



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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