

**CENTRAL WORKFORCE BOARD**  
**IWT Pre-Award Checklist**

<b>Attachment 1</b>
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**Section I. Information**

The applicant completes sections I - VII of the application. Please complete within the form, the space will expand as more information is added

<b>A. Applicant Information</b>			
Company Name:			
Mailing Address/Street:			
City/State:	Zip Code:	County:	
Contact Person:	Title:		
Phone:	Fax:		
Email Address:	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 of paid employees throughout OK:	NAICS Code:
Legal structure of business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (Designation):			
Tax Status of Business: <input type="checkbox"/> For Profit <input type="checkbox"/> Other (Please Specify): <input type="checkbox"/> Not-For-Profit (Designation):			
Employer's Federal ID #:		Unemployment Comp ID #:	
<b>B. Is your company a subsidiary of another company or affiliated with a parent company?</b>			
<input type="checkbox"/> Yes (PLEASE COMPLETE THE FOLLOWING INFORMATION ABOUT THE CORPORATE OFFICE/PARENT COMPANY IF DIFFERENT FROM ABOVE)		<input type="checkbox"/> No (PLEASE SKIP TO SECTION C)	
Parent Company Name:			
Mailing Address/Street:			
City/State:	Zip Code:	County:	
Authorized Representative:	Title:		
Phone:	Fax:		
Email Address:	Website:		
<b>C. Business Status Checklist</b>			
Has the company been in operation in the State of Oklahoma during the entire twelve-month period immediately preceding the date of application?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your company current on all Oklahoma state taxes?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your company current on all federal taxes?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your company current on all county, city and local taxes?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your company subject to a collective bargaining agreement? (If yes, please attach a letter of endorsement from the authorized union official.)			<input type="checkbox"/> Yes <input type="checkbox"/> No

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**D. Project Abstract (Please provide the following information in the spaces provided)**

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:

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3. Description of how the training plan will avert lay-offs of the trainees:

4. Reason for requesting financial assistance to conduct the training:

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## Section II. Availability and/or Use of Other Funds

Has your company previously received any Incumbent Worker Training grant funding? If yes, please provide the following information. If no, please skip to SECTION III.

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?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Summary of the outcome(s) from the training:			
Explain the relationship, if any, to the training described in this application:			

## 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 training:

### B. Training Components

Below is a Training Component Template for the application. The form can be replicated as many times as necessary to include all Training Components requested.

**NOTE:** "Component Cost Charged" should capture **all** cost to be **charged to the program** and should include, but is not limited to: training materials, certification costs, software, etc.

**SKILL ATTAINMENT TEMPLATE  
TRAINING COMPONENT #1**

COURSE TITLE:			
Course Description & Objective:			
Training Schedule (# of hours):		Estimated Training Dates:	
Number of Trainees for Component:			
Training Location:			
Total Component Cost:		Component Cost Charged to IWT:	
PLEASE PROVIDE INFORMATION FOR THE TRAINING PROVIDER			
Name of Training Provider:			
Phone:			
Street Address:			
City:		State:	
Zip Code:			
Email Address:			
Name & Qualification of each Instructor:			
PLEASE PROVIDE THE INFORMATION REQUESTED IN QUESTIONS 1 – 3.			
1. Please provide a list of competencies the trainees will attain:			
2. Explain how this training component will lead to, or result in, a skill certification or other proof of skill attainment that directly benefits the Trainees:			
3. How will this training component impact the trainees' opportunity for advancement in the company and/or wage increases?			

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## SECTION IV. Budget

The applicant is encouraged to apply only for funds needed and not to exceed \$10,000.00. The project budget should clearly support and relate to the training plan and itemize how the award is used. The amount under the IWT Funds Requested column below should equal the total of the amounts shown under Component Cost Charged to IWT for all Training Components listed in Section III. All proposed expenses must be allowable, reasonable and necessary. See Section VII. Please Provide the required information on this budget form, rather than submitting attachments.

Category	IWT Funds Requested	Employer Contribution	Explanation and Detail
Instructor Wages / Tuition			
Manuals / Textbooks			
Training Certifications, Certificates, Credentials, Licenses			
Materials / Supplies			
Software and Technology			
Training Equipment Purchase (can be employer contribution)			
On-Site Facility Usage (can be employer contribution)			
Trainee travel, food, lodging (can be employer contribution)			
Trainee Wages (can be employer contribution)			
<b>Total Funds</b>	COWIB Funds	Employer Funds	Total Training Investment (Employer Contribution + IWT Funds)

*COWIB reserves the right to remove or adjust any part of the budget prior to funding the IWT.*

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## SECTION V. Authorization and Certification

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

- I have read the Incumbent Worker Development Training Program Guidelines and coordinated this application with a COWIB Business Services Team member;
- I understand that the purpose of the IWT program is to strengthen both the business and the worker. In addition to upskilling the workforce, I agree that at a minimum, the business will provide a 5% pay increase to successful participants;
- The information contained in this application is true and accurate and reflects the intentions of the Incumbent Worker Training 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 the training materials purchased or developed with funds awarded under this project will be in the public domain and will be available for use by other eligible entities at no cost;
- The Business agrees to provide a copy of W-9 and Workers Compensation documentation as requested;
- The Business agrees to adhere to all reporting requirements, and to respond to a Customer Satisfaction Survey(s); 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.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Based upon this review, WIOA Title I assistance to this establishment is: \_\_\_\_\_

\_\_\_\_\_  
COWIB Representative Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Neither the State of Oklahoma, any Local Workforce Board, nor other designated entity conducting the review, shall be legally liable regarding the responses provided during the conduct of this review.*

### Section VI. Reimbursable/Non-Reimbursable Training Costs

The following is a listing of reimbursable and non-reimbursable training costs for the Incumbent Worker Training program:

#### Allowable Training Costs

- Instructors' and Trainees' salaries – (trainers must not be employed by any business whose employees are being trained.)
- Tuition
- Training materials and training supplies
- Textbooks/manuals – limited to course of study
- Training that results in participants obtaining an industry-recognized certification or credential, or that provides a significant step towards achieving such credentials which will increase the worker's overall employability
- Training related software
- Travel for trainers – if the requested training is not available within reasonable proximity to the business
- On-Line training
- Employee skills assessment that results in primary training funded through the grant

#### Non-Allowable Costs

- Compensation or consultant fees not directly related to the provision of training
- Costs incurred prior to the approval date of the IWT application
- Capital improvements and purchases of real estate, to include the construction or renovation of facilities or buildings
- Business relocation expenses
- Employment or training in sectarian activities
- Costs associated with in-house company trainers to include parent company employees
- Travel outside of the contiguous United States or costs associated with bringing a trainer into the country
- Curriculum design and/or training program development
- General office supplies and non-personnel service costs, it.e., postage and photocopying
- Company website design and development, website hosting, and maintenance, software upgrade, advice on computer selection for purchase and upgrade
- Memberships/Fees/Dues
- Purchase of employee assessment systems or systems usage licenses
- Employee Travel
- Basic occupational health and safety training, to include OSHA training
- Any training that a company is mandated to provide on a regular basis to its employees by federal, state, or local laws
- Equipment
- Food, beverage, and/or celebrations
- Job/position profiling
- Publicity/public relations costs
- Costs associated with conferences