

Central Iowa Workforce Development Area (CIWDA)

Incumbent Worker Training (IWT) Application

Section 1: Employer Information

Legal Business Name: _____

DBA (if applicable): _____

Business Address: _____

City / State / ZIP: _____

Years in Business in Central Iowa: _____

FEIN: _____

NAICS Code: _____

Business Type:

Private For-Profit

Private Non-Profit

Public Sector

Unionized Workforce (Yes/No): _____

If yes, attach union concurrence letter

Section 2: Primary Contact Information

Applicant Contact Name: _____

Title: _____

Email: _____

Phone: _____

Section 3: Company Overview

Please provide a brief overview of your company, including your primary products/services, industry sector, number of employees company wide, number of employees at the training location, locations served, and a short description of your operations and workforce.

Section 4: Business Need & Training Justification

Please describe the business needs driving this request. Include:

- Current workforce challenges
- Skill gaps being addressed
- Layoff aversion or retention needs
- New technology/equipment/process implementation
- Advancement opportunities for employees
- Expected business outcomes
- How training supports competitiveness and long-term growth

Section 5: Impact & Outcomes

Competitiveness/Productivity Improvement:

Risk Without Training:

Expected Outcomes:

Section 6: Employee Impact

Employees in CIWDA (Resides in Boone, Dallas, Jasper, Madison, Marion, Polk, Story, Warren) : _____

Employees outside CIWDA (details): _____

Employees <6 months (number): _____

Expected # of Credentials to be earned: _____

Expected # of Promotions/Wage increases after training: _____

Expected # of Backfill positions: _____

Section 7: Training Information

Training Program Name: _____

Training Provider: _____

Training Location: _____

Start Date: _____

End Date: _____

Training Hours per Employee: _____

Delivery Method: In-Person Virtual Hybrid

What Credential will be earned: _____

Number of Employees to be trained: _____

Section 8: Apprenticeship-Specific Information (if applicable)

Apprenticeship Sponsor: _____

RAPIDS ID: _____

Occupation Title: _____

RTI Provider: _____

Number of Apprentices: _____

Apprenticeship Status: Existing Program New Program

Apprenticeship Type: Time-Based Competency-Based Hybrid

Apprenticeship Narrative:

Please describe:

- How the apprenticeship program supports employee advancement
- Whether participants are existing employees or newly promoted workers
- How the training aligns with career pathways
- How the employer will sustain the apprenticeship program after IWT support

Section 9: Employee Information

Employee Name	CurrentPosition	Hire Date	CurrentWage	Proposed Skill/Position Advancement	Apprentice (Y/N)

Section 10: Training Budget & Funding

Cost Category	Total Cost	Employer Match	IWT Funds
Skills Assessment/Testing			
Training Development			
Classroom Training			
Instructor Wages			
Materials/Fees			
Other Allowable Costs			

Total Project Cost: _____

Participant Wages: _____

Matching Funds Requested: _____

Section 11: Employer Match Certification

The employer understands and agrees to provide the required non-federal cost share in accordance with WIOA regulations.

Required Employer Match

- Employers with 50 or fewer employees: Minimum 10%
- Employers with 51–100 employees: Minimum 25%
- Employers with more than 100 employees: Minimum 50%

Eligible Employer Match May Include

- Employee wages paid during training
- Employer-paid tuition or fees
- Equipment/materials directly related to training
- In-kind contributions allowable under federal guidelines

Initials: _____

Section 12: Previous Training Funds

260E/260F Funding (Yes/No & Description):

Section 13: Employer Assurances

By signing below, the employer certifies that:

- Participating employees meet incumbent worker eligibility requirements.
- Training will increase participant skill levels and support retention and/or advancement.
- The business is not relocating in a manner prohibited by WIOA.
- No currently employed worker will be displaced.
- The employer is current on all taxes and not debarred from federal funding.
- The employer will maintain records necessary for monitoring and audit purposes.
- The employer will comply with all applicable nondiscrimination and equal opportunity requirements.
- The employer understands reimbursement is contingent upon satisfactory documentation.

Signature: _____

Name / Title: _____

Date: _____

Section 14: Optional Letter of Support

A letter of support or signature from a CIWDA CEO or CIWDB member is optional but strongly encouraged to support your application. This document should highlight the significance of the training initiative and how it aligns with workforce development goals.

Submit to Jordan Atterberry - jatterberry@nationalable.org

For Workforce Area Use Only

Application Received Date: _____

Reviewed By: _____

Approved: _____

Approval Date: _____

Funding Approved: _____

Notes: _____