



## Workforce Development Training Fund Pre-Hire Economic Development Grants Application Cover Page

<b>For Office Use Only</b>	
Application #:	Date Received:

### Application Information

<b><sup>1</sup>Project Title:</b>	
<b><sup>2</sup>Total Cost of Project:</b>	
<b><sup>3</sup>Training Occupations:</b>	
<b><sup>4</sup>Dates of Training:</b>	
<b><sup>5</sup>Cost per Trainee:</b>	
<b><sup>6</sup>Number of Trainees:</b>	

### Training Provider Information

<b><sup>1</sup>Legal Business Name:</b>			
<b><sup>2</sup>Street Address:</b>			
<b><sup>3</sup>Mailing Address:</b>			
	City:	State:	Zip:
<b><sup>4</sup>Telephone:</b>	Fax:	<b><sup>5</sup>Website:</b>	
<b><sup>6</sup>Contact Name:</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		
<b>Job Title:</b>			<b>email Address:</b>
<b><sup>7</sup>Wyoming UI No.:</b>	<b><sup>8</sup>FEIN:</b>	<b><sup>9</sup>Workers' Comp No.:</b>	
<b><sup>10</sup>Has the training provider applied, or does the training provider intend to apply for any other funding for this project from any other state or federal entity?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b><sup>11</sup>If the answer to No. 10 is yes, please provide the state or federal entity name.</b>	

### Business Information

<b><sup>1</sup>Legal Business Name:</b>			
<b><sup>2</sup>Street Address:</b>			
<b><sup>3</sup>Mailing Address:</b>			
	City:	State:	Zip:
<b><sup>4</sup>Telephone:</b>	Fax:	<b><sup>5</sup>Website:</b>	
<b><sup>6</sup>Contact Name:</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		
<b>Job Title:</b>			<b>email Address:</b>
<b><sup>7</sup>Wyoming UI No.:</b>	<b><sup>8</sup>FEIN:</b>	<b><sup>9</sup>Workers' Comp No.:</b>	

## Signatures

1. Training Provider Representative. The person signing this application as the “Training Provider Representative” certifies that he/she is authorized to represent the training provider and is legally responsible for the decision as to the price and supporting documentation provided as a result of this application.

Training Provider Representative		Date
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2. Business Representative. The person signing this application as the “Business Representative” certifies that he/she agrees to the contents of the application, the design of the training program and the trainee recruitment and selection process. The business further agrees to interview and consider hiring trainees of the program.

Business Representative Title/Business Name:		Date
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3. DWS Workforce Center Representative. The person signing this application as the “DWS Workforce Center Representative” certifies that he/she agrees there is a shortage of skilled workers and a need to train workers for the business(es) cited in this application. The DWS Workforce Center agrees to the contents of the application, the design of the training program and the trainee recruitment and selection process.

DWS Workforce Center Representative		Date
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4. Local Economic Development Provider Representative. The person signing this application as the “Local Economic Development Provider” certifies that the proposed training is in line with the economic development plan for the community and shall have a positive impact on the community. The economic development entity representative further agrees to the contents of the application, the design of the training program and the trainee recruitment and selection process.

Local Economic Development Entity Representative Title/Entity:		Date
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## Part 4 – Budget Worksheet

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The following Budget Worksheet must be completed and submitted with the application.

**Department of Workforce Services  
Workforce Development Training Fund  
Pre-Hire Economic Development Grants  
Budget Worksheet**

Budget Category		Total
1	Tuition / Registration	
2	Class Fees & Training Materials	
3	Travel (Transportation, lodging and meals directly related to the training)	
4	Instructor Wages	
5	Fringe Benefits ( _____ %)	
6	Fees for Licenses or Certifications	
7	Administration (Not to exceed 5% of the direct training cost)	
8	Human Resources Screening Services	
9	Drug and Aptitude Screening	
10	Curriculum Development	
11	Recruiting and Marketing Costs	
12	Less Other Funding (From another Agency or Department)	-
<b>13</b>	<b>Total Direct Training Program Costs, Administration and Profit</b>	

**NOTE:** Provide a separate budget summary for each occupation.

## Part 5 – Application Checklist

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The following is provided as a tool to help ensure completeness of the application.

- The applicant has read the information and rules about the Pre-Hire Economic Development Grant program that is posted on the DWS website.
- The applicant understands that the Pre-Hire Economic Development Grant is paid to the training provider on a cost reimbursement basis.
- The applicant agrees to the administrative cost limit of five percent (5%) and the reporting requirements delineated in Section 7 of the application instructions.
- The signature page on the application is signed as an original document and forwarded to the Department of Workforce Services within five (5) days of the submission of the application.

Submit the application in the following order:

- Part 1 – Application Cover Page
- Part 2 – Application Narrative (ten pages or less)
- Part 3 – Budget Narrative
- Part 4 – Budget Worksheet



## Application Instructions

# Workforce Development Training Fund Pre-Hire Economic Development Grants Application Cover Page

### General Instructions

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Pre-Hire Economic Development Grants are available through the Department of Workforce Services (DWS) to develop an industry-specific workforce for a business, businesses, or industry (hereafter called “business”) where there is a shortage of skilled workers. Applications shall be prepared by an eligible training provider in partnership with the business in need of trained workers, the local DWS Workforce Center and the local economic development entity. Applications that do not demonstrate a strong partnership shall be considered non-responsive to the requirements of this application and shall not be considered for funding.

Applicants should be thoroughly familiar with the rules that govern this program. These rules, *Department of Workforce Services, Business Training and Outreach Division, Chapter 2, Workforce Development Training Fund, Pre-Hire Economic Development Grants*, can be found on the DWS website at [wyomingworkforce.org/wdtf](http://wyomingworkforce.org/wdtf).

The application in its entirety will be uploaded electronically, in Microsoft Word format to <https://wyomingworkforce.org/phupload/>. The application shall include the cover page, signature page(s), narrative, budget worksheet and narrative, and all attachments and/or support letters. Any scanned documents shall be uploaded in .pdf or .jpg format. In addition to the scanned copy forwarded with the application, original signed documents will be forwarded through mail, overnight delivery, or in person. DWS will not scan application documents. Applications which cannot be uploaded by the training entity in its entirety shall be returned without action.

A separate application must be submitted for each project.

The text of the application and budget narratives shall be typed with a standard font size of 12, double-spaced, on one side of a standard 8.5 x 11 inch white page. Margins must be 1 inch on all sides. Number all narrative pages and properly **label attachments**. The application narrative must use the section headings found in Part 2 below. The application and budget narratives, combined, may be up to ten pages in length. The Application Cover Page, Budget Worksheet, and supporting documentation are not counted toward the page limit.

The Department of Workforce Services shall screen applications for compliance with the program rules and the requirements of the application process. Any application that does not meet the program requirements or does not follow the provided application format shall be considered nonresponsive to the requirements of this application and shall not be considered for funding.

The following Wyoming-based training entities are eligible to apply:

- Industry associations
- Trade unions

- Private training entities
- Community Colleges
- University of Wyoming

No funds shall be disbursed to any entities prior to signing a contract. Grant funds shall be paid directly to the training provider. Training programs shall be operated on a cost reimbursement basis with the training provider billing DWS once per month.

No government entities, except Wyoming county hospitals, are eligible to participate in Pre-Hire Economic Development Grants.

The business shall be involved in the grant application process, design of the training program, and the trainee selection process. The business shall agree to interview and strongly consider hiring trainees of the program. The applicant shall directly link the number of trainees on the application to the number of workers required by the business partner(s). This number shall be documented by letter(s) from the business partner(s) stating their worker shortages and agreement to interview and strongly consider hiring graduates of the program.

The training entity, DWS Workforce Center, economic development entity and business may be required to make a presentation supporting their application.

## **Part 1 – Application Cover Page**

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The Application Cover Page (Page 1 of this document) must be completed and submitted as the first page of the application. The application with original signatures and any letters of support with original signatures must also be mailed or delivered to DWS within five working days of the date the application is uploaded to <https://wyomingworkforce.org/phupload>. Applications may not be faxed. Please submit these documents to:

Department of Workforce Services  
 Workforce Development Training Funds  
 Pre-Hire Training Grants Applications  
 122 West 25<sup>th</sup> Street, Herschler Building, 2E  
 Cheyenne, WY 82002

## **Application Information**

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1. Project Title – the official title of the proposed project.
2. Total Cost of Project – the complete and total cost of the project.
3. Training Occupations – a list of the occupations for which training shall be provided.
4. Dates of Training – the dates the training will be conducted.
5. Cost per Trainee – the total cost of the program divided by the number of trainees.
6. Number of Trainees – please provide the number of trainees projected to attend.

## **Training Provider Information**

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1. Legal Name of Training Provider—the official name used for tax reporting and contracts.
2. Street Address—physical location of the training provider.
3. Mailing Address—complete if different from physical location.
4. Telephone and Fax—primary telephone and fax numbers for the training provider contact person.

Workforce Development Training Fund (WDTF) - Business Training Grants - Pre-Hire Economic Development Grants  
 Department of Workforce Services

5. Website—if applicable, provide the training entity’s website address.
6. Contact Name—person to contact to answer questions regarding the application or grant follow-up. Please provide name, title, and email address.
7. Wyoming Unemployment Insurance Number—the account number under which the training entity files Unemployment Insurance. If the training provider has no Unemployment Insurance account, provide a letter explaining why the training provider is not required to register or pay Unemployment Insurance.
8. FEIN—the training provider’s Federal Employer Identification Number.
9. Workers’ Compensation Number—the number under which the training provider files Workers’ Compensation. If the training provider has no Workers’ Compensation account, provide a letter explaining why the training provider is not required to register or pay Workers’ Compensation.
10. Indicate if the business or training entity has applied or intends to apply for any other funding for this project from any other state or federal entity.
11. Insert the state or federal name from which the additional funding has been requested.

## **Business Information**

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**If more than one business will be involved in preparing the application or utilizing trainees training with funding from the grant, include the following information for each business:**

1. Legal Business Name—the official name used for tax reporting and contracts.
2. Street Address—physical location of the business.
3. Mailing Address—complete if different from physical location.
4. Telephone and Fax—primary telephone and fax numbers for the business or for the contact person.
5. Website—if applicable, provide the business’s website address.
6. Contact Name—person to contact to answer questions regarding the application or grant follow-up. Please provide name, title, and email address.
7. Wyoming Unemployment Insurance Number—the account number under which the business files Unemployment Insurance. If the business has no Unemployment Insurance account, provide a letter explaining why the business is not required to register or pay Unemployment Insurance.
8. FEIN—the training provider’s Federal Employer Identification Number.
9. Workers’ Compensation Number—the number under which the business files Workers’ Compensation. If the business has no Workers’ Compensation account, provide a letter explaining why the business is not required to register or pay Workers’ Compensation.

## **Signatures**

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The Application Cover Page (located on page 1 of this document) must be uploaded with the application as the first page. The original bearing original signatures of the cover page and any letters of support must be mailed or delivered to DWS within five working days of the date the application was uploaded. Additional signature lines may be added to the form, as needed, to include all partnerships to this application.

Training providers and/or businesses which are operating on a statewide basis should contact the Program Manager at 307-777-8650 to coordinate representation for businesses, DWS Workforce Centers, and local economic development entities which will best serve this special partnering need.

## **Part 2 - Application Narrative**

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### **Section 1 Project Summary**

The Project Summary shall briefly summarize the project. The summary should provide the evaluators with an overview of the project, including the goals of the proposed project, the planned activities, target occupations, expected outcomes and the proposed impact of the project. The Project Summary may not exceed one page in length and the Project Summary does count in the ten page narrative limit.

### **Section 2 Training Eligibility Requirements**

Describe how the training shall meet the following training eligibility requirements:

- (a) Provide trained workers for a new or expanding business in Wyoming;
- (b) Provide trainees, upon completion, with:
  - A license or certificate;
  - Skills required for employment; and/or
  - Skills to receive an increase in wages.
- (c) Operate in conjunction with the local or regional economic development needs;
- (d) Show a net increase in the number of trained workers, based on business need;
- (e) Be provided in the length of time appropriate to business need;
- (f) Assure there is a probability of success for trainees to earn the projected wage for the occupation/industry in the county or state if the training is a statewide program; and
- (g) Train no more than the greater of ten percent (10%) or two (2) more trainees than the number of workers required by the business.

### **Section 3 Worker Shortage**

Provide information about the business's need for the business and documentation demonstrating a shortage of skilled workers. Attach letters from business partners as required in Section 15.

### **Section 4 Worker Skill Requirements**

Provide information about the specific skills required by the business and a training plan describing how the training shall meet the skill development need. Include the following documentation:

- A detailed listing of skills identified by the business as critical for the occupation, and
- A comprehensive training plan that demonstrates how the trainees shall acquire these skills.



## **Section 5 Training Provider Ability to Provide Services**

Demonstrate the following:

- The training provider's ability to provide the training. Include the instructor-to-student ratio for the training;
- The qualifications of the instructors and support staff involved with the training; and
- If the training is sub-contracted to another training entity, provide this information for each training entity.

## **Section 6 Ability to Assess Outcomes of Training**

Provide a written plan about the training provider's ability to provide an appropriate assessment of the outcomes of the training. The plan shall include but not be limited to:

- A schedule for meetings with the business at regular intervals to determine if the training continues to meet the needs of the business;
- Methods to be used to monitor the skill competency levels of the participants;
- A plan for capturing Student feedback.

## **Section 7 Reporting Requirements**

Provide confirmation that the training provider agrees to submit the following required reports:

- (a) A monthly trainee report  
([http://wyomingworkforce.org/Documents/wdtf\\_PreHire\\_TraineeReport.xls](http://wyomingworkforce.org/Documents/wdtf_PreHire_TraineeReport.xls))

- The number of trainees served;
- Trainee identifying information;
- The dates that services began and ended for each trainee; and
- Post-training employment information.

This report shall be provided by the Workforce Development Training Fund.

- (b) An original invoice for costs incurred on the 20<sup>th</sup> of each month. The standardized invoice is located at [http://wyomingworkforce.org/Documents/wdtf\\_PreHire\\_Invoice.xls](http://wyomingworkforce.org/Documents/wdtf_PreHire_Invoice.xls).
- (c) A final report comprehensively detailing the results of the training within 100 days of the conclusion of training. The report shall document and summarize all meetings with the business.

## **Section 8 Recruitment Plan**

Provide a trainee recruitment plan that demonstrates coordination between the local DWS Workforce Center and the business.

## **Section 9 Trainee Selection Process**

Detail the trainee screening and selection process including how the business shall be involved. Explain the number of trainees to be trained and the expected wage of trainees upon completion of training. The screening and selection plan shall ensure:

- The trainee meets the eligibility requirements of the business;
- The trainee meets the initial skills requirements of the business. This must be demonstrated through the use of the Career Readiness Certificate program;
- The trainee resides in Wyoming or has a letter of commitment to interview upon completion of training from the Wyoming business at the start of the training; and
- Appropriate industry specific drug, aptitude and industry-specific human resource screening occurs.

### **Section 10 Post-Training Job Placement Process**

Describe the post-training job placement process that coordinates with the business and DWS Workforce Center. Include the following:

- Assurance that the business shall agree to interview and strongly consider hiring trainees of the program. Include a letter from each business stating their worker shortages relative to the training program's occupation and their intent to interview and strongly consider hiring graduates of the program; and
- The strategies that will be used to place trainees who are not hired by the business.

### **Section 11 Partnerships**

Detail information about any partnerships that support the project or other resource enhancements or contributions to the project. Include information addressing established relationships with other government agencies, private businesses, or other entities that will assist in the completion of the project.

If any other funding has been requested in connection with this project, or will be applied for at any time during the project, please describe in detail from which entity the grant or funding was requested, the date of the application or request for the grant or funding and if the grant or funding has been approved, denied or is pending as of the date of your application for a Pre-Hire Economic Development Grant. Also describe in detail how the additional funds will be applied to the cost of training.

Both the training entity and the employer are required to be properly registered for Wyoming Unemployment Insurance and Workers' Compensation with the Department of Employment. If not already registered, please complete the joint registration form which can be accessed at: <https://doe.state.wy.us/wyereg/>

### **Section 12 Impact on Community**

In conjunction with the local economic development entity, describe in detail how the project will benefit the local area.

### **Section 13 Performance Standards**

Provide assurances that the project will meet the required performance standards that eighty percent (80%) of the trainees who complete the training shall enter employment in Wyoming

within ninety (90) days after completion of the training program within the industry/occupation in which they were trained.

## **Section 14 Contract and Payment**

Document consent to the following requirements:

- The **business and the training provider** will comply with all Federal and State regulations, policies, guidelines, and requirements which pertain to this project.
- DWS shall enter into a contract with the approved training provider. No payment shall be made for services performed before the date upon which the last required signature is affixed to the contract.
- No application will be considered which modifies, in any manner, any of the provisions, specifications or minimum requirements set forth in this document.
- Training programs must be operated on a cost reimbursement basis with the training provider billing the Workforce Development Training Fund on the 20<sup>th</sup> of each month.

## **Section 15 Attachments and Other Documentation**

Include letters of support from the business(es) that will be interviewing and hiring the trainees. Each letter will include the number of trainees which the business needs to hire as a result of the training program.

Include any other documentation that supports any section of the narrative or better explains information provided in the application.

## **Part 3 - Budget Narrative**

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The training entity shall provide a comprehensive budget narrative that addresses the costs of the proposal. The budget narrative shall outline and define the costs chargeable to the program.

The following training expenses may be allowed, if supported by the application and are not covered by the trainee or another source. If the cost is covered by the trainee or another source the amount and source of the funds shall be clearly disclosed.

- Direct training costs to include tuition, registration, class fees and class materials directly related to the training.
- Travel expenses to include transportation, lodging and meals directly related to the training.
- Instructor wages and fringe benefits.
- Fees for licenses and certifications that may be obtained during the training.
- Administration not to exceed five percent (5%) of the direct training costs.
- Human resource screening services based on needs of the business.
- Drug and aptitude screening to ensure the trainees will meet the basic qualifications of the business.
- Curriculum development if a curriculum does not exist that fits the needs of the business.
- The costs associated with recruitment and marketing the project.

Purchased, leased, or rented equipment shall not be an allowable expense.

**The training entity must provide computations for all costs.**