

# STATE OF WEST VIRGINIA / Region VI Workforce Investment Board WORKFORCE DEVELOPMENT TRAINING GRANT APPLICATION

## INSTRUCTIONS

- To avoid delays in processing your application and approving possible award, please complete the attached application as accurately and in as much detail as possible. Be sure to provide additional pages as necessary (i.e.: description and brief history of your firm, **back-up documentation** to your proposal, etc.).
- **Please complete the Authorization to Release Information Form (last two pages of application packet) and submit it as soon as possible** if you anticipate submitting an application for consideration. Send this document to the Region VI Workforce Investment Board office prior to completing the application package, as the state's tax authorities typically require 1 - 2 weeks to complete the verification. **Please note that this form must be signed and notarized**. Outstanding tax issues must be resolved before reimbursement from any grant award can be made. Submit the Authorization to Release Information to the address listed at the bottom of this page.
- You may submit a request for customized training at any time. Applications will be formally reviewed as they are received. However, as the evaluation process is quite comprehensive, you should submit the application to the Region VI Workforce Investment Board **at least** 30 days prior to your proposed starting date. **Our office is prohibited from reimbursing training expenses which occur prior to official approval of your award and only pre-approved training expenses will be reimbursed.**
- For your convenience, the application is also available electronically by request via e-mail in Microsoft Word for Windows.
- If you have any questions about the application, or about various job-training programs, please contact the Region VI Workforce Investment Board at the information provided below.
- Please submit completed application to:

Region VI Workforce Investment Board  
Attention: Amy Hall  
107-109 Adams Street  
Suite 140  
Fairmont, WV 26554

Phone: 304-368-9530

Fax: 304-368-9532

Website: [www.regionviwv.org](http://www.regionviwv.org)

Email – Amy Hall: [wib6pd2@wvnet.edu](mailto:wib6pd2@wvnet.edu) or

Michelle Markovich: [wib6pd@wvnet.edu](mailto:wib6pd@wvnet.edu)

## WORKFORCE DEVELOPMENT TRAINING GRANT APPLICATION

### Company Name

(Official name on file with WV Department of Tax and Revenue)

WV Address \_\_\_\_\_  
 \_\_\_\_\_  
 County \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 URL \_\_\_\_\_

Parent Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 URL \_\_\_\_\_

### Please check one for your WV facility:

- Construction                       Retail Trade  
 Manufacturing                       Wholesale Trade  
 Transportation/Distribution       Technology  
 Finance, Insurance, Real Estate    Other Services  
 Other (Please specify) \_\_\_\_\_

SIC Code \_\_\_\_\_  
 Main Product \_\_\_\_\_  
 Years of Operation in West Virginia: \_\_\_\_\_  
 Is Your Business:  
 Veteran-Owned \_\_\_\_\_ Woman-Owned \_\_\_\_\_ Minority-Owned \_\_\_\_\_

### Number of employees at your WV facility:

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_  
 New net jobs created during the last 6 months: \_\_\_\_\_  
 New net jobs to be created in the next 12 months: \_\_\_\_\_  
 Individuals to receive training: New \_\_\_\_\_ Existing \_\_\_\_\_

Wage Information	Salary	Hourly
Average wage of all employees:	\$ _____	\$ _____
Training results in wage increase?	Yes _____	No _____
If yes, wage before training	\$ _____	\$ _____
Average value of health insurance	\$ _____	\$ _____

### Capital Investment during the past 12 Months:

Machinery & Equipment \$ \_\_\_\_\_  
 Land & Buildings \$ \_\_\_\_\_

### Capital Investment during the next 12 months:

Machinery & Equipment \$ \_\_\_\_\_  
 Land & Buildings \$ \_\_\_\_\_

**Company Name**

**Training Information Summary<sup>1</sup>**

Course Title(s)	Training Provider	Start Date	# of Trainees	# of Hours	Trainee Wages <sup>2</sup>	Lost Revenues <sup>3</sup>	Trainer's Costs <sup>4</sup>
<b>Totals</b>							

1. For each course, please attach a copy of a **detailed training outline**. You may use the attached page or attach the proposal provided by your training provider as long as an itemized budget is included as outlined on following page.
2. **Trainee Wages** are a reimbursable expense only under conditions set and verified by the local Workforce Investment Board.
3. Lost Revenues refers to those losses you will experience due to yourself or your firm's employees being absent from the workplace.
4. Cost of trainers, materials, portion of travel expenses, etc.

**Training Budget Summary**

	Employer Contribution	Assistance Requested
Instructor Fees/Tuition ( <i>including travel</i> )	\$ _____	\$ _____
Trainee Wages	\$ _____	\$ _____
Trainee Travel Expenses	\$ _____	\$ _____
Equipment Software/Hardware Purchases	\$ _____	\$ <b>0</b> _____
Lost Revenues	\$ _____	\$ <b>0</b> _____
<b>Totals</b>	\$ _____	\$ _____

**Proposed Outcomes**

**Targeted Industries** (as identified by WDO)

____ Will save jobs in our company	____ Biotechnology	____ Business Services
____ Will immediately improve the wage levels of trainees	____ Tourism	____ Information Technology
____ Will improve the long-term wage levels of trainees	____ Energy and Environmental Technology	
____ Will create openings in entry-level positions	____ Metal Working & Machinery	
____ Will address a documented skill shortage	____ Plastics, Composites, & Advanced Materials	
____ Other _____	____ Transportation Equipment (Motor Vehicles/Aerospace)	
____ Other _____	____ Value-Added Wood Products	
____ Other _____	____ Warehousing/Distribution	

**Economic Impact Information**

**Briefly describe how this training will improve the operations of your company, including expanding markets, hiring new employees, or building a permanent capacity for training:**

**History**

**Please attach a description and brief history of your firm. Include in the description an explanation of your primary markets, customers, products and services, as well as any parent company affiliations.**

Company Name

### Detailed Training Outline

*This section should be completed for each training course unless a proposal/quote from an external training provider is attached to the application. You may copy this page if multiple training projects are anticipated.*

Name of Training Course \_\_\_\_\_

Target Audience (Job Titles of Trainees) \_\_\_\_\_

Training Provider \_\_\_\_\_

Number Trained

New Employees \_\_\_\_\_

Existing Employees \_\_\_\_\_

### Detailed Description of the Training Course

### Itemized Budget Information

	Company Contribution	Funding Request
Instructor Fees/Tuition	\$ _____	\$ _____
Course Materials	\$ _____	\$ _____
Trainer's Travel Expenses	\$ _____	\$ _____
Trainee Wages (Hours x Trainees x Wage Rate)	\$ _____	\$ _____
Trainee Travel Expenses	\$ _____	\$ _____
Equipment Software/Hardware Purchases	\$ _____	\$ <b>0</b>
Lost Revenues	\$ _____	\$ <b>0</b>

- **Lost revenues** refers to losses you will experience due to yourself or your firm's employees being absent from the workplace during training.
- **For internal instructors**, the cost of trainer is calculated as: Instructors hourly wage X # of hours X # of sessions.
- Trainee wages are a reimbursable expense only under conditions set and approved by the local Workforce Investment Board

**Make duplicates of this page when planning multiple training projects.**

**Company Name**

**Training & Hiring Schedule**

Projected Training Schedule <i>(List by course title.)</i>	*Month and Year												
	1	2	3	4	5	6	7	8	9	10	11	12	Total

Projected Hiring Plan <i>(Total net new jobs listed by job title – if applicable.)</i>	*Month and Year												
	1	2	3	4	5	6	7	8	9	10	11	12	Total
Job title = Avg. hourly wage =													
Job title = Avg. hourly wage =													
Job title = Avg. hourly wage =													
Job title = Avg. hourly wage =													
Job title = Avg. hourly wage =													

**\*Please indicate month #1 and year \_\_\_\_\_, \_\_\_\_\_.**

(Month No. 1 should be calculated based on month application is to be submitted.)

To: **West Virginia State Tax Commissioner**

**Authorization to Release Information**

Name of taxpayer (Company name) \_\_\_\_\_ Date \_\_\_\_\_  
(same name on file with the WV Dept. of Tax & Revenue)

WV Address \_\_\_\_\_

City, Town, Post Office \_\_\_\_\_ State WV Zip Code \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

West Virginia I.D. No. or Social Security No. or FEIN \_\_\_\_\_

West Virginia Workers' Compensation Policy No. \_\_\_\_\_

Unemployment Compensation I.D. No. \_\_\_\_\_

The above named taxpayer does hereby waive the confidentiality provisions of West Virginia Code § 11-10-5d to the following extent:

**1. Persons to whom information may be released:**

Name: Jeanna Moore/Kim Donahue/Tiffany Ellis/Sonia Grigsby/Janet Taylor

Capacity: WVDO Workforce Development Staff

Address West Virginia Development Office, State Capitol Complex, Building. 6, Room 617, Charleston, WV 25305-0311

**2. Effective period of this waiver:**

\_\_\_\_\_ authorization terminates \_\_\_\_\_  
month day year

\_\_\_\_\_ until my liability for West Virginia taxes is liquidated.

(other; explain) For the duration of the contract with the WVDO Work Force Program.

**3. Taxes and/or credits to which this waiver applies:**

	<b>W. Va. Code Art.</b>		<b>W. Va. Code Art.</b>
_____ Beer Barrel Tax	11-16	_____ Gasoline & Special Fuel Excise Tax	11-14
_____ Business and Occupation Tax	11-13	_____ Inheritance Tax	11-11
_____ Business Franchise Tax	11-23	_____ Motor Carrier Road Tax	11-14A
_____ Business Investment and Jobs Expansion Credit (Super Credit)	11-13C	_____ Personal Income Tax	11-21
_____ Business Registration Tax	11-12	_____ Severance Tax	11-13A
_____ Cigarette Tax	11-17	_____ Soft Drink Tax	11-19
_____ Consumers Sales & Service Tax	11-15	_____ Telecommunications Tax	11-13B
_____ Corporate Net Income Tax	11-24	_____ Use Tax	11-15A
_____ Employers Withholding Tax	11-10	_____ Wine Liter Tax	60-8
_____ Estate Tax	11-11	<input checked="" type="checkbox"/> <b>All of the above applicable to the taxpayer</b>	

**4. Information to be released: (describe specifically)**

1. Status of all taxes responsible for
2. Primary and secondary SIC codes

**5. Reason(s) why information is to be released:**

To obtain customized training services from the West Virginia Development Office.

This waiver will be effective only to the extent explained above and any other release of information is not permitted without additional authorization. Additionally, information will be released only to the extent necessary to comply with this request for information, and will not be disclosed if the Tax Commissioner determines that such disclosure would seriously impair administration of this State's tax laws.

This waiver must be signed by the taxpayer. If this waiver is by a corporation, it must be signed by the president, vice president, treasurer, assistant treasurer, chief accounting officer or any other officer duly authorized so to act. In the case of a partnership, as defined for federal income tax purposes, this waiver shall be signed by a partner or any employee of the partnership duly authorized so to act. The fact that an individual's name is signed on the waiver shall be prima facie evidence that such individual is authorized to sign the waiver on behalf of the corporation or partnership.

**Company Name:** \_\_\_\_\_

By: \_\_\_\_\_

Signature

\_\_\_\_\_

Capacity

\_\_\_\_\_

Date

State of West Virginia,

County of \_\_\_\_\_, to-wit,

This day appeared before me, the undersigned notary public, \_\_\_\_\_ who acknowledges under oath the signature above.

\_\_\_\_\_

Notary Public

\_\_\_\_\_

Date

My commission expires \_\_\_\_\_