

I Cubed 3 Business Training Grant

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GUILFORD COUNTY INCUMBENT WORKER TRAINING GRANT

APPLICATION PROGRAM YEAR

June 1, 2020 – July 31, 2021



**NORTH CAROLINA
DEPARTMENT of
COMMERCE**



I Cubed 3 Business Training Grant

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Developed by the GuilfordWorks, the **I Cubed Incumbent Worker Training Grant** provides dollars for **skill gap training** that may be a result of workers' changing responsibilities/requirements in their job, or for workers whose jobs may potentially be eliminated and/or skill upgrading is need to accept new responsibilities. Through this effort, regional businesses...

*Fill Existing Skill Gaps
Train Employees for New Technologies
Improve Company Stability*

Grants of **up to \$20,000** are awarded to eligible businesses in Guilford County for training of their workforce in areas including, but not limited to:

- Technical training
- Certifications
- Leadership development
- Soft skills
- Professional development

Training may be for individual contributors, leaders, departments and/or teams.

Funding available for up to 12 months from time of award notification. Companies may reapply in subsequent years –*lifetime maximum of \$60,000* may be awarded to any individual business.

Focus and priority given in decision making for the following:

1. Employer and Employee Improvement:

- Deploying new technologies; diversifying into new lines of business to gain competitive edge
- Developing high potentials and succession planning
- Advancing employee skills to promote career progression
- Retaining critical talent
- Averting layoffs
- Demonstrating commitment to tracking training effectiveness and return on investment

2. High growth and in demand industry sectors:

- Aviation
- Healthcare
- Advanced manufacturing
- Transportation & Logistics

3. Small Business:

- Employ 250 or less employees in a Guilford County location/or a group (business) applicant cannot have no single employer within the group that may employ more than 250 workers



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Eligibility Requirements

- ✓ Employers must have:
 - Operation(s) in Guilford County
 - Five (5) employees or more in Guilford County
 - Operated in NC for the last twelve (12) months
 - Current status on all state and local tax obligations
 - Ability to pay required % business match
(*This match is fulfilled with wages paid during training, training equipment purchases, onsite facility usage, employees' food and travel, or lodging*). 10% for employers with 50 employees or less; 25% for employers with 51-100 employees; 50% from employers with more than 100 employees

- ✓ Training participants must:
 - Be at least 18 years of age
 - Be a current employee of the business, per the Fair Labor Standards Act (FLSA)
 - Have established, documented employment with employer for six months or more
 - Work within a Guilford County facility
 - Citizen of the US or a non-citizen whose status permits employment in the US

Training Providers and Delivery Methods

Employers select their training provider of choice. Upon request, GuilfordWorks will provide recommendations and resources for employers to independently evaluate.

Delivery methods supported include classroom instruction (*onsite or at designated provider location*) and web-based learning,

Application and Funding

Visit <http://guilfordworks.org/business/small-business-training-grants/> to request the application and for additional information.

- All applications must be submitted by the last business day of the month
- Review and Decision made within 30 business days after submittal deadline

As training course(s) are completed, employer will submit invoice to GuilfordWorks for review and processing. Reimbursements will be issued within 30 days of receipt. Grant funding must be used within 12 months of award notification.



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Guilford County Workforce Development Grant Application

Company Name:			
Mailing Address:			
Physical Address:			
City/State:		Zip:	County:
Primary Contact:		Title:	
Phone:	Ext:	Fax:	
E-Mail Address:		Company Website:	
Employee Headcount in Guilford County:		Total Employee Headcount:	Years in Business:
Company Ownership:	___ Sole Proprietor	___ Partnership	___ Corporation
	___ For-profit	___ Not-for-profit Designation _____	Other: _____
Federal Taxpayer Identification #:			
Unemployment Insurance ID#:			

Our business is registered minority owned. If so, (Please check one of the boxes below)

- | | |
|--------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Women owned | <input type="checkbox"/> Asian/American owned |
| <input type="checkbox"/> African/American owned | <input type="checkbox"/> Native/American owned |
| <input type="checkbox"/> Hispanic/American owned | <input type="checkbox"/> Other minority owned (specify): |

- | | | |
|---------------------------------------------------------------|-----|----|
| Is your company current on all North Carolina state taxes? | YES | NO |
| Is your company current on all federal taxes? | YES | NO |
| Is your company current on all county, city and local taxes? | YES | NO |
| Is your company subject to a collective bargaining agreement? | YES | NO |



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(If "Yes," please attach a letter of endorsement for the training from the authorized union official)

Business Case (include attachment with detailed response to questions below):

1. **What are the current challenges your organization is looking to address?** If you could overcome these challenges, what would happen to your company's financial situation?
2. **What negative impact has your business encountered by not having the sufficient skills addressed in this training program?**
3. Clearly identify the learning goals and organizational objectives of the proposed training program:
 - Significantly increase employee skills Save jobs within our business
 - Result in employee wage increases Help prevent business relocation
 - Other _____
4. How will these identified training goals help your organization reach the objectives described in the previous question?
5. What metrics will your organization track in order to assess the final value of the training program?
6. How will your organization sustain the training to ensure maximum impact?
7. What will be done to assess and stimulate application of the learning back on the job?
8. How will successful completion of this training program impact your ability to compete within your organizations market?
9. How will this training affect or translate to financial growth of your organization?
10. What is the potential adverse action for your organization if this training effort **does not** move forward?



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Please check all boxes that apply. Attach additional sheets if necessary.

Incumbent worker training is necessary due to:

- | | |
|------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Business expansion | <input type="checkbox"/> Changing industry requirements |
| <input type="checkbox"/> Retooling of our business process | <input type="checkbox"/> The introduction of new services/product lines |
| <input type="checkbox"/> New organizational structuring | <input type="checkbox"/> Avert a layoff |
| <input type="checkbox"/> New technology | <input type="checkbox"/> COVID-19 pandemic related |

Please provide an explanation of the selections above:

Anticipated outcomes resulting from the proposed training (Check all that apply)

- | | |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Will help prevent possible relocation of operations (layoff aversion) | <input type="checkbox"/> Will make this location more competitive |
| <input type="checkbox"/> Will assist in the training of veterans | <input type="checkbox"/> Will assist in the training of minorities |
| <input type="checkbox"/> Will assist in training of the disabled | <input type="checkbox"/> Important to the stated mission of our company |
| <input type="checkbox"/> Will contribute to the long-term viability of our company | <input type="checkbox"/> Will contribute to the short-term viability of our company |
| <input type="checkbox"/> Will be an important component of our company's overall workforce development efforts | <input type="checkbox"/> Will assist in the improvement of international trade opportunities |



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Anticipated Measurable Outcomes

- | | |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Will save jobs within the company (How many?) | <input type="checkbox"/> Will create openings in entry-level positions |
| <input type="checkbox"/> Will create new jobs within our company | <input type="checkbox"/> Will improve the unit/labor costs by ___percent |
| <input type="checkbox"/> Will improve the long-term wage levels of trainees by ___percent | <input type="checkbox"/> Will improve the short-term wage levels of trainee by ___ percent |
| <input type="checkbox"/> Will lower employee turnover in our company by ___ percent | <input type="checkbox"/> Will increase overall efficiency of the company by percent |
| <input type="checkbox"/> Increase profit margin by percent over the next months | <input type="checkbox"/> Increase/retain sales by ___ percent over the next _____ months |

Please note that no proprietary or individually identifiable information will be shared publicly without prior written permission from the business.

Please complete the attached SMART Goals template to capture the goals and objectives of the requested training.

$$\frac{\text{Revenues from Investment - Cost of Investment}}{\text{Cost of Investment}} \times 100 = \text{ROI (\%)}$$



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Proposed Training Plan

The following details must be completed for each training participant receiving **I Cubed 3 Business Grant funding**. If a department or team is doing a group session, please include the department and/or team name below. Individual participant information will be collected in final processing.

Participant or Department (Team) Name:		
Title (<i>Individual Participant</i>):		
Number of Employees to be Trained:	Total Amount of Funding Requested:	
Phone number:	Email:	
Course Title:		
Course Description and Learning Objectives: (Attachment B)		
Training Duration (# hours of training):		
Training Start Date:		
Training End Date:		
Training Provider Name:		
Mailing/Physical Address:		
City:	State:	Zip Code:
Primary Contact:		
Telephone:	Email:	
Instructor Name (<i>attach bio with qualifications/credentials relevant to selected course</i>):		
<i>Please complete additional copies of this page if you are requesting multiple components of training.</i>		



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BUDGET

Application request should reflect only the amount of funds needed to meet immediate training needs. Awarded funds must be utilized within 12 months of notification. The following details must be completed for any training program utilizing **I Cubed 3 Business Training Grant funding**.

NOTE: Funding is for instruction fees only; *Expenses related to training equipment, facility usage, travel expenses/meals and/or trainee wages are not eligible for reimbursement.*

**Funding availability is determined by the GuilfordWorks and is subject to change.*

Category	Amount	Provider/Supplier	Line Item Narrative
Instructor Fees/Tuition			
Manuals/Textbooks (itemize)			
Training Certifications, Certificates, Credentials, Licenses, Tests			
Materials/Supplies			
Required Employer Matching Funds *			
Other			
Amount Requested:			

**Required business match may include wages paid during training, training equipment purchases, onsite facility usage, employees' food and travel, or lodging*

- 10% for employers with 50 employees or less
- 25% for employers with 51-100 employees
- 50% from employers with 101 or more employees



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Reimbursable Expenses

Only expenses specifically included in the final contract budget will be allowed and may include:

- ✓ Instructor/trainer fees, tuition and/or registration expense
- ✓ Textbooks and manuals directly related to training
- ✓ Training certifications, licenses, credentials and tests
- ✓ Training materials and supplies directly related to training

Non-Reimbursable Expenses

- Training-related software or equipment to provide the training
- Employee wages or fringe benefits
- Compensation for third party preparation and/or management of proposals/ contracts or for consulting fees
- Expenses incurred prior to the start date of the contract or after the contract ends
- Capital improvements, purchase of real estate, and construction or renovation costs
- Business relocation expenses or other similar / related expenses
- Employment or training in sectarian activities
- Costs associated with in-house company trainers. Trainers employed by any business whose employees are being trained to include parent company employees
- Travel expense
- Curriculum design or development expense
- General office supplies not specific to the training itself
- Non-personnel service costs such as postage and copying expense
- Website design, development, or upgrade expenses
- Membership fees or dues
- Publicity/public relations costs
- Job/position profiling
- Food, beverage, entertainment, and/or celebration related expenses
- Courses that are part of a trainee's pursuit of an educational degree
- Continuing Education Units (CEUs) and other training that is specifically required for an employee or entity to maintain licensure, certification or accreditation

GuilfordWorks will conduct monitoring of the project during the term of the contract. In addition, your business services representative will conduct quarterly follow-ups with your organization for the first 12 months after training.



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A final report and invoice must be submitted within 45 days of project completion date. The final reimbursement will not be distributed until receipt of the final report.

Federal requirements mandate that the following data for each training participant must be provided:

- Please complete the attached participant information sheet for all employees that are taking part in the incumbent worker training. By completing this, you are attesting that the employees are the age of 18 or older and that they are authorized to work in the United States. This information sheet must be completed and returned to the GuilfordWorks prior to the start of training for employees. In addition, both the employer and the individual employees must be registered on www.ncworks.gov.

These are federal and state requirements that cannot be waived.

AUTHORIZATION AND CERTIFICATION

As an authorized representative of **(XYZ company)** submitting this application, I hereby certify that:

- **(XYZ company)** meets the requirements and is eligible to submit this application;
- The information contained in this application is true and accurate and reflects the intentions of the **GuilfordWorks I Cubed 3** Business Training Program;
- I am aware that any false information, intentional omissions, or misrepresentations may result in rejection of the application and possible disqualification for future funding;
- I am aware that any false information, intentional omissions, or misrepresentations may subject **(XYZ company)** to civil or criminal penalties;
- **(XYZ company)** agrees to adhere to all reporting requirements; and to respond to a Customer Satisfaction Survey(s), if asked: and
- **(XYZ company)** agrees to provide all requested data elements as required for federal reporting.

Further, **(XYZ company)** shall not discriminate against any employee because of race, color, religion, sex, national origin, age, disability, or political affiliation or belief.

Print Name

Title

Signature

Date





Performance Management SMART GOAL SETTING Template

Goal	Specific <i>Who? What, When? Where? Why?</i>	Measurable <i>How will I know when it is accomplished?</i>	Attainable <i>Can objectives pertaining to the goal be carried out? How?</i>	Relevant <i>How does this goal help you to meet your overall objective?</i>	Time-bound <i>Completed/ milestones achieved by end of Performance period</i>
e.g. I want to build better relationships with my team	Encourage two-way communication with employees Decrease conflicts Learn coaching skills	Less attrition in my department Staff come to me when they have a problem Issues and conflicts are resolved	Prioritize weekly employee one on ones Take a coaching course Schedule team building activities	Better relationships will help our department reach our overall department goal of increased student satisfaction and quality programming	All training and team building activities will be completed within the next 6 months
e.g. SMART Goal: Through increasing communication and team building, I will build better relationships my team. I will take training to gain the needed coaching skills and prioritize weekly one on one meetings. I will also schedule 2 team-building sessions. All these initiatives are to be completed by December 2014. Based on these efforts employees will be proactive in discussing issues with me and problems will be resolved efficiently which will ultimately lead to less attrition in my department.					
Goal	Specific <i>Who? What? When? Where? Why?</i>	Measurable <i>How will I know when it is accomplished?</i>	Attainable <i>Can objectives pertaining to the goal be carried out? How?</i>	Relevant <i>How does this goal help you to meet your overall objective?</i>	Time-bound <i>Completed/ milestones achieved by end of Performance period</i>
SMART Goal:					



Performance Management SMART GOAL SETTING Template

Goal	Specific <i>Who? What? When? Where? Why?</i>	Measurable <i>How will I know when it is accomplished?</i>	Attainable <i>Can objectives pertaining to the goal be carried out? How?</i>	Relevant <i>How does this goal help you to meet your overall objective?</i>	Time-bound <i>Completed/ milestones achieved by end of Performance period</i>
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Goal	Specific <i>Who? What? When? Where? Why?</i>	Measurable <i>How will I know when it is accomplished?</i>	Attainable <i>Can objectives pertaining to the goal be carried out? How?</i>	Relevant <i>Does this goal help you to meet your overall objective?</i>	Time-bound <i>Completed/ milestones achieved by end of Performance period</i>
SMART Goal:					