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Application Proposal Incumbent Working Training Non-WIOA

Section I. Business Information									
Company Name						Website			
Mailing Address						City			
	State		Zip			County			
Contact Person				Title					
Phone		Fax			Email				
NAICS Code		Number of Local Employees				Number of WI employees			
Has the business experienced a layoff in the last 120 days? ☐Yes ☐No									
FEIN #			UI Root #			O*Net			
Section II. Training Information									
Training Title				Training Dates					
Total Training Hrs		# of Employees to be Trained				Total Training Cost	$		
Training Location	☐On Site ☐Remote Site ☐At a training institute:								
Training Description									
Competencies the trainee(s) will attain at training									
How will this training component directly contribute to improving company processes, improve efficiency, or quality in a way that makes the company more competitive?									
Section III: Trainee Information (Please complete for each participating employee)									
The Department of Labor requires employee SSNs which are used to identify records in Management Information Systems for grant reporting purposes only.									
Last Name			First Name			SSN			
Current Occupation Title					Trainee Start Date at Business				
Will the employee receive a wage increase within three quarters after training? ☐Yes ☐No									
Will the employee receive a promotion that results in a new job title new within 3 quarters after training? ☐Yes ☐No									
Will the employee receive a credential or certification after training? ☐Yes ☐No									
Will the employee demonstrate use of new skills or training? ☐ Yes ☐No									
Section IV: Business Signature									
In order to receive reimbursement for training the following are required: 1. Proof of wage increase, or proof of promotion resulting in a new job title (on company letterhead), copy of trainee credential or certification received; 2. If training is not credentialed, trainee name(s) who successfully completed training on training provider's letterhead (company letterhead if training is provided in-house). 3. Copy of trainee(s) credential(s) showing successful completion. If training last longer than 30 days, training will be subject to a mid-point check-in to verify that the training is progressing as planned. By signing proposal, business representative agrees that information is true and agrees to provide post-training documents.									
Signature						Date			

EMI Office Use Only			
Section V: Cost and Funding Source			
Training Cost Per Participant	$	Funding Source ☐WW ☐STB ☐MEND ☐SERVE	
Provide cost detail for IWT training: Instructor/Tuition, Books, Other Fees, etc.:			
Section VI: Employment Follow-Up			
Quarter 1	**Quarter 2**	**Quarter 3**	
☐Retained ☐Advanced	☐Retained ☐Advanced	☐Retained ☐Advanced	

Form Date: 07/29/26

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