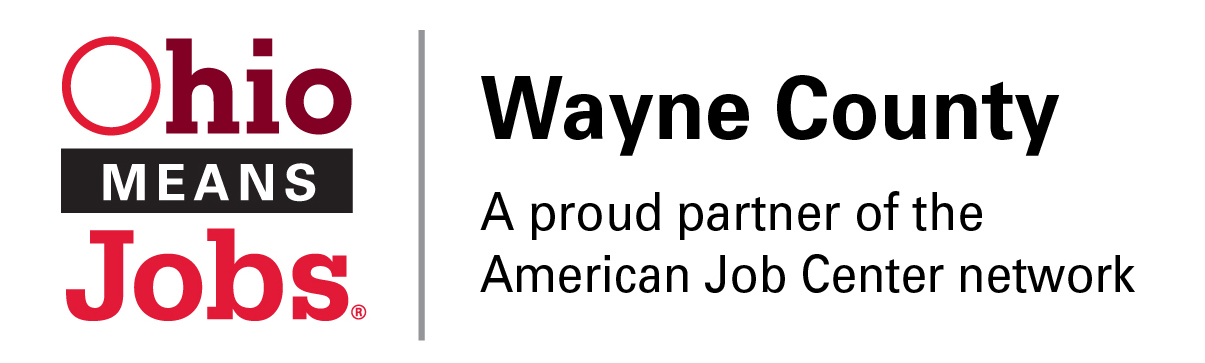
IWT Pre-Award & Application



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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  no  City 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  no  IF 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  no  IF YES, CHECK APPLICABLE:  list job openings  job fairs  testing & assessment  mass hires other  IF NO, WHY NOT?  IF NO, DO YOU AGREE TO LIST ALL FUTURE OPENINGS WITH THE ONE-STOP?  yes  no  IF NO, WHY NOT? | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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? | | | | | |