



Dakota Scott Workforce Services Incumbent Worker Application

Effective July 1, 2008 – December 31, 2008

General Information	
Name of business	
Primary contact person name	
Title	
Phone number	
Email address	
Address of business	
City, State, Zip	
Business Description	
Please describe the business, what activities/products or services are created.	
Number of employees	
Have you received an Incumbent worker grant from Dakota Scott Workforce Services in the past? (All previous recipients will have their past applications and results attached to this application for review and consideration by Dakota Scott Workforce Services.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
In what county is the business located?	<input type="checkbox"/> Dakota <input type="checkbox"/> Scott <input type="checkbox"/> Other, please identify
Project Description	
Please briefly describe the training project and how receiving the training will allow currently employed staff members to advance in position and/or wages.	
How will this training benefit the business?	
How will this training benefit the employees?	
How many employees are expected to enroll in the training?	
How many employees are expected to successfully complete the training?	

What is the current average wage of expected training participants?	\$
Will participants be attending training during paid work hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where will the training take place?	
Will transportation be provided for participants and if so how?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe any form of promotion or recognition participants will receive upon completion of the program.	
Who will provide the training?	
Address of training provider	
Type of provider	<input type="checkbox"/> MNSCU <input type="checkbox"/> ABE Consortium <input type="checkbox"/> Private Provider <input type="checkbox"/> ISD <input type="checkbox"/> Other, Please describe:
Type of training to be provided	<input type="checkbox"/> ESL <input type="checkbox"/> Basic Skills <input type="checkbox"/> Occupational Skills <input type="checkbox"/> Other, Please describe:
Dates of training:	
Number of hours of training	
Performance Measures	
Acceptance of a Dakota Scott Workforce Services Incumbent Worker grant indicates the business will make every effort possible to meet the following performance goals. Please indicate by stating yes or no to the businesses' ability and commitment to meet these goals. If stating no, please describe why that is not an option and what goal is attainable.	
Enrollment – at least 90% of those expected to enroll (the number entered on the application) will complete the required paperwork and be enrolled in the program per the Dakota Scott Workforce Services policies and procedures.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Completion – at least 90% of those enrolled will complete the training program.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wage gain – within six months upon completing the training, at least 85% of those enrolled will have a wage gain of at least 2.5% compared to their wage upon starting the training program. The wage gain will be a reflection of additional skills gained, not merit based.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Retention – at least 85% of those enrolled will still be employed the third quarter after completion of the training program.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Budget

A cash match of at least 50% is expected from the employer. For example, if the training requires \$10,000.00 to implement, the business must match \$5,000.00 or 50% of that amount. Out of pocket expenses such as rent for training space, wages paid to workers during training, training materials, etc. are all viable expenses for the overall budget.

In column B below, please indicate how much of each line item will be paid for out of the Incumbent Worker grant and how much will be covered by the employer in Column C. In column D, indicate the full program cost, which should equal column B + Column C. Please add as many line items as needed.

If you have questions when creating your budget, please call Helene Woods at 651-554-5908 or email Helene.Woods@co.dakota.mn.us for technical assistance.

Cost category	Funds requested	Local Match (50% match required)	Full Incumbent Worker Budget
Column A	Column B	Column C	Column D
Training			
Training Materials			
Participant wages while in training			
Other, please describe:			
Total			