

APPLICATION FOR INCUMBENT WORKER TRAINING FUNDS (1 trainee)

Applicant Data	
Company:	
Trainee's first and last name:	Trainee's Job Title:
Trainee's Home Address, City, State, Zip (must be PA resident):	
Phone:	COUNTY the Trainee resides in:
Social Security # :	Date of Birth:
Email:	Company Website:
Company/Organization Data	
Size of Company:	
#Employees at Location: <input type="text"/>	#Employees Worldwide: <input type="text"/>
Federal Employer Identification Number (FEIN): <input type="text"/>	
NAICS Industry Code (North American Industry Classification Code): <input type="text"/>	
Project Information	
Description / Title of the Proposed Training Course: <input type="text"/>	
Training Start Date: <input type="text"/>	Training Complete Date: <input type="text"/>
Total # of employees to be trained: <input type="text"/>	
Cost of Training: \$ <input type="text"/>	
<i>(Grant may reimburse up to 50% of Total Contracted Instructional Cost)</i>	
<p>REQUIRED: Use the table on page four or provide a separate spreadsheet itemizing the Job-related training and numbers to be trained that you are requesting funds for. Remember to include training provider. *see MACC/DC Industry Partnership Training Plan document for pre-approved topics.</p>	

Briefly describe your training needs and explain how upskilling current employees will help them meet job requirements, retain current employees, and meet organizational strategic goals **(response required for consideration)**.

**Projected Company Outcomes
(required)**

As a result of this training, will any or all the following apply (at least one must apply for consideration)?

1. Quality Improvement Yes No
2. Increased Productivity Yes No
3. Improved Profits (Cost Savings, etc.) Yes No
4. Increased industry competitiveness
 Yes No Specify _____

**Projected Trainee Outcomes
(required)**

As a result of this training, will any or all the following apply during the next 12 months?(at least two must apply for consideration. # 4 may apply if this training helps keep the employee's skills current thus avoiding being laid off)

1. Wage increase Yes No
2. Promotion Yes No
3. Industry Recognized Credential Yes No
4. Requisite for retained employment (layoff aversion). Yes No

Explain _____

Incumbent Worker Training Funds Terms & Conditions (CHECK each box)

- 1. The company agrees to provide at least a 50% cash match to any training funds received from MACC/DC Industry Partnership. **Call if you have questions.**
- 2. The company agrees to provide their Federal Tax Identification Number (FEIN) as well as Social Security Numbers (SSNs) for all employees trained with support of MACC/DC Industry Partnership funds. The Pennsylvania Department of Labor & Industry requires that employee training information must be entered in the secure Commonwealth Workforce Development System database.
- 3. The company agrees to provide all required training enrollment information within one (1) week after the end of training event.
- 4. The company agrees to provide all training invoices within twenty days after the end of each training event.
- 5. The company agrees to provide training evaluations information required by the MACC/DC Industry Partnership as well as overall impacts of the training on the company.
- 6. The company agrees to share **any** training success stories with the MACC/DC Industry Partnership staff upon request.
- 7. If the training funded by the MACC/DC Industry Partnership is in support of a certification program, the company agrees to provide proof of certification to the MACC/DC Industry Partnership.
- 8. The company agrees to cooperate with MACC/DC Industry Partnership staff in collection of any additional information requirements that may arise from the Pennsylvania Department of Labor & Industry.

List Each Training Detail Separately. Specific Courseware Only.

(Credential: A = Apprenticeship; C = Certificate; IC = Certification;
CE = Continuing Education Credit)

Course Title	# Trainees	Total Cost	Job Title(s)	Start/End Date	Provider	Credential Received
<i>Example: Reading and Interpreting Blueprints and Technical Documents</i>	10	\$4950	Machinist	01/02/2023 01/30/2023		C
<i>Example: CNC Programming</i>	2	\$1400	Machine Operator	12/4/2023 1/26/2024		IC
Total Contracted Instructional Cost	\$					

PLEASE NOTE:

Please send the completed application and training release to:

The Manufacturing Alliance of Chester and Delaware Counties
Chester County Economic Development Council
Attn: **Sherry Cockerham**
737 Constitution Drive
Exton, PA 19341

Scanned or e-copy to scockerham@ccedcpa.com or fax to 610-458-7770. Please call 610-321-8213 for questions or assistance. Participant tracking form should be mailed or faxed ONLY – do not email for security purposes.

Priority will be given to applications **which include the strongest employee and company outcomes and explanation of how upskilling current employees will help them meet job requirements and companies retain current employees and meet organizational strategic goals.**