



Incumbent Worker Training Program Application

Release Date: September 2007
Application Due Date and Time: Open application process
(dependent on available funding)

The mission of the Workforce Solutions for South Texas is to build workforce system that will meet the needs of economic development and prepare the workforce to compete in a changing global economy.

Section 1: Purpose of Request for Applications

The purpose of the Incumbent Worker Training (IWT) program is to provide resources to train currently employed workers in order to enhance their skills and remain competitive. Funds awarded under this program shall be geared for skills training provided in various mediums such as classroom setting, individualized, on-line, and/or computer based.

Section 2: Request for Applications Availability and Deadline

This RFA is open and continuous and applications may be submitted throughout the year. Applications are available from the Workforce Solutions for South Texas office Monday through Friday from 8:00am-12:00pm and 1:00pm-5:00pm or from the following website: <http://www.southtexasworkforce.org>. Address and contact information is listed on page 3.

Applications may be submitted at any time. The duration of this invitation to submit applications is contingent on the selection criteria listed on page 4 and availability of funds. Non-awarded applications will be notified appropriately.

Section 3: Minimum Qualifications

Participants must be full-time employees (32 hours per week) with benefits. Part-time, on-call and temporary employees do not qualify for training, unless the training will promote employees to full-time positions with benefits. IWT participants should be individuals who require additional training to upgrade their current skills sets; progress along a career path; or to be trained in other areas of the business that would prove to be more beneficial to the employer and employee.

To qualify for IWT employers must meet the following:

- Have been in operation for more than six months in Webb, Jim Hogg, and/or Zapata Counties;
- Have at least 1 full-time employee;
- Ensure that all employees to receive training paid by this program must comply with the Incumbent Worker Training Registration Form requirements as provided as an attachment to this application.
- Have not been debarred from contracting with a agency that administers Federal funds;
- Maintain a drug-free workplace policy;
- Adhere to the American's with Disabilities Act requirements; and
- Be an Equal Opportunity Employer.

If a joint application is submitted all parties must meet qualifications. The application must list all entities involved in this program. Please include the following information:

- Name of Business
- Contact Person and Title
- Physical Address
- Telephone, Fax, Email
- Number of Employees

Incumbent Worker participants must meet the following minimum Workforce Investment Act requirements prior to enrollment/participation in the project.

Employees must:

1. Be U.S. Citizenship or legal eligibility to work in the United States
2. Meet Selective Service registration requirements
3. Age verification

Please note the costs for training ineligible participants will not be reimbursed by the Workforce Solutions for South Texas. The employer (s) will be responsible for covering these costs.

All participants must complete a registration form (pg. 12). Registration forms must be submitted 5-10 days prior to enrollment/participation in the IWT program.

Targeted Industries and Demand Occupations

Eligible employers include private business, industry, non-profit, public sector entities and other commercial enterprises. Proposed training must be within the Board's following targeted industries: Transportation/Warehousing, Natural Resources/Energy/Utilities, Construction, Retail Trade, Education, Health Services/Social Assistance, Accommodations/Food Service, Finance/Insurance, and Government.

A group of employers can combine efforts to form a consortium; however, the consortium must be within the same industry.

Employers that have previously been awarded IWT funds may be eligible to receive funds a second time, if their previous training demonstrated successful performance and increased wages/promotions of 75% of the participating employees.

Required Performance Measures

- Training must be completed within the contracted period.
- Ninety percent (90%) of the participants must successfully complete the training.
- Participants must attend ninety (90) percent or more of training sessions.

Section 4: Selecting a Training Provider

The employer must identify a training provider as part of the application submission. The employer may partner with a community college, university, training institution, private vendor, or utilize in-house training resources. If utilizing in-house training, the employer must be able to document that IWT funds are not being used to supplement wages of current staff.

An employer may choose to provide its own training curriculum, have one customized or purchase an already developed training curriculum(s).

Section 4: Funding and Contracting

Employers that are selected to receive IWT funds must enter into an agreement with the Board. The Board's agreement for this program is based on final negotiations on the statement of work and budget. The awarded agreement(s) will be **cost reimbursement**. The Board shall **reimburse** the contractor for actual expenditures not to exceed line item costs. The length of any contract is based on the approved schedule(s). The Board will require participant reports, narrative reports, and post training reports that shall be submitted at specified intervals.

The Board intends to utilize funds for skills training programs that are instructional based. **The Board will not approve non-instructional activities such as seminars, conferences, meetings and workshops.**

Section 5: Technical Assistance

At any time, assistance will be provided on the background, purpose, general instructions and submission requirements. The Board will not assist in the development (writing) of the application. The contact person for this application is:

Ludi Solis, Research and Development Supervisor
Workforce Solutions for South Texas
1701 E. Hillside Road
Laredo, Texas 78041
(956) 722-3973 ext. 239
(956) 725-2341 Fax
Ludivina.Solis@twc.state.tx.us

Section 6: Submission Requirements

Applications must be typed in English and in English. An original application and (4) copies of the RFA must be submitted.

Applications will be evaluated upon submission. Due to funding availability, it is to the advantage of the employer to submit their application as early as possible

Applications may be mailed or hand-delivered. Electronic or faxed application will not be scored.

Mail submissions to:

Ludi Solis
Workforce Solutions for South Texas
P.O. Box 1757
Laredo, TX 78044

Hand-deliver submissions to:

Ludi Solis
Workforce Solutions for South Texas
1701 E. Hillside
Laredo, TX 78044

Applicant must submit complete application package in same sequential order provided.

Section 7: Selection Criteria

The Board will review and score submitted applications as follows:

Quality of Training Program	30
Includes the number of employees receiving training, number of training hours, curriculum and training provider(s)	
Demonstrated Effectiveness	20
Includes past performance of employers who previously utilized the IWT Program (if applicable) and other related performance.	
Measurable training outcomes/objectives	30
Includes wage increases, promotions of employed workers upon successful completion of the training.	
Cost Effectiveness	20
Includes cost per participant, submission of allowable and reasonable proposed costs.	

The Board shall evaluate and score all complete applications. An employer or consortium must score at least an average of **70 Points** to be considered for award.

Complete and return the following information.

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Part One: General Information

Business (Consortium) Name:	
Contact Person:	
Physical Address:	
City, State, Zip Code:	
Telephone:	
Facsimile:	
Email:	
Internet Website:	

Part Two: Background Information

Total Number of Employees to be Trained:	
Total Number of Employees:	
Total Cost of Training:	
Date Business was Established:	

Type of Business:

- Sole Proprietor Partner Corporation
- Government/Public Community-Based Organization/
Faith-Based Organization
- Other: _____

Signature Authority:

I certify that I have read and understand the requirement of this application and attest that all information is true and accurate to the best of my knowledge.

Signature: _____

Type Name and Title: _____

Date: _____

Statement of Work

Program Design: Briefly describe the initiative/program being requested.

1. Describe the proposed training project, including purpose, goals, project outcomes, and benefits that the employer(s) and participants will receive.
2. How will your business measure and evaluate how this initiative met your needs (post-training expectations)?
3. Identify the total (unduplicated number of participants to be served during this project. Provide specifics regarding how you will manage and track participants through the program (e.g. registration, attendance, and outcomes). Identify the specific measures that you will take to ensure that you meet the planned number of participants served, that participants are determined eligible by Workforce Solutions for South Texas prior to attending training, that participants are enrolled in training timely and that participants complete the training program within the contracted period.

Capacity Building: Briefly describe the benefits that may be available to employee(s) as the result of this initiative/program?

1. What incentives will your employees receive for participating in this initiative?

2. How will employees utilize the newly-acquired skills in the company?

3. What monetary (bonus, pay increase, etc) or promotional rewards will be provided for employees that obtain this training?

General Questions:

Training Needs Assessment

Describe the type of training desired to increase the skills and productivity of the employees.

How many employees does the company plan to train under this initiative/program?

Full Time: _____

How does your company define Full-Time?

Part Time: _____

What is the range of part-time hours that employees work (those that will participate)?

What schedule and location is most beneficial for the company?

Schedule

During working business hours

After business hours

Weekends

Other: _____

If available, provide the following training information:

Training Provider Information:

Type of Training:

Number of Employees to be Trained

Training Site:

Training dates:

Schedule:

Total training hours

Cost:

All costs must be deemed necessary and reasonable and shall be subject to negotiations.

List any specific requirement or circumstances that you think will assist the Board in partnering with you to make this initiative/program successful.

**CERTIFICATION REGARDING DEBARMENT,
SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION
LOWER TIER COVERED TRANSACTIONS**

This certification is required by the Federal Regulations, implementing Executive Order 12549, Government-wide Debarment and Suspension, for the Department of Agriculture (7 CFR Part 3017), Department of Labor (29 CFR Part 98), Department of Education (34 CFR Parts 85, 668 and 682), Department of Health and Human Services (45 CFR Part 76).

(1) The prospective recipient of federal assistance funds certifies, by submission of this certification, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

(2) Where the prospective recipient of federal assistance funds is unable to certify to any of the statements in this certification, such prospective recipient shall attach an explanation to this certification.

Name and Title of Authorized Representative

Signature

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

A. The grantee certifies that it will continue to provide a drug-free workplace by:

- (1) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the work place and specifying the actions that will be taken against employees for violation of such prohibition.
- (2) Establishing an ongoing drug-free awareness program to inform employees about:
 - (a) The dangers of drug abuse in the workplace;
 - (b) The grantee's policy of maintaining a drug-free workplace;
 - (c) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (d) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (3) Making it a requirement that each employee be engaged in the performance of the grant be given a copy of the statement required by paragraph (1).
- (4) Notifying the employee in the statement required by paragraph (1) that, as a condition of employment under the grant, the employee will
 - (a) Abide by the terms of this agreement;
 - (b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (5) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (4)(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless The Federal agency has designated a central point for the receipt of such notices. Notices shall include the identification number (s) of each affected grant.

- (6) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (4) (b), with respect to any employee who is convicted-
 - (a) Taking appropriate personnel action against an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (7) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (1), (2), (3), (4), (5), and (6).

B. The grantee may insert in the space provided below the site (s) for the performance of work done in connection with the specific grant:

Place of Performance:

Check [] if there are workplaces on file that are not identified here. Not applicable

Name of Applicant Organization: _____

Name and Title of Authorized Signatory: _____

Signature: _____ Date: _____

**CERTIFICATION REGARDING ADHERENCE TO EQUAL OPPORTUNITY
EMPLOYER REQUIREMENTS**

Is the Business an Equal Opportunity Employer?

Yes

No. Explain why? _____

Name of Applicant Organization: _____

Name and Title of Authorized Signatory: _____

Signature: _____ Date: _____

CERTIFICATION REGARDING CONFLICT OF INTEREST

By signature of this proposal, Proposer covenants and affirms that:

- (1) no manager, employee or paid consultant of the Proposer is a member of the Policy Board, the President, or an manager of the STWDB;
- (2) no manager, or paid consultant of the Proposer is a spouse to a member of the Policy Board, the President, or an manager of the STWDB;
- (3) no member of the Policy Board, the President or an employee of the STWDB owns or controls more than a 10 percent of the proposing agency;
- (4) no spouse of a member of the Policy Board, President, or employee of the STWDB is a manager, or paid consultant of the Proposer;
- (5) no member of the Policy Board, President or employee of the STWDB receives compensation from Proposer for lobbying activities as defined in federal laws or Chapter 305 of the Texas Government Code;
- (6) Proposer has disclosed within the Proposal any interest, fact or circumstance which does or may present a potential conflict of interests;
- (7) should proposer fail to abide by the foregoing covenants and affirmations regarding conflict of interest, Proposer shall not be entitled to the recovery of any costs or expenses incurred in relation to any contract with the STWDB and shall immediately refund to the STWDB any fees or expenses that may have been paid under the contract and shall further be liable for any other costs incurred or damages sustained by the STWDB relating to that contract.

Name of Applicant Organization: _____

Name and Title of Authorized Signatory: _____

Signature: _____ Date: _____

Incumbent Worker Training REGISTRATION FORM

The following shall be utilized by Workforce Solutions for South Texas to gather information for the training program required by your employer. Please complete the form and sign at the bottom. All information will be kept confidential.

Social Security Number: _____ - _____ - _____ Date of Birth _____

Personal Information:	
Name (Last, First, MI)	
Address:	
Home Telephone:	
Work Phone (Self or Parent)	
City, State and Zip Code:	
Citizenship	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien Card INS expiration date: _____ Number: _____ <input type="checkbox"/> Other _____
Highest Education Grade Completed:	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race:	<input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> Asian-Pacific Islander <input type="checkbox"/> Other: _____
Selective Service Registration Number	

Training Participant Acknowledgement Statement:

I acknowledge that the information provided above is true to the best of my ability. I further understand that the training provided by my employer or school will assist to further develop my skills and that I will maintain my best effort to complete the training program. I also authorize the Texas Workforce Center to obtain training completion information from my employer.

Student Signature: _____ **Date:** _____

***Parent Signature:** _____ **Date:** _____

* Parent or Guardian signature if under 18 years old.