



Incumbent Worker Training Business Application

SECTION 1: BUSINESS APPLICANT INFORMATION			
Business Legal Name		Parent Company Name (if applicable)	
Street Address			
City		State	Zip Code
Mailing Address (if different from street address)			
City		State	Zip Code
Business Contact Name		Title	
Phone Number (include area code)		Email	
Website Address			
Minnesota Tax ID		County	
FEIN		Primary NAICS Code for Project Location To attain your industry's North American Industry Classification System (NAICS) code, go to: https://www.census.gov/naics/	
Date of Inception	Years in Business		Total Number of Employees

LEGAL STRUCTURE OF THE BUSINESS					
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Association	<input type="checkbox"/> LLC	<input type="checkbox"/> Government Entity
<input type="checkbox"/> Other:					
Does the business have any outstanding local, state, or federal tax liabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please describe:					
Business is in the process of a layoff of current employers.					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there current or unsatisfied judgments or injunctions against the business or owners?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there current or pending litigation involving the business? (If yes, attach summary and disposition.)					<input type="checkbox"/> Yes <input type="checkbox"/> No

Within the past five years, have there been any violation(s), citation(s), or complaint(s) of discrimination filed against the company in a state or federal court or before any state, federal, or local government agency? If yes, please attach a copy of the violation(s), citation(s), or complaint(s), and the disposition of each.	<input type="checkbox"/> Yes <input type="checkbox"/> No
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------

OTHER TRAINING FUNDS	
Is your business receiving/applying for any other training funds? (i.e., MJSP or MN Pipeline grants)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list the name of the program or type of grant:	

Amount of Award	Grant Start Date	Grant End Date
Describe how these other training funds are being used:		
Explanation of need for additional funds (need for CMJTS Incumbent Worker funding):		

PLEASE CHECK ALL THAT APPLY UNDER A OR B	
A. Workforce Talent Development	B. Layoff Aversion
<input type="checkbox"/> A business that proposes to expand capacity.	<input type="checkbox"/> A business that will use worker training to divert layoffs.
<input type="checkbox"/> A business that proposes to increase employee skills and competencies.	<input type="checkbox"/> A business that will avoid relocation.
<input type="checkbox"/> A business that proposes to train the workforce to remain viable and competitive.	<input type="checkbox"/> A business that will avoid closure.
<input type="checkbox"/> A business that proposes to retrain workers with new technologies.	

SECTION 2: TRAINING PROJECT INFORMATION
<p>Describe the proposed training project using the boxes below. For multiple trainings, attach a separate sheet. Attach copy of training proposal/scope if available:</p> <p>NOTE: Incumbent Worker Training funds cannot be used to pay for costs incurred outside the contract period (effective beginning and ending dates of the contract.)</p> <p>EXAMPLE: Training Provider: Society of Plastics Industry via satellite downlink at company site Training Provider Contact Name: Sam Lamb Training Provider Phone number: 320-555-5555 Training Provider Email: Sam.Lamb@example.com Course Name: How to Make Plastic Number of trainees: 5 Training hours: 28 Cost per trainee: \$500 Anticipated start date: 8/1/2023 Anticipated end date: 2/1/2024 Justification or need for training: The company needs to understand new technology to remain competitive in the marketplace. Employees will learn concrete plastic-making skills.</p>
Training Vendor
Training Provider Contact Name

Training Provider Phone Number		Email Address	
Course(s) Name and Description:			
Number of Trainees		Training Hours	
		Cost per Trainee	
Anticipated Start Date		Anticipated End Date	
Justification or need for training:			
Additional training being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No		Training Provider	
Training Provider Contact Name			
Training Provider Phone Number		Email Address	
Course(s) Name and Description:			
Number of Trainees		Training Hours	
		Cost per Trainee	
Anticipated Start Date		Anticipated End Date	
Justification or need for training:			

SECTION 3: TRAINING PROJECT DETAIL

[illegible]

SECTION 4: EXPECTED OUTCOMES

Describe the expected outcomes of the training, including any expected measurable outcomes. Please describe/answer how this training will impact:

- Business ability to expand or avert a layoff or retain trained employees
- Wage and/or benefit increase for training completers
- Explain potential career pathway or advancement opportunities for training completers
- Describe backfill strategy if advancements occur. Preference will be given to projects that will fill currently vacant positions or vacancies created through promotion of project trainees with local dislocated workers.
- Other training opportunities offered by the business

NOTE: Businesses will be required to provide verification of measurable outcomes, training attendance, certificates or credentials obtained by trainees, increased wages for the trainees successfully completing training or promotions received by trainees. Closure and follow-up forms will be provided.

SECTION 5: TRAINING PROGRAM BUDGET

A. Budget Category	B. Total Costs	C. Incumbent Worker Training Funds Request	D. Employer Contribution (B-C)
1. Instruction Wages/Tuition (required field) (This information should reconcile with Section 2: Training Project Information) Example: column B should be the total cost of the training in Section 3. 1) How to Make Plastic: \$500 x 5 = \$2,500 2) New Visions: \$35/hr. x 24 hrs. = \$840; TOTAL COST = \$3,340			
2. Curriculum Development (include calculation of costs in Section 3)			
3. Manuals/Textbooks (itemize in Section 3) Example: Column B should be the total cost of the manuals in Section 3. 10 new manuals @ \$30 each = \$300			
4. Training Equipment Purchase (must be employer contribution)			
5. Other Costs (e.g., copies, DVDs) a) _____ b) _____			
6. Facility Usage (If some trainings take place at a company site, then this is a required field.)			
7. Travel, Food, Lodging (If some training takes place offsite, then this is a required field.)			
8. Subtotal			
9. Training Wages, including benefits (required field)			
10. Indirect Costs			
11. GRAND TOTAL (required field)			
TOTAL NUMBER OF EMPLOYEES			PERCENT EMPLOYER CONTRIBUTION
At least 10 percent of the cost for employers with 50 or fewer employees			
At least 25 percent of the cost for employers with 51 to 100 employees; and			
At least 50 percent of the cost for employers with more than 100 employees			
Number of employees being trained:	Cost per trainee (line 11, column C, divided by number of trainees:		
Percent of employer contribution (line 11, column D, divided by line 11, column B:			
Does the percentage meet the employer responsibility?		<input type="checkbox"/> Yes <input type="checkbox"/> No (refer to policy page 2 for details)	

CMJTS USE ONLY

IWT cost per trainee = line 11, column C ÷ by number of trainees required field
Employer contribution ratio – line 11, column D ÷ by line 11, column C required field

Note: Businesses will be required to provide a portion of the training costs, dependent upon the size of the business and the number of employees it has (e.g., instructor's wages, curriculum development, and training manuals/textbooks). Examples of employer contribution, in addition to the direct costs, may include wages paid to trainees during the training period, equipment purchased to be used in the training project, manuals and textbooks, curriculum development, facility usage, and travel.

SECTION 6: BUSINESS ACKNOWLEDGEMENT AND CERTIFICATION**Data Privacy Acknowledgement**

Tennessen Warning Notice: Per MN Statutes 13.04, Subd. 2, this data is being requested from you to determine if you are eligible for an award under the CMJTS Incumbent Worker Training Program. You are not required to provide the requested information, but failure to do so may result in CMJTS' inability to determine your eligibility for an award. The data you provide is classified as private or nonpublic and cannot be shared without your permission except as specified in statute.

Data Privacy Notice: Per MN Statutes 13.591, Subdivision 1, certain data provided in this application is private or non-public data. This includes financial information about the business, including credit reports, financial statements, net worth calculations, business plans, income and expense projections, balance sheets, customer lists, income tax returns, and design, market, and feasibility studies not paid for with public funds.

Business Certification

I have read the above statements and agree to supply the information requested to CMJTS with full knowledge of the information provided herein. I certify that all information provided herein is true and accurate and that the official signing this form has authorization to do so.

Name of Business Official**Title****Signature**

Date (mm/dd/yy)

Upon request, this document can be made available in an alternate format.