

APPLICATION FORM
DuPage County Incumbent Worker Training Program

Date:

Applying Business Name:

Contact Name:

Address:

City: State: Zip Code:

Telephone Number: FAX:

E-mail Address:

Federal Employment Identification Number (FEIN):

Standard Industrial Code (SIC): or

North American Industry Classification System Code (NAISC):

Total Number of Full-Time Employees:

Name of Training Program Applied For:

Number of Incumbent Workers to be Trained:

Training Cost Amount Requested: \$

Minimum Match Requirement Amount: \$

Signature of Company Official

Job Title

Date

In a separate Word document, please provide a narrative on:

COMPANY HISTORY

- Years in business
- Number of employees
- Products or Services at the DuPage County Facility

PROGRAM DESCRIPTION

- Justification of Need for Training
- Training Overview
- Number of Full Time Employees to be Trained
- Occupations of Employees to be Trained
- Copy of Training Curriculum
- Key Projects and Timeline
- Employer Match
- Expected Outcomes
- Training Provider

REQUIRED ATTACHMENTS

- Attachment A: Employee Wage Match Form
- Attachment B: Project Budget Summary

EVALUATION CRITERIA

The application must be approved prior to the start of the training.

- Project Readiness
- Targeted industry
- Quality of Training
- Benefits to Workers
- Appropriateness of Costs
- Required Matching Costs

# Of Employees	Company Match	County Match
1-50	10%	90%
51-99	25%	75%
100+	50%	50%

Reimbursement

Payment will be released upon County receipt of the following items:

- Attachment 1: Final Report
- Attachment 2: Final Employee Tracking Summary
- Attachment 3: Reimbursement Request Form with Invoices and Proof of Payment
- Certificates of Completion
- Time Sheet Logs

RETURN COMPLETED APPLICATION TO:

Lisa Santucci
DuPage County Workforce Development
At workNet DuPage Career Center
2525 Cabot Drive, Suite 302
Lisle, IL, 60532
630/955-2066
lsantucci@worknetdupage.org

**APPLICATION ATTACHMENT A
EMPLOYEE WAGE MATCH FORM**

Category	Trainee Information			
NAME OF TRAINING COURSE	Number of Employees	Number of Training Hours Per Individual	Hourly Wage of Trainees	TOTAL WAGES MATCH
Total				

**APPLICATION ATTACHMENT B
PROJECT BUDGET SUMMARY**

Budget Line Items	Total Project Cost	Company Share	DuPage County Share
Training Costs			
Training Materials			
Other Costs			
Employee Wage Match			
In-Kind Contribution Match			
Total Budget			

INSTRUCTIONS FOR ATTACHMENT C, PROJECT BUDGET SUMMARY

1. Training Costs should include internal/external trainers and/or tuition-based costs.
2. Training Materials should include costs for manuals and other materials necessary to complete training course. Any item which can depreciate in cost, such as the purchase of equipment, will not be considered an allowable cost.
3. Other Costs should include any other training cost not included in the above categories.
4. If trainee wages are being used as the employer match they must be identified in Attachment A of application.

Reporting Attachment 1 Final Report Form

Company Information

Company Name:
FEIN: Month/Year:
Project Contact Person:
Title:
Phone:
E-mail:

Project Status

1. Project Overview. Briefly provide an overview of the project and activities completed.
2. List outcomes achieved.
3. Benefits to Company and Employees. Discuss the benefits seen by both the company and employees that have occurred during this project.

**Reporting Attachment 3
Reimbursement Request Form**

Local Business Grant Reimbursement Request	
Company Name	
Address	
Contact	
Phone	

Contract Reference	
Funding	Incumbent Worker

Payment Request Amount:

Approval Signatures	
Entity	Signature/Date
Company Representative	
Workforce Investment Board	
Workforce Development Division	

	Original Budget		Reimbursement Request
	\$		\$
Training Costs			
Training Materials			
Other Costs			
Total			

Documentation required

Please provide all documentation related to the reimbursement of incurred expenses, including invoice and paid receipts from training vendors, materials, and other costs.