IWT Pre-Award & Application



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| COMPANY NAME |
| AUTHORIZED COMPANY REPRESENTATIVE | TITLE |
| PHONE | EMAIL | FAX |
| STREET/MAILING ADDRESS |
| CITY | STATE | ZIP | COUNTY |
|  |
| DATE OF INCEPTION OF BUSINESS | YEARS IN BUSINESS AT PRESENT LOCATION |
| TOTAL NUMBER OF CURRENT FULL-TIME EMPLOYEES (UNDER THE FEIN#) |
| LEGAL STRUCTURE OF BUSINESS[ ]  SOLE PROPRIETORSHIP [ ]  PARTNERSHIP [ ]  CORPORATION (DESIGNATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| FEDERAL ID# | UNEMPLOYMENT COMP ID# |
| BRIEF COMPANY DESCRIPTION (PLEASE INCLUDE SERVICES AND/OR PRODUCTS) |
| IS YOUR COMPANY CURRENT ON ALL:County Tax Obligations: [ ]  yes [ ]  no State Tax Obligations: [ ]  yes [ ]  noCity or Local Tax Obligations: [ ]  yes [ ]  no Federal Tax Obligations: [ ]  yes [ ]  no |
| ESTIMATED TOTAL AMOUNT SPENT ON TRAINING ANNUALLY: |
| IS YOUR COMPANY RECEIVING / APPLYING FOR ANY OTHER PUBLIC TRAINING FUND? [ ]  yes [ ]  noIF YES, EXPLAIN:  |
| HAS YOUR COMPANY HAD AN IWT AGREEMENT IN THE PAST OR WITH A DIFFERENT AGENCY? [ ]  yes [ ]  no IF YES, BREIFLY DESCRIBE OUTCOME/STATUS:  |
| IF YOUR COMPANY IS MINORITY OWNED,.PLEASE CHECK ALL APPLICABLE[ ]  Women-owned [ ]  African-American owned [ ]  Hispanic/American owned[ ] Asian-American owned [ ]  Native-American owned [ ]  Other minority owned: (specify): |
|  |
| DOES YOUR COMPANY USE ONE-STOP SERVICES? [ ]  yes [ ]  noIF YES, CHECK APPLICABLE: [ ]  list job openings [ ]  job fairs [ ]  testing & assessment [ ]  mass hires [ ] otherIF NO, WHY NOT? IF NO, DO YOU AGREE TO LIST ALL FUTURE OPENINGS WITH THE ONE-STOP? [ ]  yes [ ]  noIF NO, WHY NOT?  |

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| DESCRIBE DESIRED TRAINING |
| START DATE | END DATE |
| TOTAL AMOUNT REQUESTED | NUMBER OF TRAINEES |
| TRAINING PROVIDER INFORMATION*Training organization:* *[ ]* public [ ]  private [ ]  employee-trainer*Training delivered:* *[ ]*  on-site [ ]  training institution [ ]  remote site *If remote site, list location:*  |
| NAME OF TRAINING PROVIDER |
| AUTHORIZED TRAINING PROVIDER REPRESENTATIVE | TITLE |
| PHONE | EMAIL | FAX |
| STREET/MAILING ADDRESS |
| CITY | STATE | ZIP | COUNTY |
| TRAINING PROGRAM FOCUS[ ]  **layoff aversion (mandatory)** [ ]  upgrade employee skills [ ]  increase skills/wages [ ]  portable skills [ ]  retention[ ]  other (specify): |
| ANTICIPATED OUTCOMES[ ]  layoff aversion/save jobs within the company (#\_\_\_\_\_) [ ]  enhance viability [ ]  lower turnover [ ]  create new jobs (#\_\_\_\_\_) [ ]  increase trainee wage (\_\_\_\_\_%) [ ]  training veterans [ ]  training minorities[ ]  training disabled workers [ ]  training for welfare-to-work [ ]  prevent relocation [ ]  increase profitability |
| BRIEFLY DESCRIBE HOW THE TRAINING WILL ACHIEVE THE ANTICIPATED OUTCOMES AND CONTRIBUTE TO THE PURPOSE OF INCUMBENT WORKER TRAINING, AS DESCRIBED IN THE INFORMATION SECTION OF THIS PACKET: |
| HOW DID YOU LEARN ABOUT THE INCUMBENT WORKER TRAINING PROGRAM? |