

Incumbent Worker Training Program

Local Workforce Innovation and Opportunity Act (WIOA) funds can be made available through a process designed to assist Alexandria City and Arlington County businesses, which could include a single firm or a group of firms that share similar workforce needs, using a sector strategy approach to meet the skills training needs of their incumbent workforce.

Employer Eligibility

- Private for profit or non-profit businesses operating in Virginia for entire twelve-month period prior to application date;
- Current on all Virginia tax obligations;
- Proposing training for employees in a Virginia facility;
- Demonstration of linkages of the training activity to demand occupations and/or regionally targeted industries;
- The positive relationship of the training to the competitiveness of a participant and the employer;
- The relative wage and benefit levels of those employees (pre-training and anticipated upon completion of the training);
- The potential state, regional, and local economic impact, if any, of the training project.
- A non-eligible employer is a business with a history of failing to provide WIOA participants with continued employment or/and a recently relocated business that has resulted in employee separations.

Incumbent Worker Employee Eligibility

All employees participating in incumbent worker training must meet the eligibility below. An incumbent worker is:

- At least 18 years of age;
- A citizen of the United States or a non-citizen whose status permits employment in the United States;
- Males born on or after January 1, 1960 must register with the selective service system within 30 days after their 18th birthday or at least before they reach the age of 26;
- Must be a full-time employee of the participating employer for at least 6 months;
- Needs skills upgrading or retraining, completion of GED or High School Degree, basic skills upgrade, to retain or be successful in current employment;
- An employee to be trained that works at a facility located in Virginia or working for a staffing agency and placed at a Virginia facility.

Grant Availability

Applications will be accepted as funds become available. All applications will be approved during quarterly Alexandria/Arlington Regional Workforce Council Meetings. Employers participating in the program are required to pay for a share of the training cost. The employer's share shall not be less than:

- 10 percent of the cost, for employers with not more than 50 employees;
- 25 percent of the cost, for employers with more than 50 employees but not more than 100 employees; and
- 50 percent of the cost, for employers with more than 100 employees.

Process

- Employer completes Incumbent Worker Application, including quote for services from Northern Virginia Community College or other training provider, Employee Participation Spreadsheet, W-9 Form, and Supplier Form. The employer must also provide a copy of their business license, DUNS number, and copies of the participating employees' Driver's License, Social Security Card, and Selective Service Card. A copy of an employee's I-9 Form can be used as a substitute for their Social Security Card and Driver's License. All completed forms and documents should be submitted to dremick@arlingtonva.us.
- Applications are then presented during quarterly Alexandria/Arlington Regional Workforce Council Meetings for review and approval.
- Upon approval, a contract and purchase order will be provided to the employer for signature. Once signed, the employer may enter into agreement with the training provider for the training services. The employer pays 100% of the cost of the training services. All training includes course work, course materials, and credential testing.
- Once the employees have received their certifications, the employer can submit the invoice for reimbursement for a portion of the actual training expenses (50% - 90%) to dremick@arlingtonva.us. The invoice must reference the contract and purchase order as well as include copies of the employees' certification. Please note, the Council will not reimburse employers for employees who do not complete the training and/or fail to pass the certification test.
- Employer will be reimbursed 30 days after final paperwork is successfully submitted.
- The Council will check-in with employer every quarter for a year after the employees earn their certifications to determine if they a) are still employed with the company, b) have been promoted, and c) have earned a raise.



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REGIONAL WORKFORCE COUNCIL

Incumbent Worker Training Program

Funding Application

GENERAL INFORMATION

Please check the industry that your company falls under:

- Healthcare
- Manufacturing
- Construction/Trades
- Transportation & Warehousing
- Financial Services
- Food & Beverage Manufacturing
- Life Sciences
- Information Technology
- Other: _____

Company Name: _____

Physical Address: _____

City: _____ **State:** _____ **Zip:** _____

County: City of Alexandria Arlington County
 Other: _____

Mailing Address: _____
(if different)

City: _____ **State:** _____ **Zip:** _____

Parent or Corporate Name (if applicable – as listed on IRS W-9 Form): _____

Address

Company Contact: _____ **Title:** _____

Phone: _____ **Email:** _____

Federal I.D. Number: _____ **Date Established:** _____

Number of Full-Time Workers: _____ **Number of Part-Time Workers:** _____



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Tax Status of Business: For-Profit Not-For-Profit (Designation)
 Other: _____

Legal Structure of Business: Sole Proprietor Partnership
 Limited Liability Company Corporation

Is your company current on all Federal, State of Virginia, County, City and Local Tax Obligations? Yes No

Is your company receiving and/or applying for other public training funds? Yes No

If yes, explain: _____

Does your company have an equal opportunity/non-discrimination policy in place? Yes No

Is your company subject to a collective bargaining agreement? Yes No

*If yes, and if union represented employees will be participating in the training activities of this program, it is required that consent be obtained from the representing union to collect the eligibility data from the employees **PRIOR** to funding approval.*

This company is (check all applicable): Native-American Owned Asian-American Owned
 African-American Owned Woman Owned
 Hispanic-American Owned

Please provide a brief description of your business, product(s), and/or service(s):

NEEDS IDENTIFICATION

Indicate which challenge(s) your company/organization is currently facing that potential training would address.

(Check all that apply; at least one must be identified for funding consideration)

- Declining sales
- Supply chain issues
- Adverse industry market trends
- Changes in management behavior or ownership
- Phasing out certain functions, introducing new functions/lines that require worker retraining
- Required skill changes that would otherwise result in downsizing and layoffs if not addressed
- New technology and/or equipment implementation that increase economic competitiveness
- Creation of new employment opportunities that require advance skills and knowledge
- Other: _____



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Please describe the challenges that would be addressed by the proposed training.

How will this training make the employees more competitive in this economy and/or retain their employment?

How will this training make your company/organization more competitive in this economy?

What is the potential for wage increases at the completion of training and/or within one year of training?

TRAINING INFORMATION

Please describe the training needed for your employees.

PLEASE ATTACH QUOTE SHEET DETAILING REQUESTED TRAINING PROGRAM

Provider Name: _____

Provider Status: Public Training Institution Private Training Institution
 Company Instructor Community College

Provider Contact: _____

Physical Address: _____

City: _____ **State:** _____ **Zip:** _____



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Curriculum Name: _____

Total Training Hours: _____

Proposed Training Start Date: _____ Anticipated Training End Date: _____

of Employees to be Trained: _____

Training will be delivered: On-site at the Business At the Training Institution
 At a Remote Location Other: _____

Will employees be paid for the time they attend training? Yes No

Is this training for current employees or new employees? Current New

Will employees receive an industry recognized credential at the end of training? Yes No

FUNDING REQUEST

This section must be completed to show use of proposed training funds.

Tuition Costs: \$ _____

Textbooks: \$ _____

Certification Fees: \$ _____

TOTAL COST \$ _____

SHARE OF COST PROVIDED BY WIOA \$ _____

SIGNATURE AND CERTIFICATION

By my signature, I verify the information in this application is accurate to the best of my knowledge and I have the authority to submit this application on behalf of the named employer.

Signature: _____ Date: _____

Printed Name: _____

Email Address: _____

Phone Number: _____