



A partner in **CTWORKS**
2009-2010

Application for Incumbent Worker Training Funds

Business Services Consultant _____

Employer Organization Name _____

Contact Person/Title _____

Address/Phone _____

Type of Organization (circle one): Private For Profit Private Non-Profit

Federal Employment ID Number _____ CT Tax ID _____
(both #'s are required)

Organization Sector Category: _____

Total Number of Employees: _____ Number to be Trained _____

Positions to be Trained (Use Additional Sheet if Necessary)

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Justification Statement: Applicant company must justify how the proposed training will assist the company to either **A) increase the talents and skills of the existing workforce resulting in worker upgrades and/or B) increase the talents and skills of the existing workforce ensuring that workers have the necessary skills to avoid lay-offs.** Companies must provide specific detail regarding how the training will result in either: A) pay, promotion or career or B) result in lay-off aversion through skills upgrades. **Justification of such training outcomes is mandatory and a condition for proposal award. Attach additional pages if necessary.**

Employer attests that it will provide data tracking information including last 4 digits of social security numbers, hourly wage, documentation of skills attainment and/or wage status information as described in the Incumbent Worker Program narrative.

REQUIRED AS A CONDITION OF PAYMENT? (Circle One) Yes No

Employer is willing to participate in customer satisfaction survey with the CT Department of Labor at the conclusion of training? (Circle One) Yes No

Training Proposal

Industry Sector: *check one*

Advanced Manufacturing _____

Allied Health _____

Green Industry/Technology _____

<i>Type of Skill Training</i>	<i># to be Trained</i>	<i>Length of Training (Hours)</i>	<i>Cost of Training (per Trainee)</i>	<i>Total Cost of Training</i>
A. Sub-total				
B. Books/Materials/Exams				
C. Total Training Cost				
<i>(total reimbursed cost per trainee cannot exceed \$3,000)</i> D. Total Training Request (50% of C)				
E. Cash Matching Funds				

Name and Location of Training Provider(s):

Applicant Authorized Signature _____

Title _____ **Date** _____

Submit One Hard Copy To:

**Pamela J. Nabors, Director, One Stop Services
Capital Workforce Partners
One Union Place
Hartford, CT 06103**

860-522-1111, ext. 336

FAX: 860-722-2486



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www.capitalworkforce.org