**Mountain Area Workforce Development Board**

**Attachment A: Business Accelerator Grant Pre-Application Questionnaire**

**For Incumbent Worker Training**

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| Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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?  Has your business previously received a state sponsored Incumbent Worker  Grant? (2003 – 2016)  Has your business previously received a local sponsored Incumbent Worker Grant? (2018-2020)  Is your business on the federal debarment list?  <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      Yes No  Yes No    Yes No  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](mailto: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  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](http://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 part  training vendor.  No  Comments: \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    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: \_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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**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](mailto: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 Mountain Area Workforce Development Board’s Business Accelerator Grant for incumbent worker training. My business is interested in trainings in the areas of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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