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"Workforce Solutions for Employers and Job Seekers." | Marty Waters, Chair

OCTOBER 5, 2020

**TO:** Western Piedmont Workforce Development Area Eligible Businesses

**SUBJECT:** Upskill Western Piedmont (Employee Training Grant) Policy

**EFFECTIVE DATE:** Immediately

**EXPIRATION DATE:** Indefinite

**CONTACT:** Workforce Development Lead Business Services Representative

*Wendy Johnson*

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Wendy Johnson  
Workforce Development Director

*Serving Alexander, Burke, Caldwell and Catawba Counties*

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The Western Piedmont Workforce Development Board does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

## **UPSKILL WESTERN PIEDMONT (EMPLOYEE TRAINING GRANT) POLICY**

**PURPOSE:** To provide Workforce Innovation and Opportunity Act (WIOA) guidelines, according to WIOA Section 134(d)(4), to Workforce Development Boards (WDBs) choosing to use up to 20 percent of the combined Adult and Dislocated Worker allocated formula program funds to serve employees' trainings. To rescind WPWDA Upskill Western Piedmont (Employee Training Grant) Policy dated June 1, 2020.

**BACKGROUND:** **Incumbent Worker Training** (herein referred to as employee training) is designed to meet the special requirement of an employer (including a group of employers) to retain a skilled workforce or avert the need to lay off employees by assisting the workers in obtaining the skills necessary to retain employment. The employee training should increase the competitiveness of the employee and employer for the purposes of identifying high quality employee opportunities. An ideal employee training would be one where a participant acquires new skills allowing him or her to move into a higher paid job within the company, thus, allowing the company to hire a job seeker to backfill the employee's position.

To strengthen the workforce system and to implement the WIOA of 2014, WDBs are permitted the use of up to 20 percent of the combined total of Adult and Dislocated Worker allocated formula program funds for employee trainings. Individuals are not subject to eligibility requirements for Adults under the WIOA but demographic information is required.

Federal requirements mandate that, at a minimum, the following data for each employee in training must be entered in ncworks.gov:

- Complete Name
- Contact Information
- Social Security Number
- NC Driver's License or State ID
- Gender
- Date of Birth
- Citizenship (Right-to-Work Status)
- Selective Service Compliance
- Disability Status
- Ethnicity and Race

WDBs are required to collect and report outcomes based on criteria outlined in this policy. The outcome measures should promote a skilled workforce by assisting employees in obtaining the skills necessary to retain employment or to avert layoffs and must increase both the employee's and the business's competitiveness.

**PROCEDURE:** Upskill Western Piedmont Policy & Business Guidelines listed below are to be followed.

## UPSKILL WESTERN PIEDMONT POLICY & BUSINESS GUIDELINES

### **KEY POINTS:**

The Western Piedmont Workforce Development Board (WPWDB) will use up to 20% of the combined Adult and Dislocated Worker formula funds from the Workforce Innovation & Opportunity Act (WIOA) to fund Upskill Western Piedmont (referred to as Upskill WP throughout this policy) for awarded businesses. The funds available for the program year (July 1 – June 30) is contingent upon available funding. These funds are available to eligible businesses in the WPWDB Local Area (Alexander, Burke, Caldwell & Catawba Counties). A specific outreach focus for this grant will focus on businesses that are aligned to the growing industries and in-demand occupations of our region, which may include: Transportation, Manufacturing, Health Care and Allied Health, Biotechnology, Pharmaceutical, IT, Hospitality and/or Professional/Business Services). Small businesses are also a specific focus of this grant. The trainings in which this grant may fund should have an impact on the business's stability, and competitiveness as well as the employees' opportunity for career growth. The process for awarding Upskill WP is outlined within this policy.

Upskill WP is a competitive training grant through which qualifying businesses can address employees' skills gaps:

- These skills gaps can be a result of an employee changing responsibilities/requirements in her/his job, or for an employee whose job may potentially be eliminated and skill upgrading is needed to accept new responsibilities.
- The training(s) should result in increased knowledge/skills for the employee and increase the stability and competitiveness of the business.
- Trainings that results in or provides a significant step towards achieving an industry-recognized certification/credential will receive award preference.

North Carolina for profit & not-for-profit businesses that have been in operation in North Carolina for a minimum of 12 months are eligible to apply; eligible employees must have been employed for a minimum of six months prior to beginning training.

- Upskill WP may be funded up to \$10,000 with a lifetime funding limit of \$60,000. (Funds are contingent upon availability during the program year, July 1 - June 30).
- Businesses can submit their Upskill Western Piedmont Business Application (Attachment B) at any point to the Business Services Representative (BSR) of the WPWDB but must adhere to the process for submission described below.

### **PURPOSE**

An eligible business can utilize this competitive training solution when employees have identified skills gaps that need to be addressed through training, thus enhancing the employee's continued employability. Businesses that acknowledge the need for employees' training in order to increase their competitiveness, efficiency, and/or stabilization should apply for this grant.

This grant is beneficial to employees who have identified skills gaps, where eligible training addresses these gaps, improves employee retention, helps stabilize the business, and will increase the competitiveness of the employee and business. These employees either: 1) Need to upgrade skills and knowledge to retain their current job, or 2) Need to gain new skills and knowledge so they qualify for a different job with their employer.

## **ELIGIBLE BUSINESSES**

A business that is eligible to apply for funds under this program:

- Is a North Carolina for-profit and not-for-profit business;
- Has an employer-employee relationship with at least five employees. “Employer-employee relationship” is defined as workers who are economically dependent on the business and will receive a W-2 form for tax filing purposes;
- Has been in operation in North Carolina for a minimum of 12 months;
- Is current on all federal, state and local obligations. “Current” can also be defined via an established and documented proof of payment plan with the taxing entity. The Upskill WP Review Committee for this grant will take tax payment circumstances into account during their decision to award the grant; and
- Is financially viable.

Businesses that have previously received or met the maximum lifetime limit of \$60,000 of the state sponsored Incumbent Worker Grant are still eligible to apply for funding through Upskill WP and start with a balance of zero.

## **NON-ELIGIBLE BUSINESSES**

The following businesses are not eligible to apply for funds under this program:

- A business that is currently receiving training funds, either directly or indirectly, from North Carolina state government (unless those training funds do not duplicate the training efforts outlined in this grant application). This includes trainings that are offered at no cost through the Small Business, Technology Development Center or the NC Community College’s Customized Training program;
- A business that has received funds either directly or indirectly from North Carolina state government under any previous training initiative, and the terms of the Upskill Western Piedmont Agreement (Attachment D) for training have not been met;
- A Workforce Development Board or its administrative entity;
- A labor union;
- A government entity; or
- Any business that has already met its Upskill WP lifetime limit of \$60,000.

## **ELIGIBLE EMPLOYEES**

Eligible employees are:

- At least 18 years of age and a paid employee of the applicant business or businesses;
- Meets the Fair Labor Standards Act (FLSA) requirements for an employer-employee relationship. “Employer-employee relationship” is defined in the Eligible Businesses section above.
- An employee with an established employment history with the eligible business for 6 months or more\*; and
- A citizen of the United States or a non-citizen whose status permits employment in the United States.

An individual that does not meet the employer-employee relationship are:

- Those who will receive a 1099 for tax filing purposes; or
- Those who are placed through a temporary agency.

\*Note that the 6 month employment history may be waived if the cohort or overall majority of employees to be trained through the grant have been employed for 6 months or more.

## **SELECTION OF ELIGIBLE TRAINING PROVIDER**

In addition to the Upskill WP Training Grant, the North Carolina Community College System provides funds through their Customized Training Program. To maximize resources, the business must demonstrate that it has made efforts to secure funding through the Small Business Technical Development Center (SBTDC) and the local Community College. To ensure better fiscal stewardship of limited federal funding, the business, where applicable, is highly encouraged to utilize the available funding and training through the SBTDC and/or the local Community College prior to applying for the Upskill WP Training Grant. The WPWDB does acknowledge and recognize that the business has an inherent knowledge of their own business needs, therefore, the WPWDB will support the business's thoughtful consideration in selecting a training provider of their choice that can fulfill those expectations.

## **ELIGIBLE TRAINING**

Businesses understand their training needs the best and are therefore invited to submit any training that applies to their employees' skills gap, as long as it fits within the reimbursable requirements listed below. The BSR with WPWDB can assist businesses with the identification of training topics, training instructors, training dates, training locations, etc. Upskill WP funds will be expended on training activities that take place only in North Carolina and based on funding availability.

## **FUNDING LIMITS**

An application representing training needs of one business will be subject to the maximum amount of \$10,000 per training grant. An application representing common training needs of two or more businesses will be subject to the maximum of \$12,500 per training grant. In a collaborative grant, the amount of the award will be equally portioned among the businesses included in the application.

The lifetime limit is \$60,000. Eligible business will be treated as a single business for the purposes of determining when this maximum is met. Eligible business with locations in other Workforce Development Board Local areas of the state will not be included in determining the lifetime maximum grant fund amount. The lifetime limit applies to the business, its parent business and subsidiaries within the local workforce development local area. This applies to all applicants, regardless if they have received a grant before.

The business may apply for subsequent, competitive grants, but receipt of a prior grant does not automatically guarantee an award of future grants. If a business is awarded Upskill WP, but is unable to use any of the funds and forfeits the full grant amount, then that grant amount will not count against the total lifetime limit for that business.

## **COLLABORATIVE TRAINING GRANT**

Multiple businesses can partner and apply for a collaborative training grant. The proposal for the common request must:

- Train employees of at least two different businesses, with one of those businesses designated as the Lead Applicant;
- Include employees of the Lead Applicant in the training;
- Include training descriptions and outcomes that address the employees from all businesses impacted by the proposed common training;

- Include information on each business that will be part of the training. The application has a specific section for this information.

## **BUSINESS CONTRIBUTION**

The eligible business or group of businesses must pay for a portion of the cost of providing the training to employees. This portion is defined as the non-federal share and rules for matching are provided at Uniform Guidance 2 CFR 200.306 (<https://www.gpo.gov/fdsys/granule/CFR-2014-title2-vol1/CFR-2014-title2-vol1-sec200-306>) and 2 CFR 2900.8, (<https://www.ecfr.gov/cgi-bin/searchECFR?q1=2900&rgn1=PARTNBR&op2=and&q2=&rgn2=Part>) respectively, WIOA Section 134(d)(4)(D) (<https://www.congress.gov/113/bills/hr803/BILLS-113hr803enr.pdf>), and the US Department of Labor Training Employment Guidance Letter (TEGL) 19-16 ([https://wdr.doleta.gov/directives/corr\\_doc.cfm?docn=3851](https://wdr.doleta.gov/directives/corr_doc.cfm?docn=3851)).

The non-federal share is based on the following limits:

- Not less than 10% of the cost, for businesses with not more than 50 employees;
- Not less than 25% of the cost, for businesses with more than 50 employees, but not more than 100 employees; and
- Not less than 50% of the cost, for businesses with more than 100 employees.

The number of employees is based on all locations within North Carolina.

The non-federal share provided by a business participating in the program may include the amount of the wages paid by the business to the trainees while they are attending a training program. The business may provide the share in cash or in kind, fairly evaluated. Examples of the non-federal share are trainees' wages, on-site facility usage, trainees' travel, food, and/or lodging.

## **OUTCOMES**

When businesses experience a skills gap in their workforce, the business's stability can be compromised. Upskill WP funded by the WIOA addresses the need to promote upward career and economic mobility for employees by increasing workers' skills, wages, advancement opportunities, knowledge, and certification. This will strengthen the business's competitiveness in the marketplace.

Upskill WP will be measured for its return on the investment of workforce dollars through wage gain, training completion, and retention. It is anticipated that the trainees who successfully complete training will see a wage gain due to skills gain. It is anticipated that the identified employees in the training plan will successfully complete and earn any certification related to the trainings.

It is anticipated that the trainees will be retained by the business. Outcomes will be measured as part of follow up by Business Services staff of WPWDB utilizing ncworks.gov, participant surveys and other available resources.

The business is to complete the Upskill Western Piedmont Goal Attainment Report (Attachment G) and submit to the WPWDB BSR no later than forty-five (45) days after the completion of each training component.

## **APPLICATION PROCESS**

- An Upskill Western Piedmont Pre-Awards Questionnaire (Attachment A) is first provided to the business by the BSR at the WPWDB.
- After completing this checklist and receiving feedback from the BSR, the business will receive an Upskill Western Piedmont Business Application (Attachment B).
- The BSR will review the Upskill Western Piedmont Business Application (Attachment B) and provide feedback to the business on suggested edits.
- The Business will then have up to 10 business days to complete a second draft of their application, if applicable, and submit again to the BSR. Failure to comply within the 10 business days timeframe may result in delayed review.
- Following the submission of the application, the BSR will convene the Upskill WP Review Committee to review the application and determine a funding decision using the Upskill Western Piedmont Application Assessment (Attachment C).
- The BSR will notify the businesses of the decision of the Upskill WP Review Committee no later than 10 business days following the submission of their final application.

## **SELECTION AND AWARD PROCESS**

Western Piedmont Council of Governments (WPCOG) is the financial entity for the WIOA funds for Alexander, Burke, Caldwell and Catawba Counties.

- An Upskill Western Piedmont Agreement (Attachment D) is established between WPWDB and the awarded business within 30 days following the Upskill WP Review Committee's decision.
- The business will submit an Upskill Western Piedmont Trainee Application (Attachment E) for all employees participating in the trainings to the BSR.
- Training must be completed within 12 months from the date of the Upskill Western Piedmont Agreement (Attachment D) between the business and WPWDB.

## **MONITORING**

The BSR of WPWDB will monitor the grants. The BSR will work with the business, tracking progress of the various training components. All participants will be enrolled in ncworks.gov and ncworks.gov will be used to track the training.

For monitoring purposes, the business will be responsible to provide the following for each trainee:

- Complete Name
- Contact Information
- Social Security Number
- NC Driver's License or State ID
- Gender
- Date of Birth
- Citizenship (Right-to-Work Status),
- Selective Service Compliance
- Disability Status
- Ethnicity and Race

The business must also ensure that each trainee has an employer-employee relationship and an employment history of 6 months or more with the business. The business confirms and

verifies that all employees' verification documents are current and accurate and are available upon request by the WPWDB.

## **MODIFICATION**

No provision for automatic renewal or extension of the Upskill Western Piedmont Agreement (Attachment D) shall be effective unless the renewal or extension is due to disaster or emergency related to natural or business events. If there is an extenuating circumstance that leads to a need to request a modification to the approved training, the business must contact the BSR to discuss the best alternatives. Modification in training(s) will not necessitate a new application. If necessary, the BSR may convene the Upskill WP Review Committee to review the requested modification as it relates to the purpose of this grant. The business will be notified in writing of a determination upon the review within 10 business days. Upon modification approval, the Modification section of the Upskill Western Piedmont Agreement (Attachment D) is to be completed by the BSR and signed by the business's authorized representative. The training will still need to be completed within the 12 months from the date of the Upskill Western Piedmont Agreement (Attachment D) unless the modification is related to training timeline. WPWDB will evaluate each request on a case-by-case basis.

## **REIMBURSEMENTS**

Upskill WP is a reimbursement program wherein the business is reimbursed for training cost on a monthly invoice cycle. The business shall submit the Upskill Western Piedmont Expenditure Report (Attachment F) along with an invoice, proof of payment receipt for the training cost, and the Upskill Western Piedmont Trainee Roster (Attachment H) to the BSR to process the reimbursement in keeping with the financial policies of WPWDB. Upskill Western Piedmont Expenditure Report (Attachment F) deadline is the 5<sup>th</sup> of the month with reimbursement made the last Friday of the month.

## **EVALUATIONS**

An Upskill Western Piedmont Final Report (Attachment I) on the training is due no later than forty-five (45) days from the end of the training. The report will include:

- Names of all completing participants;
- Total hours of training;
- Certifications earned (if any); and

Additional information related to retention, promotion, wage increases, or business expansion/growth should be reported at that time. WPWDB will monitor training results for up to one year in accordance with the Outcomes section referenced above.

## Western Piedmont Workforce Development Board Upskill Western Piedmont Pre-Award Questionnaire

Business: \_\_\_\_\_

Date: \_\_\_\_\_

What type(s) of training are you interested in for your employees? (*List all*)  
\_\_\_\_\_Do you need assistance from Western Piedmont Workforce Development Board ((WPWDB) in exploring training topics, finding a training provider, etc.? *(If yes, WPWDB contact information below)* Yes     NoApproximately how many employees would participate in the training(s)?  
\_\_\_\_\_

Have the above employees been employed with your business for at least six months prior to the anticipated start date for training(s)?

 Yes     No

Has the business been in operation in NC for 12 months?

 Yes     NoWhat's your estimated timeline for the training(s) to occur?  
\_\_\_\_\_Please indicate location of business (Must be in the WPWDB Region which includes the counties of: Alexander, Burke, Caldwell, and Catawba)  
\_\_\_\_\_Is your business current on all federal, state, and local taxes? *(If No, your application is not disqualified but you will need to provide documentation of your payment plan agreement in your application)* Yes     No

Has your business previously received a state sponsored Incumbent Worker Grant?

 Yes     NoHas your business established an employer account on the state's online workforce system – [www.ncwork.gov](http://www.ncwork.gov)? If not, please set up your free account before submitting this form. Yes     No

Have you contacted the Small Business Technology and Development Center (SBTDC) at Appalachian State University-Hickory location regarding the availability of free training programs related to the training you are interested in through this grant for your employees? \*See below for an email template.

 Yes, but does not meet my needs.**Contact Information:**

Ron Elmore, Director

Small Business Technology Development Center: Hickory

[relmore@sbtdc.org](mailto:relmore@sbtdc.org)

828-345-0279

 Yes, there are trainings available to meet my needs. No

Comments: \_\_\_\_\_

Have you contacted the appropriate NC Community College's Customized Training department regarding the availability of free training programs related to the training you are interested in through this grant for your employees?

\*See below for an email template.

**Contact information for Catawba Valley Community College:**

Kristin Wright, Customized Training  
828-327-7000 ext. 4297  
[kswright@cvcc.edu](mailto:kswright@cvcc.edu)

Yes, but does not meet my needs.

Yes, there are trainings available to meet my needs.

No

Comments: \_\_\_\_\_

\_\_\_\_\_

**Contact information for Caldwell Community College & Technical Institute:**

Rick Shew, Director of Employer Services  
828-759-4635  
[rshew@cccti.edu](mailto:rshew@cccti.edu)

**Contact information for Western Piedmont Community College:**

Thomas "Rick" Furse, Director, Industry Services & Customized Training  
828-448-3121  
[tfurse@wpcc.edu](mailto:tfurse@wpcc.edu)

**I hereby certify that the above information is, to the best of my knowledge, true and correct.**

Business Representative Print Name: \_\_\_\_\_

Business Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Submit Pre-Award Questionnaire to:**

Matthew Xiong, Business Services Representative, Western Piedmont Workforce Development Board

Western Piedmont Council of Governments  
PO Box 9026  
1880 2<sup>nd</sup> Avenue NW  
Hickory, NC 28603  
(828) 485-4215  
[matthew.xiong@wpcog.org](mailto:matthew.xiong@wpcog.org)

\*Email Template to use for communication to your Local NC Community College and the SBTDC:

I am emailing you because my business is applying for Upskill Western Piedmont. My business is interested in trainings in the areas of \_\_\_\_\_. \_\_\_\_\_.

Please advise as to whether you offer a training at no cost on these topics. Thank you.

**Western Piedmont Workforce Development Board**  
**Upskill Western Piedmont Business Application**

**Section I: Business Information**

Business Name:		
Street/Mailing Address:		
City/State:	Zip:	County:
Business Contact Person & Title:		Email: Phone: Fax:
Description of Business Product(s) or Services (3-5 sentences):		
Months/Years in business:	Total number of paid employees at this location:	Legal Structure of Business:  <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other:
Tax Status of Business: <input type="checkbox"/> For-profit <input type="checkbox"/> Not-for-profit	Business's Federal ID #: _____  Unemployment Insurance ID#:	
Parent Business? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please indicate business names in space provided.)</i>	Parent Business Name:  Representative:  Contact Phone & Email:	
Is this a collaborative grant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please indicate business name in space provided.)</i>	Business:  Representative:  Contact Phone & Email:	

**Section II: Training Summary** (*If applying for more than one training, request another training summary template from Western Piedmont Workforce Development Board WPWDB), do not combine training information.*)

Training Topic/Course Title:	
Course Description and/or Objectives:	
Estimated Training Date(s):	
Number of Trainees <sup>1</sup> :	Training Location:
Name of Training Provider (Organization - if applicable):	
Name of Trainer/Instructor:	
Address, City, State, Zip:	
E-Mail Address:	Phone:
Qualifications of Trainer/Instructor to Teach Component (2-3 sentences):	

<sup>1</sup>Attach Upskill Western Piedmont Trainee Application (Attachment E) for all trainees.

### Section III: Budget

*Instructions: If applying for more than one training, request another budget template from WPWDB; do not combine budget information for multiple trainings. Refer to the Reimbursable /Non-Reimbursable expenses sheet for specific costs that can or cannot be included in the budget request*

Category	Training Cost	Grant Funds Requested	Explanation/Detail:
Training/Course Registration	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$	
Manuals/Textbooks	\$	\$	
Training Certifications, Certificates, Credentials, Licenses	\$	\$	
Materials and Supplies	\$	\$	
Travel Expenses (see <i>Allowable Training Cost section #6 on page 4</i> )	\$	\$	
	<b>Total Training Cost:</b> \$	<b>Total Amount Requested:</b> \$	

#### Business's Non-Federal Share (Indicate only one with information in corresponding table)

- My business has less than 50 employees: A 10% non-federal share is required for this grant
- My business has between 50-100 employees: A 25% non-federal share is required for this grant
- My business has more than 100 employees: A 50% non-federal share is required for this grant

Wages: \$	Facility Fee: \$	Meals/Travel: \$	Others: _____ \$
Total Non-Federal share: \$ _____			

## **REIMBURSABLE /NON-REIMBURSABLE TRAINING COSTS**

The following is a listing of reimbursable and non-reimbursable training costs for Upskill Western Piedmont:

### **Allowable Training Costs:**

1. Training / Course registration
2. Training that results in participants obtaining an industry-recognized certification or credential to include training preparation for certification exams
3. Web-based online training
4. Employee skills assessment that results in primary training funded through the grant
5. Textbooks / manuals used 100% for the training activities
6. Materials and supplies directly related to the funded training
7. Travel for trainers: If the requested training is not available within reasonable proximity to the business. The terms of 'reasonable proximity' should be discussed with the WPWDB Business Services Representative (BSR) before application submission
8. Process improvement or quality-related training to support the state's Business Edge initiative

### **Non-Allowable Training Costs:**

1. Employee related costs such as wages, fringe benefits, etc.
2. Training-related costs incurred prior to the beginning date of the Agreement (Attachment D) with the WPWDB or after the Agreement ends
3. Training that the business or an entity on the business's behalf already provides to its employees
4. Training that a business is mandated to provide on a regular basis to its employees by federal, state, or local laws
5. Continuing Education Units (CEUs) and other training that is specifically required for an employee or business to maintain licensure, certification, or accreditation
6. Courses that are part of a trainee's pursuit of an educational degree
7. Employment or training in sectarian activities
8. Curriculum design and/or training program development
9. Trainers employed by any business whose employees are being trained to include parent business employees
10. Purchase of employee assessment systems or systems usage licenses (example: site licenses)
11. Business website design and development, website hosting, and maintenance, software or hardware upgrades, advice on computer selection for purchase and upgrade
12. Third party compensation or fees not directly related to the provision of the requested training
13. Any costs that would normally be considered allowable, but for which there is no request/cost for training related to the item(s) within the application
14. Capital improvements, purchase of real estate, to include the construction or renovation of facilities or buildings, and capital equipment or other durable (long lasting and/or reusable) training materials
15. Business relocation or other similar/related expenses
16. Travel outside of contiguous United States or costs associated with bringing a trainer into the country
17. General office supplies and non-personnel services costs (example: postage and photocopying)
18. Membership fees/dues
19. Food, beverage, entertainment, and/or celebration related expenses
20. Job/Position profiling
21. Publicity/public relations costs
22. Costs associated with conferences

#### **Section IV: Training Abstract**

*Please provide all of the following information on a separate document*

1. Background information on the business.
2. Overview of the training and information to support the request and need for training.
3. Description of how the requested training will address the identified skills gaps, improve employee retention, impact business stability, and increase the competitiveness of the employee and business.
4. Reason for requesting financial assistance to conduct the training.

#### **Section V: Authorization and Certification**

As authorized representative of the Business submitting this application, I hereby certify that:

- I have read the Upskill Western Piedmont Policy.
- The Business meets the requirements of the policy in regard to business and employee eligibility and is eligible to submit this application.
- The information contained in this application is true and accurate.
- I am aware that any false information, intentional omissions, or misrepresentations may result in rejection of the application and possible disqualification for future funding.
- The Business agrees to adhere to all reporting requirements requested by WPWDB upon notification of award.
- The Business agrees to provide all data elements as required for federal reporting.
- The Business confirms and verifies that all employees' verification documents are current and accurate and are available upon request by the WPWDB.
- The Business agrees to resubmit this application if WPWDB requests edits within the designated timeframe.
- The request training expense is in accordance with the reimbursable requirements outlined in the Upskill Western Piedmont Policy.
- Trainee applications for all employees seeking training are attached to this application.

Further, this business shall not discriminate against any employee, applicant for employment, applicant or Workforce Innovation and Opportunity Act participant, subcontractor or potential beneficiaries of employment and training programs or projects because of race, color, disability, religion, age, sex, national origin, political affiliation or belief

Business Representative Print Name: \_\_\_\_\_

Business Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Western Piedmont Workforce Development Board  
Upskill Western Piedmont Application Assessment**

**BUSINESS:****DATE OF REVIEW:****DUE DATE OF ASSESSMENT FOR BUSINESS NOTIFICATION OF AWARD:**

Training Topic(s):

Amount Requested: Collaborative Grant?  Yes  NoApplication version:  1<sup>st</sup> submission  2<sup>nd</sup> submission  3<sup>rd</sup> submission

<b>QUESTION</b>	<b>ANSWER</b>	<b>COMMENTS</b>
What is the structure of the business?	<input type="checkbox"/> For-profit <input type="checkbox"/> Not-for-profit	Comments:
Has the business been in operation in NC for at least twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous WPWDB engagements with business:
Have the proposed employees to be trained been employed at the business for at least six months prior to anticipated training start date(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Has the business previously used the state-sponsored incumbent worker grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate standing: If yes, indicate previous total amount awarded:
Has the business exhausted all means of other training programs (related to the training needs outline in this application) available through the SBTDC and NC Community College's Customized Training Programs, that are available at no cost?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments regarding discussions with the SBTDC and NC Community College's Customized Training Programs:
Has the business satisfied the non-federal share requirement of the total amount requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Non-federal (in-kind) share from business based on number of employees (refer to Upskill Western Piedmont policy) <input type="checkbox"/> 10% ≤ total request grant funds: _____ required. Business indicated: <input type="checkbox"/> 25% ≤ total request grant funds: _____ required. Business indicated: <input type="checkbox"/> 50% ≤ total request grant funds: _____ required. Business indicated:

Other Comments from the BSR for Review Committee: \_\_\_\_\_

**UPSKILL WESTERN PIEDMONT QUESTIONS FOR REVIEW COMMITTEE:** To be filled out by each Upskill

Western Piedmont Review Committee member

Business: \_\_\_\_\_

Review Committee Member Name: \_\_\_\_\_

QUESTION	ANSWER	COMMENTS
1. The training(s) addresses the skills gaps of an employee or group of employees.	Strongly agree (11-15 points) __ Agree (6-10 points) __ Disagree (1-5 points) __ Strongly Disagree (0 points) __	
2. The training(s) will result in increased productivity, OR profitability, OR competitiveness, OR sustainability of the applicant.	Strongly agree (11-15 points) __ Agree (6-10 points) __ Disagree (1-5 points) __ Strongly Disagree (0 points) __	
3. The training(s) will result in retention and/or promotion of the designated employee(s) to be trained.	Strongly agree (11-15 points) __ Agree (6-10 points) __ Disagree (1-5 points) __ Strongly Disagree (0 points) __	
4. The training(s) proposed falls within the reimbursable requirements outlined in the Upskill Western Piedmont Policy.	Strongly agree (11-15 points) __ Agree (6-10 points) __ Disagree (1-5 points) __ Strongly Disagree (0 points) __	
5. The training topic is clearly aligned to the training need outlined in the application.	Strongly agree (11-15 points) __ Agree (6-10 points) __ Disagree (1-5 points) __ Strongly Disagree (0 points) __	
6. The training provider has strong qualifications related to this training topic.	Strongly agree (11-15 points) __ Agree (6-10 points) __ Disagree (1-5 points) __ Strongly Disagree (0 points) __	
7. The amount requested is reasonable in terms of the training topic(s) and the non-federal share is fairly evaluated.	Strongly agree (11-15 points) __ Agree (6-10 points) __ Disagree (1-5 points) __ Strongly Disagree (0 points) __	
If the training(s) will result in new certification(s) for the employee(s), add 15 points to your total score.		
	TOTAL POINTS: _____	Overall Comments:

## UPSKILL WESTERN PIEDMONT TOTAL SCORING DESIGNATION

QUESTIONS & SCORING DESIGNATIONS	COMMITTEE MEMBER SCORES	COMMENTS	AVERAGE
Strongly agree (11-15 points) Agree (6-10 points) Disagree (1-5 points) Strongly Disagree (0 points)	The scores below reflect each member's evaluation of the application as it pertains to the assigned question. A minimum of 3 scorers required for each evaluation.	If the average requirement and total score <b>requirement is satisfied (application is thus approved for funding)</b> , applicants have the option to address the comments below by communicating with the BSR (it is not a requirement that these issues/questions be addressed by the applicant).  If the average requirement and total score requirement <b>is not satisfied (application is not approved for funding)</b> , applicants are encouraged to resubmit their applications by resolving the comments below in order for the application to be received for a second scoring.	Applications that receive a total average that is 70% or higher of the maximum score (105), and do not receive an average between 0-5 on any of the questions will be awarded. <b><u>Therefore, applications with a total of 73.5 or above will be awarded*</u></b> .  <i>*An average between 0-5 on ANY element will result in application disqualification (total score will be null). Businesses can revise and resubmit for another scoring.</i>
1. The training(s) addresses the skills gaps of an employee or group of employees	<input type="text"/> <input type="text"/> <input type="text"/>		
2. The training(s) will result in increased profitability, competitiveness, sustainability, etc. of the business	<input type="text"/> <input type="text"/> <input type="text"/>		
3. The training(s) will result in retention and/or promotion of the employee(s)	<input type="text"/> <input type="text"/> <input type="text"/>		
4. The training(s) proposed falls within the reimbursable requirements outlined in the business guidelines	<input type="text"/> <input type="text"/> <input type="text"/>		

5. The training topic is clearly aligned to the training need outlined in the application	<table border="1"><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr></table>					
6. The training provider has strong qualifications related to this training topic	<table border="1"><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr></table>					
7. The amount requested is reasonable in terms of the training topic(s) and the non-federal share is fairly evaluated	<table border="1"><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr></table>					
<i>Number of extra points for certification(s) resulting from training.</i>			Total extra points:			
		Comments from Business Services Representative:	<b>TOTAL:</b>  Awarded: <input type="checkbox"/> Yes <input type="checkbox"/> No			

## **Western Piedmont Workforce Development Board Upskill Western Piedmont Agreement**

Agreement # \_\_\_\_\_  
 Effective Date: \_\_\_\_\_

*(Agreement is effective upon execution of the last required signature and will be effective for a period of one year.)*

### **PARTIES**

- 1.1 This Agreement is entered into between the Western Piedmont Workforce Development Board (WPWDB) and \_\_\_\_\_ (herein referred to as the Business throughout this Agreement). Any notice or communications pursuant to this Agreement shall be in writing and mailed to the following:

Wendy Johnson, Workforce Development Director  
 Western Piedmont Council of Governments (as Administrative/Fiscal Agent for the Western Piedmont Workforce Development Board)  
 PO Box 9026  
 Hickory, North Carolina 28603

### **BASIS FOR AGREEMENT**

- 2.1 Pursuant to the provisions of the Workforce Innovation and Opportunity Act (WIOA) Title I and its implementing regulations, this Agreement is written for the purpose of providing incumbent Worker training.
- 2.2 Based on the Western Piedmont Business Application (Attachment B - herein referred to as Application) submitted by the Business and negotiation between all parties, the Business agrees to train \_\_\_\_\_ employees as identified in the original approved Application for the following training component(s):
- 
- 

- 2.3 The Business warrants that the information set forth in the Application is true, correct and complete in all material aspects and that such Application may only be amended by prior approval of the Western Piedmont Council of Governments (WPCOG) and subject to mutual agreement by all parties.
- 2.4 The WPCOG is prepared to provide funds not to exceed \$\_\_\_\_\_ as outlined in the approved Application budget. These funds shall be expended solely for the purpose of the identified training cost on a reimbursement and performance method of payment.

### **TERM OF AGREEMENT**

- 3.1 The term of the Agreement shall commence upon execution of the last required signature, and shall remain in effect until the stated purpose, as outlined in Section 2.2 above, is completed to the satisfaction of the WPCOG but for no longer than a period of one year. Training may not begin prior to the effective date of this Agreement. As specified in the Application, the estimated date(s) of training(s) will be:
-

## PAYMENTS

- 4.1 Schedule: Payments shall be made to the Business on a cost reimbursement basis. The Business will submit to the WPCOG the Upskill Western Piedmont Expenditure Report (Attachment F) including documentation of expenditures (invoice submitted by training provider and proof of payment) in such detail as to provide for a proper pre-audit and post-audit.
- 4.2 Availability of Funds: The WPCOG's liability under this Agreement is contingent upon the continued availability of appropriated and allocated funds under the WIOA Title I. The Business agrees that the WPCOG shall be the final determiner of the availability of such funds.

## REQUIREMENTS

- 5.1 During the term of this Agreement, the Business agrees to:
- A. Comply with all applicable federal, state and local laws related to the execution of the program described in the Application;
  - B. Cooperate with the WPCOG in every reasonable way to ensure the successful delivery of the training program and attainment of specific training objectives.
- 5.2 Upskill Western Piedmont Trainee Roster (Attachment H) & the Upskill Western Piedmont Goal Attainment Report (Attachment G): During the term of this Agreement, the Business shall provide the WPCOG with a completed Upskill Western Piedmont Trainee Roster (Attachment H) & the Upskill Western Piedmont Goal Attainment Report (Attachment G). This report should be submitted no later than 30 days after each training component.
- 5.3 Audit and Records: During the term of this Agreement, the Business agrees to comply with the following requirements:
- A. Maintain books, records, and documents (including electronic storage media) in accordance with generally accepted accounting procedures and practices which sufficiently and properly reflect all revenues and expenditures for funds provided by the WPCOG for a period of three years after conclusion of the Agreement. The aforesaid records, books, documents, and other evidence shall be subject at a reasonable time to inspection, review, or audit by representatives of the WPCOG and/or state personnel responsible for the oversight, monitoring, and evaluation of the WIOA Title I;
  - B. Submit all bills for fees or other compensation for services or expenses in detail sufficient for a proper pre-audit and post-audit;
  - C. Maintain financial records and reports related to funds paid to any parties for work on the matters which are the subject of this Agreement; and
  - D. Include these record-keeping requirements in contracts and subcontracts entered into by the Business with any party for work required under terms of this Agreement.
- 5.4 Liability: The Business assumes the risk of any claims, suits, judgments or damages arising from the Business's performance of, or failure to perform, the tasks and duties which are the subject of this Agreement, or from the Business's participation in the program. The Business shall indemnify, defend, and hold harmless the WPCOG from all claims, suits, judgments or damages arising out of intentional acts, negligence or omissions the Business's performance of the tasks and duties which are the subject of this Agreement.
- 5.5 The Business shall also cooperate with the WPCOG in completing surveys after training to assist in determining the long-term effectiveness of Upskill Western Piedmont.

- 5.6 The Business shall act as an independent contractor and not as an employee of the WPCOG in the performance of the tasks and duties which are specific obligations of the Business pursuant to this Agreement.
- 5.7 Non-discrimination: The Business will not discriminate against any employee employed in the performance of this Agreement, or against any applicant for employment because of race, color, religion, sex, marital status, national origin, age, disability, political affiliation or belief. The United States has the right to seek judicial enforcement of all applicable Non-Discrimination and Equal Opportunity provisions of the WIOA Title I and associated regulations.

## **TERMINATION**

- 6.1 In the event that the Business does not conduct the training specified in the Application, a business representative will notify WPWDB of such cancellation as soon as possible.
- 6.2 In the event that the Business materially defaults in the performance of any duty, obligation, covenant or agreement imposed on it or made by it in this Agreement, then the WPCOG shall provide to the Business notice of such default. The Business shall have 15 calendar days within which to initiate action to correct the default and 30 calendar days within which either to cure the default, or to demonstrate to the satisfaction of the WPCOG that corrective action has been taken and will likely result in curing the breach. In the event that the Business fails to cure the default, the WPCOG will have the right to terminate this Agreement.
- 6.3 The Business shall permit public access to all public documents or other materials prepared, developed or received by them in connection with the performance of their obligations or the exercise of their rights under this Agreement. The WPCOG may terminate this Agreement if the Business fails to allow such public access.

## **MODIFICATION**

- 7.1 No provision for automatic renewal or extension of this Agreement shall be effective unless the renewal or extension is due to disaster or emergency related to natural or business events. If there is an extenuating circumstance that leads to a need to request a modification to the approved training, the business must contact the Business Services Representative (BSR) to discuss the best alternatives. Modification in training(s) will not necessitate a new Application. If necessary, the BSR may convene the Upskill Western Piedmont Review Committee to review the requested modification as it relates to the purpose of this grant. The business will be notified in writing of the determination upon the review within 10 business days. Upon modification approval, the Modification section below is to be completed by the BSR and signed by the business authorized representative. The training will still need to be completed within the 12 months from the date of this Agreement unless the modification is related to training timeline. WPWDB will evaluate each request on a case-by-case basis.
- 7.2 This writing contains the entire Agreement of the parties. No representations were made or relied upon by any party, other than those that are expressly set forth in this Agreement. No agent, employee, or other representative of any party is empowered to alter any of the terms of this Agreement, unless done in writing and signed and approved by an authorized signatory of the WPCOG and an authorized executive officer of the Business. The parties agree to renegotiate this Agreement if revisions of any applicable laws, regulations or decreases in allocations make changes to this Agreement necessary.

## **GENERAL CONDITIONS**

- 8.1 The Business acknowledges and agrees that any expenses incurred above and beyond the Upskill Western Piedmont funds shall be borne and paid by the Business will be liable for any

project funds used for purposes other than payment of costs listed in the approved budget. The Business shall indemnify and hold the WPCOG harmless for claims made by any third party with respect to expenses incurred or activities performed by the Business in fulfillment of this project.

- 8.2 The following activities **shall not** be funded with any of the Upskills Western Piedmont funds:
  - (a) trainees' wages, salaries or fringe benefits; (b) purchase of capital equipment, furniture or fixtures; (c) lobbying of state or federal legislatures, judiciaries or agencies; (d) real estate, capital or facilities improvements or renovations; (e) business relocation expenses; (f) costs incurred prior to the effective date of this Agreement; (g) employment or training in sectarian activities.
  
- 8.3 The parties agree to comply with all the terms and provisions of this Agreement including and incorporating herein the following specified Upskill Western Piedmont Attachments:
  - A. WPWDB Upskill Western Piedmont Pre-Award Questionnaire
  - B. WPWDB Upskill Western Piedmont Business Application
  - C. WPWDB Upskill Western Piedmont Application Assessment
  - D. WPWDB Upskill Western Piedmont Agreement
  - E. WPWDB Upskill Western Piedmont Trainee Application
  - F. WPWDB Upskill Western Piedmont Expenditure Report
  - G. WPWDB Upskill Western Piedmont Goal Attainment Report
  - H. WPWDB Upskill Western Piedmont Trainee Roster
  - I. WPWDB Upskill Western Piedmont Final Report
  
- 8.4 The parties recognize and agree that the laws of the state of North Carolina and the federal WIOA Title I and accompanying regulations shall govern the interpretation and enforcement of this Agreement. Any action brought pursuant to this agreement shall be brought in the state of North Carolina.

**IN WITNESS WHEREOF**, the parties have caused their hand to be set by their respective authorized officials hereto.

Western Piedmont Workforce Development  
Board

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BY: \_\_\_\_\_  
Signature of Workforce Development  
Director

NAME: \_\_\_\_\_  
TITLE: Director  
DATE: \_\_\_\_\_

BY: \_\_\_\_\_  
Signature (Authorized Representative)

NAME: \_\_\_\_\_  
Print or Type  
TITLE: \_\_\_\_\_  
Print or Type  
DATE: \_\_\_\_\_

**This instrument has been pre-audited in the manner required by the Local Government Budget & Fiscal Control Act.**

SIGNATURE OF FINANCE OFFICER:

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## TRAINING PLAN MODIFICATION

The Upskill Western Piedmont Agreement may require changes for which a modification is necessary. Reasons for a modification include but are not limited to:

- To correct errors in the original training budget or the description of the training component(s).
- Cancellation or termination of Agreement.
- To extend the end date in order to ensure satisfactory completion due to disaster or emergency related to natural or business events.

The Business and the WPWDB agree this Agreement shall be modified as stated:

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Except as hereby modified, all other terms and conditions of this Agreement remain unchanged and in full force and effect. The effective date of this modification is \_\_\_\_\_.

The Business and the WPWDB mutually agree to abide by the terms and conditions stated and do hereby execute this modification in keeping with our respective authority.

Western Piedmont Workforce Development  
Board

BY: \_\_\_\_\_  
Signature of Workforce Development  
Director

NAME: \_\_\_\_\_

TITLE: Director

DATE: \_\_\_\_\_

BY: \_\_\_\_\_  
Signature (Authorized Representative)

NAME: \_\_\_\_\_  
Print or Type

TITLE: \_\_\_\_\_  
Print or Type

DATE: \_\_\_\_\_

**Western Piedmont Workforce Development Board**  
**Upskill Western Piedmont Trainee Application**

Business \_\_\_\_\_

**This request for information is confidential and will be used solely in determining your eligibility for Upskill Western Piedmont funded by the federal Workforce Innovation & Opportunity Act (WIOA) Title I.**

**\*PLEASE ATTACH I-9 TO THIS FORM FOR EACH TRAINEE\***

1. Application Date: \_\_\_\_\_
2. Name: \_\_\_\_\_  
 First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_
3. Date of Birth (MM/DD/YY): \_\_\_\_\_
4. Social Security Number: \_\_\_\_\_
5. Address: \_\_\_\_\_  
 Street/P.O. Box \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_
6. Primary Phone Number: \_\_\_\_\_
7. Male  Female
8. Race: \_\_\_\_\_  
 a. Hispanic or Latino?  Yes  No
9. Are you a citizen of the United States?  Yes  No  
 a. If not, are you authorized to work in the United States?  Yes  No
10. Do you have a disability you wish to state?  Yes  No
11. Did you register with Selective Service if male and born after 12/31/1959?  Yes  No  
 N/A
12. Are you currently in the military or a veteran of U. S. military service?  Yes  No  
*(If no, skip to question 13)*
  - a. Years of U. S. military service: From \_\_\_\_\_ to \_\_\_\_\_
  - b. Are you within 24 months of retirement or 12 months of discharge from the military (Transitioning Service Member)?  Yes  No  N/A
  - c. Are you a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit?  Yes  No  N/A

- d. Disabled Veteran?       Yes       No       N/A
- e. Have you served on active duty in the armed forces and were discharged or released from such service under conditions other than dishonorable?       Yes       No       N/A
13. Are you the spouse of a veteran?       Yes       No  
*(If no, skip to question 14)*
- a. Are you the Spouse/Dependent of someone in the active-duty military service, National Guard or Reserves who is currently activated?       Yes       No       N/A
- b. Are you a caregiver who is a spouse or family member to a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit?  
 Yes       No       N/A
- c. Are you the spouse of a veteran who has a total service connected disability, is Missing in Action, captured in the line of duty by a hostile force, is a Prisoner of War or who died from a service connected disability?       Yes       No       N/A
14. Are you a current member of the North Carolina National Guard?       Yes       No
15. Do you have a high school diploma or a GED?       Yes       No  
 If no, what was the last grade you completed? \_\_\_\_\_
16. Do you have a college degree?       2-year       4-year Field of study: \_\_\_\_\_
17. What was your start date for employment at this business (MM/YY)? \_\_\_\_\_
18. Email address: \_\_\_\_\_

***Please read the statement below and sign.***

I certify that the information provided in this application is true to the best of my knowledge. I am aware that this information will be verified and that any falsification shall be grounds to deny services and may subject me to prosecution under the law. I understand that the information will be used to determine eligibility for WIOA Title I services and may be released for verification and federal reporting purposes.

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 Employee Signature

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 Date

**Western Piedmont Workforce Development Board**  
**Upskill Western Piedmont Expenditure Report**  
**Program Year \_\_\_\_\_**

Project Name:

Upskill Western Piedmont

Company Name:

Month:

<b>Category</b>	<b>Line Item #</b>	<b>1</b>	<b>2</b>	<b>4</b>	<b>5</b>
		<b>Approved Budget</b>	<b>Expenses This Month</b>	<b>Expenses Y-T-D</b>	<b>Budget Balance</b>
Training/Course Registration	200				0.00
Manuals/Textbooks	201				0.00
Training Certifications, Certificates, Credentials, Licenses (specify)	202				0.00
Materials/Supplies/(Itemize)	203				0.00
Travel Expenses	204				0.00
<b>Total Upskill Western Piedmont</b>		\$0.00	\$0.00	\$0.00	\$0.00
<b>Funds received Y-T-D</b>		\$0.00			
<b>Expenses Y-T-D</b>		\$0.00			

**The business certifies that the costs reported represent actual costs incurred during the reporting period in accordance with the terms and conditions of the contract and the Workforce Innovation and Opportunity Act.**

Print Name of Employer's Authorized Agent

Title

Signature of Employer's Authorized Agent

Date

**Attach the business's invoice and proof of payment. Email to Matthew Xiong, Business Services Representative at matthew.xiong@wpcog.org by the 5th of the month.**

# **Western Piedmont Workforce Development Board Upskill Western Piedmont Goal Attainment Report**

Business: \_\_\_\_\_

1. Please give a short narrative of competencies the trainees received for each training.
  2. Explain how the above competencies will result in increased productivity, efficiency, profitability, competitiveness, etc. of your establishment.
  3. What are the short and long term benefits of this training for your establishment?
  4. Did any trainees retain their employment at your business solely as a result of the training?  
 Yes     No  
Comments:
  5. Have/will any of the trainees receive additional compensation as a result of their increased skills?  
 Yes     No  
Comments:
  6. Did any trainee advance to other job positions or perform other advanced job responsibilities as a result of the training?  
 Yes     No  
Comments:

7. Was the training topic aligned to the needs outlined in your Upskill Western Piedmont application?

Yes  No

Comments:

8. Explain the degree in which the training provider satisfied these needs.

9. Would you recommend the training topic and training provider to another business?

Yes  No

Comments:

10. Was any of the training provided through Upskill Western Piedmont available from a publicly funded local community college or university?

Yes  No

If yes, and you did not choose that source as a training vendor, please explain why:

11. Would you recommend Upskill Western Piedmont to other businesses?

Yes  No

Comments:

12. Do you have additional workforce needs for current or future employees that you would like to discuss with Western Piedmont Workforce Development Board?

**Western Piedmont Workforce Development  
Upskill Western Piedmont Trainee Roster**

Business: \_\_\_\_\_

	<b>Trainee Name</b> (List ALL identified in grant application)	<b>Training Topic/Course; Certifications, Etc.</b>	<b>Participation Status</b> (C=Completed; NC=Not Completed)	<b>If not completed, please explain.</b>
1				
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## **Western Piedmont Workforce Development Board Upskill Western Piedmont Final Report**

Please complete the requested information and submit to the Western Piedmont Workforce Development Board (WPWDB) Business Service Representative within the timeframe as stated in the Upskill Western Piedmont Policy.

**For internal WDB use only.**

WDB Name: Western Piedmont Workforce Development Board

A. Amount of grant award (to include the administrative fee): \$ \_\_\_\_\_

B. Actual funds expended (to include the administrative fee): \$ \_\_\_\_\_

C. Amount to be de-obligated (**A - B = C**): \$ \_\_\_\_\_

Signature of Authorized Local WDB representative: \_\_\_\_\_

**Company Information**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Name of Business Representative Completing this report: \_\_\_\_\_

Title: \_\_\_\_\_

**Training Information**

Complete the information for all participants in the training provided through this grant.

1. How did this training meet your business needs?

2. Planned # of trainees (count each one time – do not include those who attended an overview/introduction to the training): \_\_\_\_\_

3. Actual # of trainees (count each one time – do not include those who attended an overview/introduction to the training): \_\_\_\_\_

4. How many trainees were retained as a result of this training? \_\_\_\_\_

5. Was training provided to the employees as approved in the application?  Yes  No

If no, please explain:

6. Was any of the training provided through this grant available from a publicly funded local community college or university?  Yes  No

If yes, and you did not choose that source as a training vendor, please explain why:

7. How many businesses were involved in this training? \_\_\_\_\_

If more than one, did all businesses participate as proposed in the application?

Yes  No

If no, please explain:

### **Customer Satisfaction**

8. How did you hear about Upskill Western Piedmont?

9. Please briefly describe the company's overall experience with this training grant.

10. Were you satisfied with the training that was provided?  Yes  No

If no, please explain:

11. Would you recommend Upskill Western Piedmont to other businesses?  Yes  No

If no, please explain:

12. If this training was provided for a multiple business collaborative, please explain how it was or was not an effective training delivery method.

### **Training Outcomes**

13. Describe how trainees' skill levels were increased as a result of the training.

14. *Certifications/Licenses/Credentials:* If applicable, list the type(s) and quantity of skill certifications/licenses/credentials received by the trainees. Do not include "Certificates of Completion".

Type	Quantity

15. Did any trainees receive a wage increase after completion of training?  Yes  No

If yes, please complete the following:

# of Trainees	% of Increase
Ex: 3	5

16. Did any trainee advance to other job positions or perform other advanced job responsibilities as a result of the training?  Yes  No

If yes, how many? \_\_\_\_\_

17. If other outcomes were realized, please describe.

18. How did the training help to increase the efficiency or quality of your company's operations?

19. If applicable, please indicate the estimated monetary value the company has saved, or projects to save, as a direct result of this training grant. (Example: Process Improvement, Waste Reduction, Cost Avoidance, etc...)

Description of Savings	Amount
	<b>Total: \$</b>

20. If other outcomes were realized, please describe.

# Upskill WP Policy - Final - 10-5-20

Final Audit Report

2020-10-12

Created:	2020-10-12
By:	Elizabeth Hilliard (elizabeth.hilliard@wpcog.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAnpx1tlarMKtBxl-VNK5qYHxuCOH8FQr0

## "Upskill WP Policy - Final - 10-5-20" History

-  Document created by Elizabeth Hilliard (elizabeth.hilliard@wpcog.org)  
2020-10-12 - 3:37:31 PM GMT- IP address: 66.169.74.137
-  Document emailed to Wendy Johnson (wendy.johnson@wpcog.org) for signature  
2020-10-12 - 3:38:21 PM GMT
-  Email viewed by Wendy Johnson (wendy.johnson@wpcog.org)  
2020-10-12 - 4:17:19 PM GMT- IP address: 97.82.246.203
-  Document e-signed by Wendy Johnson (wendy.johnson@wpcog.org)  
Signature Date: 2020-10-12 - 4:21:25 PM GMT - Time Source: server- IP address: 97.82.246.203
-  Agreement completed.  
2020-10-12 - 4:21:25 PM GMT



Adobe Sign