

Guidance for Incumbent Worker Training Grants

Overview: The Consolidated Business Grant (CBG) is funding to assist employers by providing their workers an opportunity to enroll in Incumbent Worker Training (IWT). The training funded under the CBG would increase skills of the existing workforce, improve the efficiency of business operations and make the employee and employer more competitive in the current economic environment.

Who is Eligible to Apply?

For a business to qualify it must meet the following criteria:

- Must be classified as a Tennessee for-profit business (or a not-for profit business in healthcare)
- Must be in operation for at least one year (IWT only)
- Must employ at least five (5) full-time employees
- Must not have received an IWT in the twelve (12) months prior to the start date of the proposed new grant, unless the requirement is waived.
- Must be a financially viable business not currently in, nor expecting to file for, bankruptcy.
- Must not appear on any federal suspensions or debarment list
- Must be current in unemployment insurance and workers' compensation, taxes, penalties, interest, and up to date on all fees, fines, local, state, and federal taxes.
- Must not have filed bankruptcy in the past 12 months
- Be an in-demand industry or be in a declining industry with justifying reasons for eligibility of CBG

Who is Not Eligible to Apply?

- A business currently receiving training funds, either directly or indirectly, from Tennessee state government unless those training funds do not duplicate the training efforts outlined in the CBG application.
- Public sector employers are not eligible to receive funds per WIOA Sec. 194 (10)
- A business that has received funds either directly or indirectly from Tennessee state government under any previous training initiative and the terms of the agreement for training have not yet been met.
- A training provider
- A Local workforce development area (LWDA) or its administrative entity
- A government entity (unless overseeing a healthcare facility TEGL 19-16)
- A third party organization

What is the Process to Apply?

Businesses need to complete a Pre-Application form located at the following link:

<https://www.tn.gov/workforce/employers/training-redirect/grants-for-training.html>

A member of the local workforce development area will then contact the business to discuss their needs and determine eligibility for a CBG. They will also explain the next steps and provide employer with a CBG Application.

What is the Amount for Which a Business Can Apply?

\$25,000 is the maximum

Is There an Employer Match Required?

Yes. The employer must provide an in-kind match based on the number of employees working at the time of the grant application. The employer share is based on the size of the workforce as follows:

- 10% match if employer has 50 or less employees
- 25% match if employer has 51 to 100 employees
- 50% match if employer has more than 100 employees

What Kind of Training May be Funded by the CBG?

- Skills training designed to meet the special requirements of a business and conducted with the intention of retaining all individuals upon the successful completion of their training.
- Training to increase the skill levels of employees so they can be promoted with the company and create backfill opportunities for the employers
- Training that will help to avert potential layoffs
- Training in strategies to improve the efficiency of business operations
- Training that will make business and employees more competitive in current economic environment

Reimbursable Training Expenses:

- Instructors/trainers salaries capped at the actual amount or \$50/hr. if company trainers are used (whichever is less)
- Textbooks and manuals
- Materials and supplies
- Tuition expense (tuition is defined as instruction provided by an institution regulated by the Tennessee Higher Education Commission)

Non-Reimbursable Costs:

- Trainee's wages (IWT)
- Purchase of capital equipment
- Purchase of any item or service that may be used outside of the training project
- Travel and food expenses of trainers or trainees
- Assessment, testing, or certification fees
- Language training
- Costs associated with conferences are not allowed
- Advertisement or recruitment
- Assisting or resisting union organizations or labor disputes
- Required or mandatory trainings do not qualify for IWT reimbursement
- Any costs not approved in the final contractual agreement

Training Services:

- All training should have specific start and end dates and fall within the grant contract
- Training can be provided through Tennessee's public or private educational institutions, private training organizations, trainers employed by the business, or a combination thereof

- Training can be conducted at the business’s location, the training provider’s facility, or a combination thereof.

Grant Award Requirements & Award Procedures:

- Employers approved for funds must enter into a contract with start and end dates. The contract commits the employer to complete the training as proposed in the application, as well as committing compliance with all applicable federal, state, and local laws
- Approved budget items are reimbursed upon presentation of adequate documentation of the training and evidence that the training expenses incurred have been paid
- Employers can submit monthly reimbursement request with required support documentation or one invoice with required documentation can be submitted at the conclusion of training
- Employers will keep accurate records of the project implementation process and certify that all information provided, for the purpose of requesting reimbursements and reporting training activity is accurate and true
- Cost per participant will be considered when evaluating the effectiveness and efficiency of the award
- Participant data will be reviewed for completeness and eligibility prior to payment of any invoice
- Supporting documentation must be provided with each invoice demonstrating appropriate and allowable expenses and employer match
- For trainer wages, documents providing proof of wages paid must be provided
- NMWB staff will review submitted data and invoices for accuracy
- NMWB staff will have regular contact with grant recipient to ensure proper information is being maintained
- Lack of response by grant recipient to the NMWB staff may result in termination of the contract

Employee Requirements-Incumbent Worker Eligibility Criteria:

- A U.S citizen or individual legally entitled to work in the U.S.
- Age 18 or older
- Must be full-time, permanent employee
- Have an established employment history with the employer receiving the grant for six (6) months or more
- Meet the Fair Standards Act requirements for an employer-employee relationship (information regarding this requirement can be found at <http://www.dol.gov/whd>)

Register with Jobs4TN:

- Employers must be registered with Jobs4TN in order to participate. This is a simple process that your American Job Center (AJC) Staff Representative can assist you with. To register go to www.jobs4tn.gov

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INCUMBENT WORKER TRAINING (IWT) EMPLOYER APPLICATION

Section 1: Company Information

Company Name:		
Street/Mailing Address:		
City:	State:	Zip:
County:		
Primary Company Contact:		Title:
Phone:	Fax:	Email:
Human Resources Contact:		Title:
Phone:	Fax:	Email:
Finance Primary Contact:		Title:
Phone:	Fax:	Email:
Website:		Years in Business:
Date Incorporated:	Total FT employees at this location:	
*What is your Unique Entity Identifier?		
Employer Federal ID #:		TN Sales Tax ID #:
Unemployment Insurance ID #:		**Primary NAICS Code:
Is your company current on all state & federal tax obligations?	Yes	No
Is your company a Tennessee for-profit business (or a not-for-profit business in healthcare)?	Yes	No
Is your company current on unemployment insurance and workers' compensation requirements?	Yes	No
Has your company filed for bankruptcy in the past 12 months?	Yes	No
Is your company financially viable?	Yes	No
Has your company received an IWT grant in the last 2 years?	Yes	No

If yes, how much was the award?	What was the date of the award?	
Total amount your company will spend on training this year (estimate):		
Is your company union-affiliated?	Yes	No
If yes, has the union approved this training?	Yes	No
Brief description of your business product(s) and or services:		
Amount of grant request: \$	Number of FT employees to be trained:	
<i>The following information is to be completed by the Northern Middle Board Staff</i>		
Start Date:	End Date:	
Northern Middle Workforce Board Contact:		

*In order to complete and issue a contract, the employer must have a Unique Entity Identifier (previously the DUNS number). For more information on how to obtain your Unique Entity Identifier [click here](#).

**NAICS codes can be found by using the search feature at www.census.gov/naics. In the “2022 Search” box on the left side of the page, enter a keyword or words that describe your business.

Section 2: Training/Skills Upgrade/Component #1

(For each training/skill upgrade component employer proposes to administer, a Training/Skills Upgrade Component page must be completed.)

The training Provider(s) will be: Public Institution		Private Training Institution	
Company Employee		Private Instructor	
Training will be delivered: Work Site		Training Institution	Remote Site/Other
Will training result in a certification?		Yes	No
Course Information			
Course Description and Objectives:			
Training Schedule (# hours of training):			
Training Start Date:		Training End Date:	
Number of Trainees for Component:			
Training Location (Address or Campus):			
Component Cost:		Component Cost Charged to Grant:	
Please provide information for the training provider.			
Name of Training Provider:			
Name of Training Provider Contact:		Phone:	
Address:			
City:		State:	Zip:
E-Mail Address:			
Please provide the information requested in questions 1-2 below.			
1. Please provide a list of competencies the participants will attain.			
2. How will this training component directly contribute to improving or upgrading the skills of the incumbent worker and improve efficiencies or quality in a way that makes the company more competitive?			

Section 3: Training Program Budget

Note: Training funds cannot be used to reimburse any training costs incurred before the grant is approved. Please take this into account when developing your budget and timeline.

A. Budget Category	B. IWT Assistance Requested	C. * Employer match will be 10%, 25% or 50% of total in Column B	D. TOTAL (B+C)
1. Training/Instructional Cost Training Tuition or Registration Instructor/Trainer Wages			
2. Materials/Supplies/Textbooks (itemize)			
3. Training Equipment Purchase (Can be an employer contribution)	<i>Cannot fund with IWT Grant</i>		
4. Travel, Food, Lodging (Can be an employer contribution)	<i>Cannot fund with IWT Grant</i>		
5. Trainee Wages (including benefits) (Can be an employer contribution)	<i>Cannot fund with IWT Grant</i>		
6. TOTALS	\$	\$	\$

IWT Cost per Trainee

(Line 6 Column B divided by Number of Trainees) = \$

* The employer must provide an in-kind match based on the number of employees working at the time of the grant application. The employer share is based on the workforce size as follows: **10% match with 50 or less employees; 25% match with 51- 100 employees; 50% match with more than 100 employees.** Examples of employer contribution include, but are not limited to expenses associated with: Instruction/tuition; materials/supplies; the use of space and equipment during the training project (please show calculation used to assign a \$ value); and trainees' wages (including benefits) of employees during training. When requesting reimbursement, the applicant must provide proof of match.

NOTE: Any modifications to the budget after approval will have to be re-authorized. All IWT contracts are based on cost reimbursement principles.

Section 4: Desired outcomes of the training project

Please check the boxes that apply to the desired outcomes of the proposed training project.

	Will result in wage increases		Will provide a certification
	Will provide process improvement		Will improve the long term wage levels of trainees
	Will significantly increase employee skills		Will be an essential part of the company's overall employee development efforts.
	Will train in a demand occupation		Will increase the company efficiency
	Will create new jobs within the company		Will address identified skill gaps
	Will result in ability for trainee to advance within the company		Will make company more competitive

Grant Awards

- An employer approved for funds enters into a contract with Northern Middle Tennessee Workforce Board or their service provider through the Tennessee Department of Labor and Workforce Development, which commits the business to complete the training project as proposed in the application.
- Approved budget items are **reimbursed** upon presentation of adequate training documentation and upon evidence that the training expense incurred has been paid.
- Employers provide a matching contribution to the training project based upon the number of employees working at the time of the grant application.
- Employers will keep accurate records of the project's implementation process and certify that all information provided to request reimbursements and report training activity is accurate and true.
- Employers must submit reimbursement requests with required support documentation.
- Employers are required to supply information about the employees to be trained by completing a one-page Employee Training Services Application on each employee to be trained that contains data such as name, DOB, gender, citizenship, selective service compliance, date of hire, etc. These applications must be completed and submitted to Northern Middle Tennessee Workforce Board Staff or their designated service provider.

Section 5: Certification by Authorized Representative

[Note: The individual signing the application below must have the authority to enter into contracts on behalf of the applying employer/organization.]

As an authorized representative of the company listed on this application, I hereby certify that the provided information on this application is true and accurate. I am aware that any false information or intended omissions may subject me to civil or criminal penalties for filing false public records and/or forfeiture of any training award approved through this program.

Company/Organization Name:			
Signature:		Title:	
Print Name:		Date:	

Any additional questions, contact:

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