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## **Incumbent Worker Training Grant Program**

**Thanks to funding from Real Jobs RI, RIMTA has secured a limited amount of incumbent worker training funds.  If you are looking to train your current workforce either internally or through an outside trainer, we can reimburse you for up to 50% of the training costs.  Reimbursement will occur once the training has been completed and paid for by the company.**

**Please note the following:**

* **Applicants must be RIMTA or CARI members**
* **Applicants must be a RI employer**
* **Training must occur AFTER you have been approved for funding**

**Priority will be given to the following:**

* **Applicants who have not received incumbent worker training funds in the last year**
* **Applicants who show that the training is helping to fill a skills gap in the company**

**Please email questions and/or completed applications to:**

**Jen Huber**

**jen@rimta.org**

**SECTION I– APPLICATION**

**Cover Sheet**

**Section 1 – Company Information**

Name of Company: **­­­­­­­**

Street Address: City/Town: Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: Fax:  Email: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Business / Organization Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAICS Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Industry Sector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

R.I. Employer Registration #: Fed. Employer Identification #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2 – Company Profile**

For Profit: □ Yes

Non-Profit: □ Yes

Trade Organization: □ Yes

Labor Organization: □ Yes

Consortia of Employers: □ Yes

Total number of employees of business/organization: **\_\_\_\_\_\_\_\_**

Total number of RI based employees of business/organization to be trained through this grant: **\_\_\_\_\_**

**Section 3 – Funding**

Total amount of Express Grant assistance requested: **\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please read carefully and fill out each section completely; answer each question fully and provide all information requested***

**A. Give a description of your business/organization including products and/or services**

**B. Identify your current workforce challenges and explain how the requested training will enable your business/organization to improve its productivity, competitiveness, and/or quality and increase the skills of the workforce.**

**C. Please answer the following questions in reference to training activities and provide a training outline of the activities to be conducted.**

* **Who will participate in the training?**
* **Who will conduct the training?***.*
* **What training programs are planned under this grant? Be as specific as possible.****Where will the training take place?**
* **When will the training take place? Include start/end dates and number of hours for each training activity.**

**Outcomes and Evaluation**

A. Address how the effectiveness of the training will be measured and evaluated in meeting the organization's needs (post-training expectations).

* *Describe the intended outcomes for the proposed training.*
* *Describe how you will measure those outcomes?*
* *Examples of outcomes:*
	+ *Company ABC will increase sales by 10%*
	+ *Company ABC will be able to service 250 boats this year which is a 15% increase.*
	+ *Company ABC will be able to conduct in house training rather than using outside training provider, saving $10,000 per year.*
	+ *Company ABC will be able to provide a new service which will increase revenue by 10%.*
	+ *Company ABC will promote employees who complete trainings and will need to hire new people to back fill those positions.*
	+ *Company ABC will offer a new service and will need to hire 5 additional people.*
1. Please indicate which outcomes, if any, you expect to achieve with the training that you are proposing. If your project is funded, you will be asked to compare these projected outcomes with your actual outcomes to help evaluate the effectiveness of the training.

**Expected Employee Outcomes: Check all that apply**

 # of Employees

 Wage Increase \_\_\_\_\_\_

 Promotion \_\_\_\_\_\_

 Credential

 Other ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

**Budget and Budget Narrative**

***Grant Funds***: The amount requested should only include allowable activity taking place that will be reimbursed with grant funds. Grant funds cannot be used to purchase equipment, compensate employees while in training or pay for travel related expenses.

***Grant Recipient Cost***: Grants will be entered into on a cost reimbursement basis. This means that the grant recipient must pay for the complete cost of the training and then request reimbursement of 50%. For example: If the total training cost is $5,000, 50% ($2,500) is reimbursable with grant funds.

**EXAMPLES OF ALLOWABLE AND NON-ALLOWABLE COSTS FOR TRAINING EXPENSES**

|  |  |
| --- | --- |
| **Allowable Training Expenses** | **Non-Allowable Costs** |
| Tuition and training provider fees | Equipment including hardware and software |
| Training materials and supplies | Lost worker productivity |
| Software that is used 100% for training activities | Grant preparation or administrative costs |
| In-house trainer wages and benefits | Travel expenses, meeting space, lodging, food |
|  | Wages while in training and fringe benefits cost |
|  |  |

**A. Budget Detail**

Follow the budget format below. Each expense line item must reflect the 50/50 percent split between grant funds and the applicant’s cost.

|  |  |  |  |
| --- | --- | --- | --- |
| Expense Item | Total Cost**100%** | Grant Funds**Requested 50%** | **Applicant’s****Cost 50%** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**B. Budget Narrative**

The budget narrative must correspond to the expense items listed in the budget and explain how the costs were determined. The budget narrative should be set up in the exact order as the program section and budget line items for easy reference. For each line item of the budget, provide a description below of how costs were determined. (Example: 1 trainer @ $30 per hour for 60 hours of training = $1,800.00

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Printed name of person completing application Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date