



## APPLICATION PROPOSAL INCUMBENT WORKER TRAINING NON-WIOA

### SECTION I. BUSINESS INFORMATION

Company Name & Website: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: WI Zip: \_\_\_\_\_ County: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

NAICS Code: \_\_\_\_\_

Number of local employees: \_\_\_\_\_ Number of Wisconsin employees: \_\_\_\_\_

Has the business experienced a layoff in the last 120 days?  Yes  No

FEIN #: \_\_\_\_\_ UI Root #: \_\_\_\_\_

### SECTION II. TRAINING INFORMATION

Training Title: \_\_\_\_\_ Training Dates: \_\_\_\_\_

Total Training Hours: \_\_\_\_\_ # of Employees to be Trained: \_\_\_\_\_ 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)

Department of Labor (DOL) grant(s) require employee Social Security number(s). It will be used to identify records in Management Information Systems (MIS) for grant reporting purposes only.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

SS #: \_\_\_\_\_

### SECTION IV: TRAINEE EDUCATION & OCCUPATION INFORMATION (Please complete for each participating employee)

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 three 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 V: EMI OFFICE USE – COST AND FUNDING SOURCE

Total Training Cost: \$ \_\_\_\_\_ per participant.

Provide cost detail for IWT training: Instructor/Tuition, Books, Other Fees, etc.: \_\_\_\_\_

Funding Source:  WW  STB  MEND  SERVE

### SECTION VI: EMI OFFICE USE -- EMPLOYMENT FOLLOW-UP

**Quarter 1**  
 Retained  
 Advanced

**Quarter 2**  
 Retained  
 Advanced

**Quarter 3**  
 Retained  
 Advanced

### SECTION VII: SIGNATURE

In order to receive reimbursement for training the following are needed:

1. any 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.

Company Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Form Date: 01.01.26

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