



*A Private-Public Partnership
Serving Kalamazoo and St. Joseph Counties*

Incumbent Worker Program 2009/2010

Guidelines, Instructions & Application Form

Due Date: September 25, 2009

All applications must be received by 4:00pm

Prepared by

Kalamazoo-St. Joseph Michigan Works! Agency
W.E. Upjohn Institute for Employment Research
222 S. Westnedge Avenue
Kalamazoo, Michigan 49007-4628

An equal opportunity employer/program supported by the State of Michigan
Auxiliary aids and services are available upon request to individuals with disabilities - Michigan Relay Center 1-800-649-3777 (Voice and TTY)

**KALAMAZOO/ST. JOSEPH MICHIGAN WORKS!
INCUMBENT WORKER PROGRAM – 2009/2010
Guidelines, Instructions & Application Form**

The purpose of the Incumbent Worker Program is to provide grants to employers to assist with certain training expenses for regular, full-time employees. The goals are to enhance the employee's workplace readiness skills by increasing their levels of proficiencies in an effort to create the potential for promotions and increased wages; to aid in averting layoffs within local private companies; to increase productivity; and to support the efforts of these companies in filling positions with participants in the Michigan Works programs.

Funding is made available through the federal Workforce Investment Act (WIA) and is administered by the Michigan Department of Energy, Labor and Economic Growth (MDELEG). Training supported by the Incumbent Worker Program must supplement, not supplant, training that is already provided by the employer.

The Incumbent Worker Program application process is administered as an open, competitive process. A specific date will be established for initial applications to be submitted for initial review and grant award. If additional funds are available after the review of initial applications is completed, additional applications will be solicited.

Applications solicited after the initial submission date will be reviewed on an ongoing basis using the same process and criteria as articulated in this application package.

If current funding is not adequate to award all eligible and qualified applications, remaining applications and any new applications received will be prioritized for funding as additional funds become available.

I. PROGRAM PARTICIPATION GUIDELINES

A. Eligibility

Applications for the 2009/2010 program year are open to all companies meeting the following guidelines:

1. Training will only be provided to a business site located within the Kalamazoo-St. Joseph Michigan Works Area (Kalamazoo or St. Joseph Counties).
2. Individuals to be trained must be regular, full-time employees of that business. Employees whose employer of record is a staffing agency are not eligible for training under this application.

B. Priority for grant awards

Priority will be given to applications meeting the following criteria. Each criteria met will be considered for preference in prioritizing applications for award consideration.

1. Businesses with 250 employees or less.
2. Businesses in manufacturing, healthcare (patient care) service industries, or in advanced manufacturing, life sciences, technology, homeland security and/or defense and alternative energy.
3. Businesses that have not received an Incumbent Worker Program (formerly known as Employee Enhancement Program) or Economic Development Job Training (EDJT) grant since January 2007.

C. Preference for Training

1. Applications must clearly articulate how the proposed training represents a layoff avoidance strategy.

Preference for training for employees will be given to applications that also meet one or more of the following criteria:

2. Training that is provided through local community colleges (Kalamazoo Valley Community College (KVCC), M-TEC at KVCC, and Glen Oaks Community College).
3. Applications that proposes training is “off-the-shelf” (i.e., already developed). *NOTE: Any training not meeting the definition of off-the shelf is considered “customized training” and requires an employer to provide a non-refundable, up-front cash contribution of not less than 50% of the cost of training.*
4. Applications that clearly articulate that the proposed training represents a significant upgrade in employee skills and demonstrate how these skills will specifically make the business more competitive.
5. Training provided by employees of the business receiving an IWP grant are not eligible to be included in the IWP grant as a training provider.

II. TRAINING PROCESS AND PARAMETERS

- A. Proposed training will be paid directly to the training institution. This program will not reimburse the employer for any expenses that the employer incurs for training specified in any agreement awarded as a result of this application process.
- B. To the fullest extent possible, entities identified to provide any portion of the proposed training should be publicly funded entities (i.e., community colleges, colleges, universities, etc.)
- C. Proposed training is limited to a maximum of \$20,000 per company with a maximum of \$3,500 of training per employee.
- D. Employers will be expected to begin training and incur expenses within three (3) months of the award. The Michigan Works Agency reserves the right to reduce training funds for employers who do not begin training within three (3) months of the award.
- E. **All training must be completed by April 30, 2010.** All training expenses and referenced documentation must be submitted by May 15, 2010.
- F. Training may be conducted at the business's own facility, at the training provider's facility or at a combination of sites.

III. TRAINING DESIGN

Incumbent Worker training must be used as part of an overall layoff aversion strategy:

- A. Incumbent worker training designed to avert layoffs;
- B. Job-specific retraining or skills upgrading related to layoff aversion;
- C. New organization strategies designed to avert layoffs; or
- D. Diversification into new industry, green jobs related or emerging field technology.

IV. TRAINEE SELECTION AND EMPLOYER REQUIREMENTS:

- A. Businesses must identify employees who will receive training (by name and job title).
- B. Businesses will describe the process through which the selection of employees and selection of training courses were made.
- C. Business must provide participant specific data information as requested (i.e. hourly wage data, outcome data, etc.) in order to meet state policy requirements and evaluate the impact of the program.
- D. Business must complete an Employer Satisfaction Survey within 60 days of the completion of the training program (Attachment A).

V. APPLICATION REVIEW PROCESS

Applications will be reviewed using the following criteria.

- A. Management Capabilities (40 points)
The application clearly articulated the company's layoff aversion strategy and how the planned training fits into this strategy.

- B. Programmatic Capabilities (40 points)
Comprehensiveness and soundness of the training plan; reasonableness of completing training in the required timeframe.
- C. Budget Plan (15 points)
- D. Overall (5 points)
Assessment of overall proposal taking into consideration quality of responses in the aggregate relative to completeness, consistency, reasonableness for the training proposed, and cost.

The points assigned above are intended solely to convey the relative importance of each selection criterion. While a lack of concise and/or incomplete information may prevent the completion of a complete evaluation, there is no numerical score assigned during evaluation that guarantees funding.

Applications with merit, but not funded in the first grant review tier, may be considered as additional funds become available at the discretion of the Michigan Works Agency.

VI. GRANT AWARDS PROCESS

- A. Businesses whose applications are approved for an award will enter into an agreement with the Kalamazoo/St. Joseph County Michigan Works Agency, which commits the business to complete the training project as proposed in their application.
- B. Training under this grant cannot begin until a signed employer agreement is on file with the Kalamazoo-St. Joseph Michigan Works Agency.
- C. Grant funds will only cover the cost of training (tuition, fees, required books, materials and/or supplies) as required by the training provider. The employer will be responsible for all other expenses.
- D. Employers will be expected to begin training within three (3) months of the award. The Michigan Works Agency reserves the right to reduce training funds of employers who do not begin training within three (3) months of the award.

VII. EMPLOYER RESPONSIBILITIES

If an application is approved for implementation, the employer shall agree to the following assurances:

- A. Employer agrees to provide the following information regarding employees upon start of the training program:
 - 1. Number of program participants
 - 2. Name of employee
 - 3. Hourly wage of individual participants
 - 4. Type of Training
 - 5. Occupational Skills Training Code (ONET)
 - 6. Training Provider, Training Program, and Training Location
 - 7. Training Start Date

Upon completion of the training program:

- 8. Number of program participants who completed training
- 9. Number of program participants who received a credential or certificate
- 10. Participant's hourly wage at time of exit and receipt of a credential or certificate, if achieved
- 11. Participants must complete a customer satisfaction survey

Six months after completion of the training program:

12. Participant employment status information

13. If participant is employed, provide hourly wage

- B. Employer agrees to place future job orders on the Michigan Talent Bank and accept referrals from the Michigan Works programs.
- C. Employer agrees to complete the Employer Satisfaction Survey (Attachment A) within 60 days after training completion.

VIII. APPLICATION INSTRUCTIONS

- A. The employer is required to complete the “Incumbent Worker Program (IWP) Grant Application for 2009/2010.”
- B. Any information or documentation that cannot be supplied in the provided space should be provided as an attachment to application.
- C. Applications must be signed and submitted no later than 4:00 p.m. September 25, 2009 to:

Kalamazoo-St. Joseph County Michigan Works Agency
Attention: Suprotik Stotz-Ghosh
222 South Westnedge Avenue, Kalamazoo, MI 49007

If you have any questions or need assistance in completing the application, please contact Suprotik Stotz-Ghosh, at (269) 349-1533 or email: Stotz-Ghosh@upjohninstitute.org.

2009-2010

Incumbent Worker Program Grant Application

The following information is to be completed by applicant businesses. This application is presented in a Microsoft Word format. Information being requested may be entered directly in this form, and submitted both in hard copy form and electronically (Word document) to the Kalamazoo-St. Joseph Michigan Works Agency in Section 5 of the application. The electronic version of the application is found on the Michigan Works web site: www.upjohninstitute.org/miworks (See Documents - Requests for Proposals)

Section 1: Company Information

Company Name: _____

Business Location: _____
Street Address

City _____ State _____ ZIP Code _____

Mailing Address: _____
(If different) Mailing Address

City _____ State _____ ZIP Code _____

Contact Person: _____ Title: _____

Phone: () _____ Fax: () _____

E-mail Address: _____ Website: _____

Business SIC Code: _____ NAICS Code: _____
(If Known) (If Known)

Briefly describe your business, product(s), and or/ services: _____

Years in Business: _____ Amount of this grant request: _____

Number of regular, full-time employees at this location: _____ Number of Regular, full-time Employees to be trained: _____

If selected, employers will be expected to begin training within three (3) months of the award. The Michigan Works Agency reserves the right to reduce training funds of employers who do not begin training within three (3) months of the award.

Is your company currently registered on the Michigan Talent Bank? YES NO If yes, is your company currently placing job orders on the Michigan Talent Bank? YES NO

What percentage of the current fiscal budget is planned for employee training? _____ Fiscal year from: _____ to: _____

Is your company currently receiving or applying for other public training funds? YES NO If yes, from what sources? _____

Has your company received any federal or state training grants for the training of incumbent workers since January 1, 2006 (e.g. Economic Development Job Training Grants (EDJT), Incumbent Worker Program previously referred to as Employee Enhancement Program Training, etc.)? YES NO

	A.	B.	C.
If yes, identify source(s) and amount(s):	Source	Source	Source
	Amount (\$)	Amount (\$)	Amount (\$)

2009-2010

Incumbent Worker Program Grant Application

Section 2: Training and Employee Selection

Insert your response in the space provided under each question (the space will expand with your response). The responses provided below must be consistent with the requirements and specifications stated in the Application Instructions.

1. Describe your company's layoff aversion strategy. Explain how this training fits in your company's strategy.
2. Describe specific skill gaps your company is experiencing with your current workforce, how this is impacting your company's competitiveness, and which of these gaps are anticipated to be addressed through the training selected. (It is not necessary that all of the skill gaps be addressed through the Incumbent Worker Program.)
3. Describe the process (including criteria) used for the identification and selection of training as described in the Training Plan. Include the degree of skill enhancement that will result from employees completing this training.
4. Describe the process for the selection of training providers. Where a private-for profit entity is identified to perform any of the proposed training over a publicly funded institution (e.g., community college, college or university, etc.) describe the rationale for your recommendation.
5. Describe the process (including criteria) used for the selection of employees who are recommended to participate in the respective area(s) of training identified in the Training Plan. For employees completing training, identify any realistic opportunities they may have for promotion and or wage/salary enhancements resulting from the training received.

2009-2010

Incumbent Worker Program Grant Application

Section 3: Training Courses and Provider Information

Using the form below, provide a summary of the training requested to be supported through the Incumbent Worker Program. Add additional pages as needed. Note: You may need to consult with the recommended training provider in order to obtain some of the requested information.

Course Name		Training Institution	
Training Location		ONET Code	
Instructor Name		Instructor Phone	
Training Start & End Dates		Instructor E-mail	
Number of Training Hours		Number of Employees to be Trained	
Total Cost per Person*		Total Cost	

Course Name		Training Institution	
Training Location		ONET Code	
Instructor Name		Instructor Phone	
Training Start & End Dates		Instructor E-mail	
Number of Training Hours		Number of Employees to be Trained	
Total Cost per Person*		Total Cost	

Course Name		Training Institution	
Training Location		ONET Code	
Instructor Name		Instructor Phone	
Training Start & End Dates		Instructor E-mail	
Number of Training Hours		Number of Employees to be Trained	
Total Cost per Person*		Total Cost	

Course Name		Training Institution	
Training Location		ONET Code	
Instructor Name		Instructor Phone	
Training Start & End Dates		Instructor E-mail	
Number of Training Hours		Number of Employees to be Trained	
Total Cost per Person*		Total Cost	

* Total cost per person includes all costs required for each training course including tuition, fees, supplies, materials, etc.

**2009-2010
Incumbent Worker Program Grant Application**

Section 3: Training Courses and Provider Information (Continued)

Using the form below, provide a summary of the training requested to be supported through the Incumbent Worker Program. Add additional pages as needed. Note: You may need to consult with the recommended training provider in order to obtain some of the requested information.

Course Name		Training Institution	
Training Location		ONET Code	
Instructor Name		Instructor Phone	
Training Start & End Dates		Instructor E-mail	
Number of Training Hours		Number of Employees to be Trained	
Total Cost per Person*		Total Cost	

Course Name		Training Institution	
Training Location		ONET Code	
Instructor Name		Instructor Phone	
Training Start & End Dates		Instructor E-mail	
Number of Training Hours		Number of Employees to be Trained	
Total Cost per Person*		Total Cost	

Course Name		Training Institution	
Training Location		ONET Code	
Instructor Name		Instructor Phone	
Training Start & End Dates		Instructor E-mail	
Number of Training Hours		Number of Employees to be Trained	
Total Cost per Person*		Total Cost	

Course Name		Training Institution	
Training Location		ONET Code	
Instructor Name		Instructor Phone	
Training Start & End Dates		Instructor E-mail	
Number of Training Hours		Number of Employees to be Trained	
Total Cost per Person*		Total Cost	

* Total cost per person includes all costs required for each training course including tuition, fees, supplies, materials, etc.

2009-2010

Incumbent Worker Program Grant Application

Section 4: Training Program Budget

Note: Training funds cannot be used to reimburse any training costs incurred before the grant is approved. Please take this into account when developing your budget and timeline.

Budget Category	IWP Assistance Requested	Employer Contribution (if applicable)	Total
Training Costs			
Tuition			
Course fees			
Materials			
Tuition			
Supplies			
Curriculum Development	n/a		
Training Equipment Purchase	n/a		
Other Costs (describe)	n/a		
Travel, Food, Lodging	n/a		
Trainee Wages	n/a		
Totals			

2009-2010

Incumbent Worker Program Grant Application

Section 5: Certification by Authorized Company Representative

(NOTE: The individual signing the application below must have authority to enter into contracts on behalf of the applying company.)

The undersigned certifies that to the best of my knowledge and belief the data presented in this application is complete, accurate and current at the time this proposal is being submitted for consideration.

The Employer(s) certify the following:

- That the training is necessary because the employer(s) are experiencing a decline; have the potential to undergo layoffs, or are experiencing a skills gap that impacts their ability to compete.
- To post job orders and register open positions to the Michigan Talent Bank.

I further certify that this agency will comply with the provisions stated and/or referenced in the Application Guidelines and Instructions and that a non-responsive application, as determined by the Kalamazoo-St. Joseph Workforce Development Board and/or Kalamazoo St. Joseph Michigan Works Agency, may not be reviewed for consideration.

Signature _____ Title _____

Print/Type Name: _____ Date _____

Applications must be signed and submitted no later than 4:00 p.m. September 25, 2009 to:

Kalamazoo-St. Joseph County Michigan Works Agency
Attention: Suprotik Stotz-Ghosh
222 South Westnedge Avenue, Kalamazoo, MI 49007
E-mail: Stotz-Ghosh@upjohninstitute.org.