Champaign County Regional Planning Commission Workforce Development

Incumbent Worker Proposal

Incumbent Worker Training

Our Incumbent Worker Training (IWT) program is just what you need to train existing employees, increase productivity and boost your company's competitiveness.

IWT Provides:
- Hands on training
- Payment to offset training costs
- Opportunity to train employees your way
- Investment in your business

How it Works

To be eligible for an IWT grant, your company needs to train existing workers in order to achieve:
- Avert potential layoffs, or
- Increase workers' skill level

If eligible, your company may be reimbursed up to 90% of the costs of training during the IWT period.

Additional Details

- IWT grants cannot cover "soft skill" training or general worker orientation.
- If a company has recently relocated and any employees lost their job, IWT services cannot be provided for 120 days following the relocation.
- Workers receiving training must have an established full-time employment history of at least six months at your company.

Matching Requirement

The employer match requirement is as follows:

1.) 10% of the cost, for employers with not more than 50 employees;
2.) 25% of the cost, for employers with more than 50 employees, but not more than 100 employees; or
3.) 50% of the cost, for employers with more than 100 employees.

IWT Approval Process

Please submit plan **to Cassandra Dunham 1307 N. Mattis Ave. Champaign IL 61821 phone: 217-531-8276 fax: 217-398-9641 email: cdunham@ccrpc.org**.Once a company's eligibility to participate has been determined the workforce representative will work with the employer to outline the training program and assist with identifying a trainer, if needed.

Proposal Steps

Employer Information

Please complete this section in its entirety. All fields are required.

Employer Name	Street Address, City, State, Zip
Phone number	**Number of employees in total**
Federal Employer ID Number (FEIN) and UI account	**Is this location the Worksite**
FEIN Number: UI Account Number:	❑ Yes ❑ No If no, please list worksite address _____ _____
Owner's Ethnicity (Check all that apply)	**Proposal Direct Contact Person**
❑ White ❑ Hispanic ❑ Asian ❑ Hawaiian or Pacific Island ❑ Black ❑ American Indian or Alaskan Native ❑ Prefer not to answer ❑ Female Owned	**Primary** First Name: _____ Last Name: _____ Phone: _____ Email: _____ **Secondary** First Name: _____ Last Name: _____ Phone: _____ Email:_____

Project Detail

Please complete information below regarding basic information surrounding your business needs.

Needs and Benefits - Explain the need for training and expected benefits that will improve productivity. For example, include the benefits such as opportunities to "backfill" and how it strengthens business relationships.

Projected Start Date	Projected End Date	Projected Cost

Fund Use - Describe the use of funds for the project specifying how the budget will be used for the training portion. Do not include employee wages or other match.

Matched Funds - Describe matched funds for project (must be at least 10% of project and can include employee wages while attending training).

Does this project have occupation upgrades? - Does the training provide a qualifying skill upgrade sufficient for a position of higher responsibility and/or salary? If so, please explain.

Number of Employees Receiving Training - Please note all employees that will receive training. Employees must have been employed with the company for at least 6 months.

Layoff Aversion

Please complete this section by checking each risk indicator applicable explaining the company's need for employees to improve their skills in order to avoid layoffs. For each risk indicator selected, list a brief explanation.

At Risk Indicators	Indicator Explanation
❑ Declining Sales	
❑ Supply Chain Issues	
❑ Adverse Industry Market Trends	
❑ Changes in Management Philosophy/Ownership	
❑ Worker does not have in-demand skills	
❑ Strong Possibility of a Job if worker attains new skills	
❑ Other "At-Risk" Indicators	

Project Credentials

From the list below, identify all credentials that will be earned by incumbent workers who complete training offered with this project. If no credentials are offered, at minimum, "*Certificate of Completion*" must be selected. Please list the title of the selected credential.

Credential	Title
❑ Associate Degree	
❑ Bachelor's Degree	
❑ Industry Recognized Credential	
❑ Master's Degree	
❑ Other Advanced Degree	
❑ Certificate of Completion	

Occupations

In this section, please list the title of the occupation for the employees being trained in the first box. Please list the title of the occupation upgrade in the second box, if applicable.

Occupation- at the time of the project

Occupation Upgrade- occupation employees may be eligible for at the time of completion

Training Courses

If you are providing the training in house, please complete the following information for all training courses that will be taken by employees. If training will be done from outside sources, please indicate that as well. The local workforce program will work with you to create this plan.

Course Title	Provider Name	Course Description and credential earned

Will you need assistance in creating/finding a training program?
❑   Yes
❑   No

Comments

Please use this section to list any additional comments, questions, or information you may have regarding the project.

Comments

Signature:_____ Date:_____