

Please provide a description of your company/consortium/industry association: (100 words or less.)

Category: (Applicant must fit into one of these categories.)

- Single company Consortium – number of member companies
 Business association Private non-profit

Traded Sector Affiliation: (Select the one which best describes your business.)

- High tech/software Forest/wood/paper products Metals
 Apparel/sporting goods Nursery products Recreation
 Transportation equipment Creative services Financial services
 Food processing/agriculture Professional services Manufacturing
 Biomedical/healthcare Transportation/distribution Other

For consortia/multi-company training projects, list all businesses participating and number of employees to be trained: (Include letters of commitment from each employer – An example is available at www.wicco.org.)

1. Company name: Contact name:	Employer tax ID number: Total number of employees:
2. Company name: Contact name:	Employer tax ID number: Total number of employees:
3. Company name: Contact name:	Employer tax ID number: Total number of employees:
4. Company name: Contact name:	Employer tax ID number: Total number of employees:
5. Company name: Contact name:	Employer tax ID number: Total number of employees:
6. Company name: Contact name:	Employer tax ID number: Total number of employees:

Add additional pages if needed.

1. Within your industry is there a shortage of workers with these skills? YES NO

If yes, explain:

2. Is training focused on skills necessary to permit company and workers to advance their technological capabilities? YES NO

3. If your organization has received an EWTF award within the last two years, please explain why additional grant funds are needed:

4. What is the current employee turnover rate for your organization? %
Please explain:

5. Describe the career ladder/lattice opportunities that will be available to employees who complete this training.

6. How will your organization continue investing in employee training after this grant has ended?

7. Will new curriculum be developed or revised with these funds for this training project?
 YES NO If yes, explain:

8. Complete the following expected outcomes table regarding your training project:

Expected Project Outcomes	Number
Unduplicated number of employees to be trained	
Number of jobs created <i>(full time jobs created at the employer facility during the contracted length of the project)</i>	
Number of jobs retained <i>(among workers who received training, those who are still employed at the end for the project)</i>	
Number of employee promotions	

TRAINING INFORMATION *(Please complete the table below for each training you want to offer.)*

Type of Training	Vendor	Location of Training	Anticipated Training Dates	Anticipated Number of Employees to be Trained	Type of Certification or Credential Awarded Upon Completion of Training
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

PARTICIPATING EMPLOYEE COMPENSATION INFORMATION: *(Please complete the table below for each employee, or groups of employees, that you anticipate training.)*

Job Title <i>(group similar jobs)</i>	Number to be Trained	Current Average Wage <i>(do not include employer payroll burden costs)</i>	Employer Cost of Benefits / Total Payroll Costs = % <i>(provide percentage)</i>	Benefits Provided <i>(check all that apply)</i>
1.				Medical for: <input type="checkbox"/> employee <input type="checkbox"/> family Dental for: <input type="checkbox"/> employee <input type="checkbox"/> family <input type="checkbox"/> 401k <input type="checkbox"/> Funded retirement <input type="checkbox"/> Vacation/sick leave <input type="checkbox"/> Other
2.				Medical for: <input type="checkbox"/> employee <input type="checkbox"/> family Dental for: <input type="checkbox"/> employee <input type="checkbox"/> family <input type="checkbox"/> 401k <input type="checkbox"/> Funded retirement <input type="checkbox"/> Vacation/sick leave <input type="checkbox"/> Other
3.				Medical for: <input type="checkbox"/> employee <input type="checkbox"/> family Dental for: <input type="checkbox"/> employee <input type="checkbox"/> family <input type="checkbox"/> 401k <input type="checkbox"/> Funded retirement <input type="checkbox"/> Vacation/sick leave <input type="checkbox"/> Other
4.				Medical for: <input type="checkbox"/> employee <input type="checkbox"/> family Dental for: <input type="checkbox"/> employee <input type="checkbox"/> family <input type="checkbox"/> 401k <input type="checkbox"/> Funded retirement <input type="checkbox"/> Vacation/sick leave <input type="checkbox"/> Other
5.				Medical for: <input type="checkbox"/> employee <input type="checkbox"/> family Dental for: <input type="checkbox"/> employee <input type="checkbox"/> family <input type="checkbox"/> 401k <input type="checkbox"/> Funded retirement <input type="checkbox"/> Vacation/sick leave <input type="checkbox"/> Other

BUDGET WORKSHEET

Please detail what it will cost to carry out this project. Clarify what costs will come from the grant and which will be cash or in-kind match from the applicant(s). Use the budget worksheet to develop the budget.

The budget proposal will be evaluated based on the following criteria:

- Expenses are reasonable, necessary and reflect current cost trends to complete the proposed scope of work
- Expenditures are clearly described
- Expenditures reflect all project activities

The Excel version of the below budget worksheet is available at www.wicco.org.

Cost Category	Line Item	Grant Funds Requested	Employer Match*	
Capacity Building	Conducting Needs Assessment			
	Design/Develop Curricula			
	Post-training Evaluation/Data Collection			
	Other			
Training	Tuition/Training Costs			
	Training Materials and Supplies			
	Other			
Employee Costs	Participant Wages (<i>while in training</i>)			
	Supervisory Wages			
	Supervisory Wages for Grant Administration			
Donated Items	Office Supplies			
	Facilities			
	Equipment Usage			
	Other			
	TOTAL			

* See following page for definition of employer match.

- Allowable costs are those necessary and reasonable to the successful completion of the training project objectives and are verifiable from the applicant’s accounting records.
- Employer match must at least equal grant funds requested.
- Costs and employer match incurred prior to grant award effective date are not allowed.
- Funds must be expended within the grant time specified.

DEFINITION OF MATCH

All contributions, including cash, in-kind and third party in-kind, shall be accepted as part of the match when such contributions meet all of the following criteria:

- Are necessary and reasonable for proper and efficient accomplishment of the project objectives;
- Are verifiable from the recipient's records;
- Are not included as contributions for any other governmental (Federal, State, or Local) assisted project or program;
- Are not paid by any governmental (Federal State, or Local) entity under another award;
- Are described in the approved budget required by the Employer Workforce Training Fund Application.

Examples of Allowable Match

Volunteer services furnished by professional and technical personnel, consultants, and other skilled and unskilled labor may be counted as match if the service is an integral and necessary part of the approved project. Rates for volunteer services shall be consistent with those paid for similar work in the applicant's organization. In instances where the required skills are not found in the applicant organization, rates shall be consistent with those paid for similar work in the labor market in which the applicant competes for the kind of services involved. In either case, paid fringe benefits that are reasonable, and directed related to the implementation of this project can be used to arrive at the value of the match. *Volunteer services which are provided by governmental entities or under governmental contracts cannot be counted for match.*

Third party services: When a third party who is included in the project furnishes the services of an employee, these services shall be valued at the third party employee's regular rate of pay, including fringe benefits. These services must be directly related to the implementation of the project, be reasonable, and must be services at the same skill for which the employee is normally paid. *Third party overhead costs, such as office space, phones, etc., cannot be included in the calculation of the match.*

Participant wages while involved in project activities: The value of the salaries and fringe benefits of the applicant's employees who are taking part in project related assessment and training activities may be used for match. These match calculations must be based on the time these employees actually spend in project related activities, as long as:

- Trainees are bona-fide employees of the applicant, not replacements, and
- Salaries, wages, and benefits do not come from any Governmental (Local, State, Federal) source.

Donated employee time: These services shall be valued at the employee's regular rate of pay and a reasonable amount for fringe may be included. These services must be directly related to the implementation of the project, be reasonable, and must be services at the same skill for which the employee is normally paid.

Donated supplies may include such items as expendable equipment, office supplies, laboratory supplies or workshop and classroom supplies used to implement the project. Value assessed to donated supplies included in match shall be reasonable and shall not exceed the fair market value of the property at the time of the donation.

Donated property: The value of donated property shall be determined in accordance with the usual accounting policies of the applicant, with the following qualifications:

1. The value of donated equipment shall not exceed the fair market value of equipment of the same age and condition at the time of donation.
2. The value of donated space shall not exceed the fair retail value of comparable space in a privately owned building in the same general locality.
3. The value of loaned equipment shall not exceed its fair rental value.

Costs reported as match must meet the following criteria:

1. Be verifiable and traceable including adequate source documentation.
2. Include explanations of the methods used to value match.
3. Available for review or audit.

AUTHORIZED SIGNATURE/CERTIFICATIONS AND ASSURANCES

The WRT has the right to reject without penalty any or all proposals received at any point in the review. Awards will be made to those proposals that best meet the requirements set forth in the Request for Proposal announcement and support Clackamas County’s economic and workforce needs.

If funding is received, we will comply with all with all federal and state requirements that apply to the use of these funds including, but not limited to:

- Track all expenditures related to this project separate from other company funds.
- Provide a final report at the end of the project which includes demographic information of training participants and a training success story with photos (and signed photo releases).

Not maintaining the project scope of work, projected time frames, or under-spent funds may require a contract termination and funds may be recaptured by Region 15 WRT for use by other approved projects.

Assurances:

- This business is not primarily involved in retail sales.
- Grant funds will not be used to pay workers while in training or to purchase equipment.

I certify that I have legal authority to make application on behalf of the above listed organization and to the best of my knowledge all information contained in this application and the attachments is accurate.

Signature

Date

Print Name

Title

NOTE: These grant funds are funded, in part, with Employer Workforce Training Funds administered by the Oregon Department of Community Colleges and Workforce Development.