

If no, please explain:

7. Was any of the training provided through this grant available from a publicly funded local community college or university? Yes/No _____

If yes, and you did *not* choose that source as a training vendor, please explain why:

8. 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:

Customer Satisfaction

1. How did you hear about the Incumbent Worker Training Grant?

2. Please briefly describe the company's overall experience with this training grant.

3. Were you satisfied with the training that was provided? Yes/No_____

If no, please explain:

4. Would you recommend the Incumbent Worker Training Grant to other businesses? Yes/No_____

If no, please explain

5. If this training was provided for a multiple business collaborative, please explain how it was or was not an effective training delivery method.

Training Outcomes

For Grants awarded for Skill and/or Credential Attainment

1. Describe how trainees' skill levels were increased as a result of the training.

2. Certifications/Licenses/Credentials: If applicable, list the type(s) and quantity of skill certifications/licenses/credentials received by the trainees. Do not include "Certificates of Completion".

TYPE	QUANTITY

3. Did any trainees receive a wage increase after completion of training? Yes/No_____

If yes, please complete the following:

# of Trainees	% of Increase

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.

For Grants awarded for Process Improvement

1. How did the training help to increase the efficiency or quality of your company's operations?

--

2. If applicable, please indicate the estimated monetary value the company has saved, or projects to save, as a direct result of this training grant. (Example: Process Improvement, Waste Reduction, Cost Avoidance, etc . . .)

Description of Savings	\$ Amount
	Total:

3. If other outcomes were realized, please describe.

--

**APPLICATION ASSESSMENT
NORTH CAROLINA
BUSINESS ACCELERATOR GRANT
(INCUMBENT WORKER TRAINING)
PROGRAM YEAR JULY 1, 2021 – JUNE 30, 2022**

PURPOSE: The purpose of this document is to provide a common assessment methodology for each application submitted for the Mountain Area Business Accelerator Grant. **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 required.

- A) **Criteria Eligibility** – noted by “C” in front of the appropriate questions
 - A “**NO**” on a criteria question indicates that the application is not viable for NCWorks IW, with the possible exception of the training component assessments.
 - A “**NO**” on a training component criteria question indicates that the specific 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
 - Work with the business to complete the application, or
 - Defer the business to the next round.

**NORTH CAROLINA
BUSINESS ACCELERATOR GRANT**

Application Assessment For PY 2021

Local Workforce Development Board (LWDB): _____

Round Date: _____

Business Name: _____

Amount Requested: _____

Assessed by: _____ Date: _____

Complete one form for each application submitted.

Section I. Business Information			
<p>A. Applicant Information</p> <p>Q--Have all fields been completed?</p> <p>C—Does the company have 5 or more employees with an employer-employee relationship? (Note: Companies funded during PY 2013 with less than 5 employees are grandfathered in. – Answer “Yes” if that applies.)</p>	Yes	No	
	Yes	No	
<p>B. Parent Company Information</p> <p>Q--Is the company a subsidiary of another company or affiliated with a parent company?</p>	Yes	No	Comments
<p>C--If Yes, has the company provided all information about the parent company?</p>	Yes	No	Comments
<p>C. Business Status Checklist:</p> <p>C--Has the company been in operation in North Carolina during the entire 12 months preceding the State’s submission deadline date?</p>	Yes	No	Comments
<p>C--Is the company current on all North Carolina state, federal, county, city, and local taxes?</p>	Yes	No	Comments
<p>C—Does the company have an employer-employee relationship with all of the trainees?</p>	Yes	No	Comments
<p>Q--Is the business subject to collective bargaining?</p>	Yes	No	Comments
<p>C--If Yes, is a letter of endorsement included?</p>	Yes	No	Comments
<p>D. Is your Business on the Federal Debarment List?</p>	Yes	No	
<p>Refer to the answers above and the Business Guidelines, especially “Who is eligible to apply”, “What is a not-for-profit business?” , “Who is not eligible to apply?” and “What is an employer-employee relationship?” Does the company meet ALL eligibility criteria?</p> <p style="text-align: center;">Yes No</p> <p style="text-align: center;">If NO, the application is not eligible for funding.</p>			

Round Date: _____

Business Name: _____

Section II. Availability And / Or Use Of Other Funds

<p>A. C--Does the application support the required communication 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 and/or training?</p>	<p>Yes</p>	<p>No</p>	<p>Comments</p>
<p>B. Q--Is the training requested in this application available from any publicly-funded community college or university?</p>	<p>Yes</p>	<p>No</p>	<p>Comments</p>
<p>C. Q--Has the applicant previously received funding from the Customized Training Program, New and Expanding Industry Training or Focused Industrial Training, or other training grants? 1. C--If yes, has the applicant provided complete information pertaining to the Funding Source, Award Amount, Dates of Grant Period, terms of the Grant, outcomes, and the relationship to the training requested in this application?</p>	<p>Yes</p>	<p>No</p>	<p>Comments</p>
<p>D. Q--Has the applicant previously received any NC Works Incumbent Worker Training Grant funding? 1. C--If yes, 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 requested in this application?</p>	<p>Yes</p>	<p>No</p>	<p>Comments</p>
<p>E. Q – Has the applicant previously received a Local Incumbent Worker Training Grant? 1. C--If yes, 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 requested in this application?</p>	<p>Yes</p>	<p>No</p>	<p>Comments</p>

Does the information provided meet **ALL** eligibility criteria in this section?

Yes No

If NO, the application is not eligible for funding.

Round Date: _____

Business Name: _____

Section III. Training Plan

<p>A. Training Summary Does the application:</p> <p>1. Q--Provide all Information?</p> <p>2. C--Indicate that the project will occur after the beginning date of the contract with the LWDB, and before the contract ends?</p> <p>3. C--Signify that the training will be completed within 12 months?</p> <p>4. C--Reflect the number of employees to be trained to be less than or equal to the number of paid employees?</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>No</p> <p>No</p> <p>No</p> <p>No</p>
<p>B. Collaborative Grant</p> <p>Q--Is this a Collaborative Grant Application? (If yes, Attachment D of the application and Attachment B of the Application Assessment must be completed for each non-lead participating business.</p> <p>1. C--If yes, have the names of all the companies and the number to be trained (unique count) been provided?</p>	<p>Yes</p> <p>Yes</p>	<p>No</p> <p>No</p>
<p>C. Training Components – Fill out one assessment for each Training Component. See Attachment A. Incumbent Worker is defined as:</p> <p>D.</p> <ul style="list-style-type: none"> • At least 18 years of age and a paid employee of the applicant business or businesses; (Note - 1099 and temp employees are not eligible). • In a relationship that meets the Fair Labor Standards Act requirements for an employer-employee; • An employee with an established employment history with the employer for 6 months or more; • A citizen of the United States or a non-citizen whose status permits employment in the United States; and • 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. <p>C--Has the applicant confirmed that all employees to be trained meet the definition of an Incumbent Worker as described above?</p>	<p>Yes</p>	<p>No</p>
<p>E. Project Abstract</p> <p>C--Has the applicant supplied a Project Abstract?</p> <p>C--Does it provide background information on the company, and an overview of the training that is requested?</p> <p>C--Does the abstract describe how the requested training will address employees' skills gaps, improve employee retention, impact company stability, and increase the competitiveness of the employee and employer?</p> <p>C--Is the rationale justifiable for requesting financial assistance for this training?</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>No</p> <p>No</p> <p>No</p> <p>No</p>
<p>Does the information provided meet ALL eligibility criteria in this section?</p> <p style="margin-left: 100px;">Yes No</p> <p>If NO, the application is not eligible for funding.</p>		

Round Date: _____

Business Name: _____

Section IV. Budget

C--Does the amount listed in the "Grant Funds Requested" column equal the total of the amounts shown under the "Component Cost Charged to Grant" found in each of the training components?	Yes	No
C--Have funds been requested for training/course registration? **Note** This is a training grant and no other expenses can be considered without this grant expense.	Yes	No
C--If funds are requested for certifications, certificates, and licenses, is it a direct result of the training requested?	Yes	No
C--Are all other grant-related expenses directly related to the requested training?	Yes	No
C--Are all grant-requested costs reasonable and allowable? (See pg. 13 – non-eligible costs)	Yes	No
C--Is the requested funding within the criteria limits (less than, or equal to: \$10,000 per grant and within the business's lifetime limit)?	Yes	No
C--Does the non-federal share meet or exceed the required percentage of funds as specified by the size of the business? **Note** This is based on the number of employees at all locations within North Carolina.	Yes	No

Does the application meet **ALL** eligibility criteria in this section?

Yes No

If NO, the application is not eligible for funding.

Section V. Authorization and Certification

C--By way of a signature, has a company-authorized representative certified the information provided within the application?

Yes No

If NO, the application is not eligible for funding.

Round Date: _____

Business Name: _____

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

C--Is there a course title and course description and objectives for the training component?	Yes	No
C--Has the applicant provided the training schedule and the estimated training dates?	Yes	No
C--Has the applicant provided the number of trainees and training location?	Yes	No
C--Does the application state the cost of the component and what portion of the cost will be charged to the grant?	Yes	No
Note The “Component Cost Charged to the Grant” should capture all cost to be charged to the grant.		
C--Has the applicant named the Training Provider, Training Provider Contact with contact information to include address, phone number, and email address?	Yes	No
C--Does the application provide the name of the trainer/instructor that will teach the training component and state her/his qualifications?	Yes	No
C--Do the qualifications support the selection of the instructor for delivering the training?	Yes	No
Questions 1-3		
1. C--Does the application identify the skills gaps of the employees to be trained?	Yes	No
2. C--Does the application explain how the training will address the identified skills gaps, improve employee retention, impact company stability, and increase the competitiveness of the employee and employer by either: Upgrading their skills and knowledge to retain their current job; OR Gaining new skills and knowledge so they qualify for a different job with their employer;		
3. C--Does the application describe how this training will impact the employees' opportunities for advancement in the company and/or wage increases?	Yes	No
Review the Allowable / Non-Allowable Costs for NCWorks IW funding (Attachment A in the NCWorks IW Guidelines or Attachment C of the NCWorks IW Application).		
C--Is this Training Component allowable for reimbursement? If no , the Training Component is not eligible for funding. If this is the only Training Component submitted, the application is not viable	Yes	No
Does this training component meet ALL the eligibility criteria in this section? Yes No If NO, the Training Component is not eligible for funding. If this is the only Training Component submitted, the application is not viable.		

Round Date: _____

Business Name: _____

ATTACHMENT B

BUSINESS ACCELERATOR GRANT

Section I. Business Information			
A. Applicant Information			
Q--Have all fields been completed?		Yes	No
C—Does the company have 5 or more employees? (Note: Companies funded during PY 2013 with less than 5 employees are grandfathered in. – Answer Yes if that applies.)		Yes	No
B. Parent Information			Comments
Q--Is the company a subsidiary of another company or affiliated with a parent company?	Yes	No	
Q--If Yes, has the company provided all information about the corporation / parent company?	Yes	No	Comments
C. Business Status Checklist:			Comments
C--Has the company been in operation in North Carolina during the entire 12 months preceding the date of the application?	Yes	No	
C--Is the company current on all North Carolina state taxes, federal taxes, county, city, and local taxes?	Yes	No	Comments
C--Does the company have an employer-employee relationship with all the trainees?	Yes	No	Comments
Q--Is the business subject to collective bargaining, and if so, is a letter of endorsement included?	Yes	No	Comments
C--If Yes, is a letter of endorsement included?	Yes	No	
D. Q--Has the applicant previously received any Incumbent Workforce Development Training Grant funding?	Yes	No	Comments
Q--If 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	Yes	No	

the training received and the relevance to training requested in this application?			
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**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 D of the Application. In addition, Collaborative Assessment B-2 is used to evaluate the application.

Round Date: _____

Business Name: _____

E. Has the collaborative business provided the following:	Yes	No
1. C--Identified the skills gaps of its employees to be trained?		
2. C--Explained how the training will address those skill gaps by:	Yes	No
Upgrading their skills and knowledge to retain their current job:		
OR		
Gaining new skills and knowledge, so they qualify for a different job with their employer?		

Collaborative Business (Non-Lead) Authorization and Certification

C--By way of a signature, has a company-authorized representative certified the information provided within Attachment D for its business?

Yes No

If NO, this business is not eligible to participate in this collaborative application.

Refer to the answers above and the Business Guidelines, especially "Who is eligible to apply", "What is a not-for-profit business?", "Who is not eligible to apply?" and "Can a business apply for a grant that will serve different, multiple businesses with common training needs".

Does the company meet ALL eligibility criteria?

Yes No

If NO, this business is not eligible to participate in this collaborative application.

Rating Scale for Business Accelerator Grant Application

Business Name: _____ Date of Review: _____

Total Score: _____ Place in Ranking: _____

Reviewer's Name(s) _____

Scale Values

5 - Outstanding	4 - Superior/Excellent	3 - Very Good	2 - Good	1 - Fair	
1. Application Completeness	5	4	3	2	1
2. Accurate Budget	5	4	3	2	1
3. Strength of Narrative	5	4	3	2	1
4. Need for Funds	5	4	3	2	1
5. Reasonable Request	5	4	3	2	1
6. Potential impact to business	5	4	3	2	1
7. Potential impact to incumbent worker(s)	5	4	3	2	1
8. Potential Impact to underserved populations	5	4	3	2	1
9. Potential impact to local economy	5	4	3	2	1
10. Additional points – Each yes = 1 point	5	4	3	2	1

First Time Applicant (Y/N) _____

Rural Business (Y/N) _____

Credential Attainment (Y/N) _____

Small Business (5-25 employees) (Y/N) _____

Targeted Growth Sector (Y/N) _____

(Adv. Manu., Healthcare, H & T, IT/Technology, Construction/Skilled Trades)

Requested Grant Amount \$ _____ Approved Grant Amount \$ _____



**BUSINESS ACCELERATOR GRANT For Incumbent Worker Training
Call for Submission of Grant Applications to
Mountain Area Workforce Development Board (MAWDB)**

KEY POINTS:

- The Business Accelerator Grant for Incumbent Worker Training is a **competitive, cost reimbursement training grant** through which qualifying businesses can address employees’ skills gaps. These skills gaps can be a result of a worker's changing responsibilities/requirements in her/his job, or for a worker whose job may potentially be eliminated and skill upgrading is needed to accept new responsibilities. Incumbent worker (IW) training should increase the knowledge, skills, and/or certifications of workers, and increase the competitiveness of the employee and the employer.
- North Carolina for-profit and not-for-profit businesses with an employer-employee relationship (W-2) with at least five or more employees, that have been in operation for a minimum of one year prior to the Workforce Board’s application date, are current on all federal and state tax obligations, and are financially viable are eligible to apply.
- Training Grants are awarded on a competitive basis. The maximum award amount is up to \$10,000 per grant.
- The Training Grant is administered through the Mountain Area Workforce Development Board. Applications are submitted directly to the workforce board. The board may request additional information or establish supplemental provisions and requirements for the training applications.
- For each grant application cycle, the MAWDB will set the application due date.
- Only complete grant applications will be considered for this competitive grant process. Incomplete applications may be corrected if time allows prior to the due date or resubmitted the next grant application cycle.

➤ **Application Process and Tentative Schedule**

Call for Pre-Assessment – Intent to apply	July 1 – July 31, 2021
Call for Applications	August 1 – September 10, 2021 4 pm
Required Zoom meeting for first-time applicants	August 6, 13, or 20; to be scheduled
Draft Application Deadline	September 10, 2021; 4 pm
Final Application Deadline	September 17, 2021; 4 pm
Application Review	September 20 – October 15, 2021
Award Announcement	October 27 – November 2, 2021
Deadline for Contracts	January 14, 2022



All applications will be reviewed by the Workforce Board's Grant Committee. The Committee uses an assessment scoring system for each application. The Committee will make recommendations to the Board on applications for funding. After the Board approves the recommendations, the Business will be notified within 5 business day by email and/or phone. The Business Services Representative will have 60 days from award notification to prepare the contract. Payment for training or training that is conducted prior to the date of the dually signed contract can't be reimbursed.

Who may apply for funds? Any private for-profit or private non-profit business that has five or more employees, been in operation in the State of North Carolina during the entire twelve-month period immediately preceding the date of application, is current on all federal and state tax obligations and that proposes training at a facility it operates that is located in the State may apply. State agencies, local community colleges, labor unions and training providers are not eligible to apply for funding under this program.

How is "incumbent worker" defined? An incumbent worker is a paid employee of the applicant's business who has been employed by the company in NC in an employer-employee (W-2) relationship. At least fifty percent of the employees to be trained must have an established employment history with the employer for 6 months or more prior to the start date of training. The remainder of the employee(s) may have less than 6 months employment with the company prior to the start date of training. All employee(s) must be in an employer-employee relationship (W-2) prior to the start of training.

How do I apply for funding? To request the project application and guidelines, contact Barbara Darby at the Mountain Area Workforce Development Board at **(828) 231-6611** or barbarad@landofsky.org. The application and guidelines may also be found at www.landofsky.org and www.mountainareaworks.org. Once a decision is made to submit an application, please notify Barbara Darby to discuss your businesses' skill gaps and training needs. **First time applicants must schedule a meeting with Barbara at least one week prior to the draft application due date.**

How much money is available? The maximum funding per application is up to \$10,000 for a single business and up to \$12,500 for a collaborative application (two or more businesses).

What types of training are allowable? Two types of training are available:

- Occupational skills training that is designed to meet the special requirements of a business or group of businesses
- Educational training defined as short courses that address the identified skills gaps and could lead to a credential to an industry-recognized certification. The training may include a curriculum course, but cannot be part of a trainee's pursuit of an educational degree.



What are the requirements for employees participating in the program? Your business will need to identify the individuals or groups of individuals eligible for participation in the Incumbent Worker Training Grant program. In addition, to be eligible for funding under the Workforce Innovation and Opportunity Act, individuals must be: at least 18 years old; and a U.S. Citizen or a non-citizen whose status permits employment in the United States; and if the individual is a male born after 12/31/1959, he must be in compliance with selective service registration requirements. (www.sss.gov). Please see this website for selective service requirements for non-US Citizens.

When are funds made available? There will be up to two funding rounds per program year based on funding availability. This program year (PY) runs July 1, 2019 – June 30, 2020. A Call for Applications will be issued when funding is available at www.mountainareaworks.org and www.landofsky.org and through other channels.

When and Where do I submit my application?

A draft application should be submitted in the fillable pdf form by email, complete with budget, on or before 4 pm on September 10, 2021. Draft applications, marked DRAFT, should be emailed to barbarad@landofsky.org. The applications will be reviewed by staff. Staff will contact the business for clarification or corrections and notify the business if changes are needed.

The final deadline for the upcoming submission to the Mountain Area Workforce Development Board will be 4:00 pm September 17, 2021. Please submit one electronic copy of your signed grant application in pdf format bearing the signature of the business' authorized representative.

Before submitting your application, please carefully review the business guidelines to ensure that your business is eligible for funding. Make sure you have made contact with your local community college for possible provision of part or all of the actual training for employees, and that you have included all required documentation.

If my application is approved, what are the next steps? If your application is recommended for approval by the board's grant review committee and if the recommendation is approved by the board, the business will receive notification by phone and/or email within 5 business days of the board's decision. Following award notification, the MAWDB's business services department will prepare a contract between the MAWDB and the business/employer) that will serve as the legal agreement for the Business Accelerator Grant. The contract must be signed within 60 days of the award notification.

Training can begin after the Contract is dually signed. All costs associated with the program will be on a **cost reimbursement arrangement.** **No expenditures are reimbursable prior to the contract signature date and no training outlined in the application can take place prior to the contract signature date.** The employer will also need to ensure that performance measures and outcomes from the grant are properly documented. Reimbursement can occur after one or



more training components are completed and the business has submitted required documentation outlined in the instructions.

GRANTS ARE COMPETITIVE AND PRIORITIZED BY THE LOCAL BOARD REVIEW COMMITTEE AND NO GUARANTEES ARE MADE OR IMPLIED THAT AN AWARD OF GRANT FUNDS WILL BE FORTHCOMING AFTER THE SUBMISSION OF A GRANT APPLICATION.

The Pre-Application Assessment, Grant Application and Grant Guidelines will be available at www.landofsky.org and www.mountainareaworks.org.

For questions, contact Barbara Darby at barbarad@landofsky.org or 828.231.6611.

Signature of Land of Sky Finance Officer

**COST REIMBURSEMENT CONTRACT FOR INCUMBENT WORKER
TRAINING SERVICES PROVIDED UNDER
TITLE I OF THE WORKFORCE INNOVATION AND OPPORTUNITY ACT**

This Agreement, made and entered into this the__day of ____, by and between the Mountain Local Area, hereinafter referred to as the “Local Area”, designated as a Local Area for delivery of services under the Workforce Innovation and Opportunity Act (WIOA), and, hereinafter referred to as the “Company” or the “Contractor.”

WITNESSETH THAT:

1. BASIS FOR AGREEMENT

Pursuant to the provisions of the Workforce Innovation and Opportunity Act and its implementing regulations, this agreement is written for the purpose of providing incumbent worker training.

Based on the application submitted by the Company and negotiations among all parties, the Company agrees to train ____ incumbent workers as described in the approved application. (Attachment A)

The Company warrants that the information set forth in the application (Attachment A) is true, correct and complete in all material aspects and that such application may only be amended by prior approval of the Local Area and subject to mutual agreement by all parties. In the event the Company is advised or becomes aware that any material aspect set forth in the application has changed, the Company understands it is under an affirmative duty to immediately notify the Local Area in writing.

The Local Area is prepared to provide funds not to exceed \$____ as outlined in the approved Program Budget, a copy of which is attached hereto and incorporated herein as Attachment B. These funds shall be expended solely for the purpose of the approved program budget on a reimbursement for performance method of payment.

2. TERM OF AGREEMENT

The term of the Agreement shall commence on ____ and shall remain in effect until _____. Training may not begin prior to the effective date of this Agreement.

3. PAYMENTS

Schedule. Payments shall be made to the Company on a monthly reimbursement and performance basis. The Company will submit to the Local Area the Cumulative Expenditure Form (Attachment E) including documentation of expenditures in such detail as to provide for a proper pre-audit and post audit. The Company will also submit such additional documentation of expenditures upon the request of the Local Area.

Final Payment. – The Company agrees that the Local Area may withhold final payment pending the receipt and approval of all required reports, documentation of expenditures, verification of training participation and program performance attainment as submitted by the Company.

Availability of Funds. The Local Area’s liability under this Agreement is contingent upon the continued availability of appropriated and allocated funds under the Workforce Innovation and Opportunity Act. The Company agrees that the Local Area shall be the final determiner of the availability of such funds.

4. **REQUIREMENTS OF THE COMPANY**

During the term of this Agreement, the Company agrees to:

- (a) comply with all applicable federal, state and local laws related to the execution of the program described in Attachment C.
- (b) cooperate with the Local Area in every reasonable way to ensure the successful delivery of the training program and attainment of specific training objectives;
- (c) have all employees who participate in the training complete application forms for participation in the Workforce Innovation and Opportunity Act Funded activities (Attachment D) and maintain documentation demonstrating their eligibility for services.

Progress Reports. During the term of this Agreement, the Company shall provide the Local Area with cumulative progress reports, which are due by the 15th of each month. The progress reports should contain accurate information about activities, accomplishments and expenditures through the end of the preceding month. These reports are not a replacement for the other reports and audits, which may be required elsewhere in this Agreement. Monthly progress reports shall specify:

- (a) an accounting of actual expenditures in comparison with the budgeted expenditures (Attachment E); and
- (b) individual trainees by name, job title, name of training component, beginning and ending dates of training, total training hours, training hours completed and current status of each trainee's participation in the training (Attachment F).
- (c) An assessment of the program's performance in relation to the planned performance (Attachment G) as established in the proposal (Attachment A).

Final Program and Budget Report. Within 45 days of completion of training, or within 45 days of the expiration of this Agreement, whichever occurs first, the Company will provide the Local Area with a certification that the training program has been completed in compliance with the terms and conditions of this Agreement. The Company will provide a report that will specify:

- (a) a summary of the actual total training program costs and the total funds transferred to the Company by the Local Area pursuant to this Agreement (Attachment E);
- (b) the actual number of incumbent employees trained by the Company in conjunction with this training program (Attachment G);
- (c) a summary of the training actually accomplished under the program and the program's impacts on the company's employees and its productivity, profitability and competitiveness (Attachment H).
- (d) the Company will provide the Local Area and its designees access to trainees for the collection of information relevant to assessing the quality and effectiveness of the training provided under this Agreement;
- (e) the Company will provide the Local Area and its designees access to financial information and documentation relevant to determining the appropriateness of expenditures and reimbursements provided under this agreement.

Audit and Records. During the term of this Agreement, the Company agrees to comply with the following requirements:

- (a) maintain books, records, and documents (including electronic storage media) in accordance with generally accepted accounting procedures and practices which sufficiently and properly reflect all revenues and expenditures for funds provided by the Local Area for a period of three years after conclusion of the Agreement.
- (b) the aforesaid records, books, documents, and other evidence shall be subject at all times to inspection, review, or audit by representatives of the Mountain Local Area and/or state personnel responsible for the oversight, monitoring, and evaluation of the Workforce Innovation and Opportunity Act.

- (c) submit all bills for fees or other compensation for services or expenses in detail sufficient for a proper pre-audit and post-audit;
- (d) maintain financial records and reports related to funds paid to any parties for work on the matters which are the subject of this Agreement; and
- (e) include these record-keeping requirements in contracts and subcontracts entered into by the Company with any party for work required under terms of this Agreement.

Liability. The Company assumes the risk of any claims, suits, judgments or damages arising from the Company's performance of, or failure to perform, the tasks and duties that are the subject of this Agreement, or from the Company's participation in the program. The Company shall indemnify, defend, and hold the Local Area, its staff and agents, the Consortium and the Administrative Entity harmless from all claims, suits, judgments or damages arising out of intentional acts, negligence or omissions by the Company during performance of the tasks and duties, which are the subject of this Agreement.

Upon reasonable written request, the Company will allow the Local Area to access information specific to the wages and performance of participants upon completion of the training program for evaluation purposes.

The Company shall also cooperate with the Local Area in completing surveys one year after training to assist in determining the long-term effectiveness of the training program.

The Company shall act as an independent contractor and not as an employee of the Local Area in the performance of the tasks and duties that are specific obligations of the Company pursuant to this Agreement.

Non-discrimination. The Company will not discriminate against any employee employed in the performance of this Agreement, or against any applicant for employment because of race, color, religion, sex, national origin, age, disability, political affiliation or belief.

5. TERMINATION

In the event that the Company materially defaults in the performance of any duty, obligation, covenant or agreement imposed on it or made by it in this Agreement, then the Local Area shall provide to the Company notice of such default. The Company shall have fifteen (15) calendar days within which to initiate action to correct the default and thirty (30) calendar days within which either to cure the default, or to demonstrate to the satisfaction of the Local Area that corrective action has been taken and will likely result in curing the breach. In the event that the Company fails to cure the default, the Local Area will have the right to terminate this Agreement.

The Company shall permit public access to all public documents or other materials prepared, developed or received by them in connection with the performance of their obligations or the exercise of their rights under this Agreement. The Local Area may terminate this Agreement if the Company fails to allow such public access.

6. MODIFICATION

Any renewal or extension of this Agreement must be specified in writing and agreed to by both parties.

This writing contains the entire Agreement of the parties. No representations were made or relied upon by any party, other than those that are expressly set forth in this Agreement. No agent, employee, or other

representative of any party is empowered to alter any of the terms of this Agreement, unless done in writing and signed and approved by an authorized signatory of the Local Area and an executive officer of the Company. The parties agree to renegotiate this Agreement if revisions of any applicable laws, regulations or decreases in allocations make changes to this Agreement necessary.

7. GENERAL CONDITIONS

The Company acknowledges and agrees that any expenses incurred above and beyond the grant funds shall be borne and paid by the Company. The Company will be liable for any project funds used for purposes other than payment of costs listed in the approved budget (Attachment B). The Company shall indemnify and hold the Mountain Local Area harmless for claims made by any third party with respect to expenses incurred or activities performed by the Company in fulfillment of this project.

The following activities **shall not** be funded with any of the grant funds: (a) trainees' wages, salaries or fringe benefits; (b) purchase of capital equipment, furniture or fixtures; (c) real estate, capital or facilities improvements or renovations; (d) business relocation expenses; (e) costs incurred prior to the approval date of the application; (f) employment or training in sectarian activities and (g) lobbying of state or federal legislatures, judiciaries or agencies.

The parties agree to comply with all the terms and provisions of this Agreement including and incorporating herein the following specified Attachments:

- Attachment A – Pre-Application Questionnaire
- Attachment B – Grant Application
- Attachment C – Budget
- Attachment D – Assurances and Certifications
- Attachment E – Employee Application
- Attachment F – Company Attestation
- Attachment G – Invoice/Participant Summary
- Attachment H – Final Report

IN WITNESS WHEREOF, the parties have caused their hand to be set by their respective authorized officials hereto.

Mountain Area Workforce Development Board

Legal Name of Company

BY: _____
Signature of Authorized Official

BY: _____
Signature of Authorized Official

NAME: _____
Print or Type

NAME _____
Print or Type

TITLE: _____
Print or Type

TITLE: _____
Print or Type

DATE: _____

DATE: _____