



# Dutchess County Workforce Investment Board

3 Neptune Road Poughkeepsie, NY 12601 Telephone (845) 463-0517 Fax (845) 463-0247 www.dcwib.org

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## CUSTOMIZED TRAINING APPLICATION

### Introduction

Customized training for employed workers is available based on a company's needs and the availability of funds. Customized training is training to meet specific skill needs identified by a business or group of businesses. The DCWIB manages the approval process and may reimburse up to 50% of the training costs to a maximum of \$10,000 per company.

### General Conditions:

- Application: An application must be completed. A pre-application meeting between DCWIB staff and the applicant must precede application.
- No more than one award per company per DCWIB fiscal year.
- The Business Services Committee will review applications and make recommendations for approval or disapproval to the Executive Committee.
- The Executive Director will execute all Customized Training Contracts after approval by the DCWIB pursuant to a Board or Executive Committee motion.
- Applications will be accepted on a rolling basis and will be considered on a first come first served basis.
- Trainees must be eligible for WIA training services and all policies of the DCWIB will apply.

### Application Requirements:

- Minimum requirements: The applicant should be able to offer the following in consideration of the application for funds:
  - a. A statement of need;
  - b. A discussion of the benefits anticipated as a result of the training;
  - c. Documented evidence that other sources of training funds have been approached or indication that no other sources of funds exist. A determination by DCWIB staff is sufficient evidence; and
  - d. Evidence that the company has been rejected by those sources.

Note: (i) items c & d only apply to companies with 101 or more employees; and (ii) regarding points c and d, a statement from the WIB staff, based on the pre-application conference, that no alternative sources of funding exist will be considered sufficient for meeting the requirement of c.

### Training Grant Parameters:

- To create incentive for the outcomes the WIB requires, the grant will be offered as a reimbursement, only. The reimbursement will depend on achieving the promised outcomes. To wit:
  - 50% reimbursement (of the agreed upon reimbursement amount) upon company payment for the training;
  - 50% reimbursement after 6 months if the promised outcome (i.e. retention, advancement) has been achieved; and
- Only direct training costs are considered for reimbursement. Salary replacement, travel, incidentals are not considered in this case.

**On the Job Training Grant Application**

**SECTION 1: DATA SHEET**

Please type or print clearly. Be sure to fill in each blank and answer each question. If not applicable, mark N/A and explain. If there is not enough room, attach additional sheets.

**APPLICANT INFORMATION**

**DATE:** \_\_\_\_\_

Name of Business: \_\_\_\_\_  
Affiliated Businesses: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
County: \_\_\_\_\_  
Business Telephone: \_\_\_\_\_  
Business Fax: \_\_\_\_\_  
Name of Individual Completing the Form: \_\_\_\_\_ Position / company Affiliation: \_\_\_\_\_  
Contact Email: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_  
Authorized Company Signatory (if different from above): \_\_\_\_\_ Signatory Telephone: \_\_\_\_\_  
Signatory Email: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_  
Employer's State ID Number: \_\_\_\_\_

**Form of business:**

- sole proprietorship       partnership       business corporation  
 limited liability company       subchapter S Corporation       not-for-profit or local development corporation

**SECTION 2: COMPANY, PRODUCT AND MARKET INFORMATION**

Please provide a concise (no more than one page) narrative describing the following. In response, you may reference and attach your plan, annual report and other company literature.

- The company's history, management information and major stockholders,
- The company's current operations, including its products, services and position within the industry,
- Number of employees,
- Describe general market trends and specific opportunities the company is targeting, e.g. market expansion, market retention, and new markets.

**SECTION 3: TRAINING ACTIVITIES**

Please describe (no more than one page) the specific training that will be undertaken and funded through the project:

- A statement of need for the training – why do the company and the trainee(s) need training? Please be specific. For example, is the training needed to remain competitive, for a specific job or contract, etc.,
- Discuss the benefits and results of the training – Will the trainee(s) get a raise as a result of the training? Will the trainee(s) receive recognized certification?
- Provide copy of curriculum – please provide a description of the training provider, their credentials and a copy of the curriculum,
- Describe the provider selection process – evaluate the competitiveness of the training provider's price. Describe the selection process; how many competitive quotes were pursued and evaluated?
- Describe other sources of funding – if other sources of funding exist, please describe efforts to apply for such funding and the results of the application.
- Describe the timing of the training – when will the training start, how long will it last?

**On the Job Training Grant Application**

**SECTION 4: CERTIFICATION**

All information contained above and in schedules attached hereto is true and complete to the best knowledge and belief of the Applicant.

The Applicant recognizes that the DCWIB may not process any application that is not complete. Incomplete applications will be returned to the applicant for completion.

The Applicant also recognizes that the policy of the DCWIB is to train only employees of Dutchess County firms or residents of Dutchess County and that no funds applied for will be used otherwise.

APPLICANT BUSINESS: \_\_\_\_\_

AUTHORIZED SIGNATORY: \_\_\_\_\_

NAME/TITLE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE: \_\_\_\_\_