

Workforce Development Training Fund Eligibility Requirements and Application Instructions

The Workforce Development Training Fund – WDTF – can reimburse employee training costs to eligible companies that are bringing jobs to Idaho, adding jobs through expansion and/or retraining existing workers with skills necessary for specific economic opportunities and industrial expansion initiatives; to provide training solutions to meet industry specific workforce needs or local workforce challenges. The fund is financed by employers through an offset to the unemployment insurance tax. More detailed information and guidelines can be found at: labor.idaho.gov/wdtf

For assistance, please contact your Regional Business Specialist:
(<http://labor.idaho.gov/dnn/idl/Businesses/ContactaBusinessSpecialist.aspx>)

Eligibility Requirements:

In order to qualify, the following must be met:

1. Your company produces a product or provides a service that is mainly sold (more than 50%) outside the region where your business is located; OR your company is in the Healthcare Industry
2. Position(s) being funded by the Workforce Development Training Fund must be full-time permanent and pay a minimum starting wage of at least \$12 an hour
3. Your company must provide employer assisted medical benefits for those positions
4. Your company is a) new to Idaho, or b) expanding in Idaho and training new staff, and/or c) upgrading the skills of current Idaho full-time employees for specific economic opportunities or industrial expansion initiatives.
5. The training should provide employees with identifiable skills that meet industry-specific workforce needs or address local workforce challenges (filling skill gaps).

Application Instructions:

TAB 1: Company Information

1. **Application type:** Click in the box, then click on drop down arrow to choose one of the following:
Creation: new hire training
Retraining: incumbent (current employees) training

Creation & Retraining: new hires and incumbent training

II. **Company Information:** all fields must be complete for verification and correspondence.

III. **Contact Information:**

a. **Contract Administrator :** will be responsible for working with Department of Labor staff to complete the application, answer questions, track outcomes, and submit reimbursement requests for the term of the contract (examples: local Plant Manager or HR Manager).

b. **Contract Signator** - the person authorized to sign the contract on behalf of the company.

IV. **Company Background Information:**

1. **Describe the nature of the company's business, including the type of products and services provided?** Provide detailed information on the nature of your business, what your business does, and markets you serve.
2. **What percentage of your company's product or service are sold outside your region (county) and where?** Provide detailed information. To be eligible your company must sell more than 50% of your product or service outside of your county where your company is located.
3. **Number of existing full-time employees in Idaho:** How many full-time positions currently exist at the Idaho site. Do not include part-time, temporary or contract employees.
4. **Number of positions to be trained:** If you chose "Creation" enter in the total number of new positions created. If you chose retraining enter in the total number of employees to be retrained. If you chose "creation and retraining" enter in the combined total for both.
5. **Please share your story about why your company needs workforce training.** How will your training program provide training solutions to address industry specific workforce needs or local workforce challenges?
6. **What employee benefits do you offer?** To be eligible, your company must provide employer assisted medical benefits. Please list the employee benefits your company offers, such as medical, dental, and 401K.

TAB 2: Positions to be trained

List Job Creation and/or Positions to be retrained.

Column A: Enter N for new positions, or Enter R for retrained incumbents

Column B: Enter the position title

Column C: Enter the number of positions

Column D: Enter hourly starting wage. If salaried, divide the annual salary by 2080 hours

Column E: Enter “Y” to confirm you have submitted job descriptions with your completed application as attachments via email to your Regional Business Specialist

TAB 3: Proposed Training Plan

Training types may include the following:)

- **Vendor Training** - training provided by third parties, e.g. Colleges, Suppliers, Private training programs, TechHelp.
- **Registered Apprenticeship** - Registered Apprenticeships are innovative work-based learning and post-secondary earn-and-learn models that meet national standards for registration with the U.S. Department of Labor.
- **Credential (Industry Recognized)** - A nationally recognized degree or certificate or state/local recognized credential. Credential includes but is not limited to a HS diploma, GED or other recognized equivalents, postsecondary degrees/certificates, recognized skill standards and licensure or industry recognized certificates.
- **Certificate/Badges** - Recognition of an individual attainment of measurable technical or occupational skills necessary to gain employment or advance in an occupation. These technical or occupational skills are based on industry developed and endorsed standards.
- **Structured On-The-Job Training** - Must have a train-the-trainer component. Trainer is required to take methods-of-training course, included are measurable competencies and specialized equipment training that would provide employees with an industry wide transferrable skill. This training should demonstrate a structured curriculum that is well-implemented and well-monitored.
- **Training within Industry (TWI)** - uses a learn-by-doing approach to teach essential skills for supervisors and team leaders to be “trained trainers”. It is composed of three main programs: Job Relations, Job Instruction and Job Methods.

Include Training Topics by title, Specific Skills Gained, Credentials or Certifications, Position Titles, and related cost of Vendor or In-House (Structured on the Job) training.

Column A - Please list each topic of training by title

Column B - List specific skills attained in training. (Please do not include company orientation to the new job)

Column C - List any type of credential or certification to be earned upon completion of training, (see the pop out for additional information by clicking on this cell)

Column D - List the job title for each position that will receive this training

Vendor Training: This section covers all information pertaining to training provided by an outside source.

Column E - Enter the number of employees that will receive this external training.

Column F - list the name of each vendor\third party that will provide training, include those vendors who include training with equipment purchases

Column G - list the amount of any vendor or third party training charges, if training is included as part of the cost of equipment purchases, list as \$0.00, if itemized cost as part of purchase, include itemized cost

Column H - indicate if the vendor\third party charges a flat fee or tuition per student for the training

Column I - included the cost of any materials not included in the vendor\third party fee, e.g. workbooks, notepads, binders, etc.

Column J-L Indicate the cost of travel associated with vendor\third party training sessions, these costs may be for vendor\third party trainer related travel or for trainees to attend training at vendor locations (requires advance approval in contract)

Internal Training: This section covers all information pertaining to training provided in-house by existing employees that have been trained and designated as “trainers” for new hires.

Column N - enter the number of positions that will receive this internal training.

Column O - describe the methods used for providing internal structured-on-the-job-training: for example apprenticeship, SOJT, TWI, (see the pop out for additional information by clicking on this cell)

Column P - indicate the internal trainers’ fully loaded hourly rate, this rate includes the hourly wage (annual salaries calculated to hourly rate by dividing salary by 2080 hours) plus the cost of overhead and benefits.

Column R - Total # of internal trainer hours (*) for the topic of training. If training consists of a combination of vendor\third party and internal training please describe how the two work together. *Trainer hours are defined as hours the trainer spends teaching/instructing the new hire on skills and competencies.

Column S - include the cost of any materials needed for training sessions, e.g. workbooks, notepads, binders, etc.

Column T-V Indicate the cost of travel associated with internal training sessions, these costs may be for internal trainer related travel or for trainees to attend training at other company locations (requires advance approval in contract)

Columns M, Q and W will calculate automatically, no entry in these columns is needed

TAB 4: Training Summary - for Department use only.

If you have any questions, please contact your Regional Business Specialist at:
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