

Proposal Narrative

Employer Training Funds

Incumbent Worker Training Grant

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| *Applicant Information* | | |
| *Lead Applicant (Name, Company, Phone, Email)* |  | |
| *Primary Contact (Name, Company, Phone, Email)* |  | |
| *Fiscal Contact (Name, Company, Phone, Email)* |  | |
| *Partner Applicant, if applicable (Name, Company, Phone, Email)* |  | |
| *Partner Applicant, if applicable (Name, Company, Phone, Email)* |  | |
| *Partner Applicant, if applicable (Name, Company, Phone, Email)* |  | |
| *Has your company been awarded an Incumbent Worker Training Grant from EC Works before?* |  | |
| *Request Information* | | |
| *Training Program Title* |  | |
| *Training Period* |  | |
| *Total Amount Requested* |  | |
| *Total Employer Match* |  | |
| *Minimum Criteria Certification* | | |
| *In submitting this application, we certify that we have read, understand and meet all “Application Criteria”, as described in Section VI. of the Request for Proposal.* | | YES/NO (Circle) |

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| *General Training Information (30 total points)* |
| *1. Briefly describe the training opportunity identified, the number of employees that will be trained and the benefit this opportunity provides to your company(ies).* |
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| *2. What is the method for delivery of training? (example: in-class room, on-line, on-site) Where is the training held?* |
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| *3. What are the beginning and end dates of the training(s)?* |
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| *Consortia Training (10 total points)* |
| *4. Will multiple companies be participating together, in the same training opportunity? If so, please list the names of each company as well as the number of employees from each company.* |
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| *Expression of Need (10 total points)* |
| *5. Please describe how this award will help your business and your employees become more competitive as a result of receiving training.* |
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| *Sector/Industry Information (10 points)* |
| *6. Which industy or sector is your company a part of?* |
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| *Employee Information (40 total points)* |
| *7. Please list the positions employees accessing training currently hold and indicate the current average wage range of these employees. (Example: Production Associate $10-14/hr; Production Supervisor $14-19/hr; $19-24/hr; Production Manager $25+/hr). Employee wages must meet Median Wage Standards for the sub-region where the funds will be utilized. Click* [*here*](https://www.qualityinfo.org/jc-oprof/?at=1&t1=~000000~4101000000~0~true~true~true~true~true~true~true~true~true~true~true~true~true~none~0~1~1) *to verify your wages.* |
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| *8. How does training directly benefit the individuals to be trained?* |
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| *9. If training will result in an industry recognized certificate or credential, please list them here.* |
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| *10. What employee wage growth and/or promotions for participating employees are expected as a result of training?* |
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| ***WorkSource Partnership (Bonus)*** |
| *Please describe how your company currently utlizes WorkSource in identifying potential new hires.* |
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