

Instructions for Incumbent Worker Training (IWT) Application

Division of Employment and Training Services

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What is the Purpose of the IWT Application?

The IWT Application is how employers apply to the IWT Program funded by the Workforce Innovation and Opportunity Act.

General Eligibility Requirements

Employers:

- For-profit, non-profit, or public sector business that is not a temporary employment agency, employee leasing firm, staffing agency, casino or other gambling establishment, aquarium, zoo, golf course, or swimming pool.
- In operation for at least 1 year prior to application date.
- Has at least 1 employee who is an Alaska resident and a W-2 tax form.
- The employee must be paid at least the greater or 50% of the mean wage for the occupation in the region as defined by the Department of Labor's Research and Analysis website OR a minimum of \$15.00 per hour.

Consortium:

- Serve employees of at least two different businesses in the same industry sector.
- Be a non-business entity that can apply on behalf of the businesses as the administrative entity.
- Provide training descriptions and outcomes for the employees participating in the proposed training.

Employees to be trained:

- Is an Alaskan resident working at a physical location in Alaska.
- US citizen or otherwise legally entitled to work in the US.
- Age 18 or older.
- If male and born on or after January 1, 1960, registered with the Selective Service unless an exception is justified.
- Has established employment history with the business of at least six months.
- In an employer-employee relationship as defined by the Fair Labor Standards Act.
- Is not directly supervised by an immediate family member.

Instructions for Submitting Completed Applications

After completing, signing, and dating the application it may be submitted using any of the following methods:

- By email to dol.iwt@alaska.gov
- By fax at 907-376-4447
- In person at the Anchorage Midtown Job Center
- By mail to Business Connections IWT Program 3301 Eagle St., Suite 101, Anchorage, AK 99503

After submitting your application, an IWT Program staff member will reach out using the information provided on the application.

Disability Accommodations/Modifications

To request a disability accommodation/modification, reach out to the IWT Program staff by email at dol.iwt@alaska.gov or call the IWT Team at 907-269-4739.

How to Complete the Incumbent Worker Training Application

- Type or print legibly in black ink.
- If you need extra space to complete any item within this application, attach additional papers and clearly indicate the section and what information is being imparted.
- Answer all questions fully and accurately.
- Avoid highlighting, crossing out, typing/printing outside of the provided response area. If substantial corrections are necessary, complete a new application. If the application has already been submitted application and amendments are needed, reach out to your IWT Program representative.

Specific Instructions by Section

This application is divided into 4 parts.

Part I. Business Information

Information about the business

Provide standard business information including a website, if applicable, and contact information.

Name of Authorized Employer Representative

Indicate who the point of contact for the IWT Program staff will be. This person will need access to the provided communication method(s) and if they are not listed as the business owner, a letter of authorization will be requested. Authorization letters may be submitted with the application if appropriate.

Federal and State Employer Information Due Diligence Requirements

Per federal and state requirements active General Liability and Workers' Compensation Insurance Carriers are mandatory. If driving a company vehicle is required, Automobile Liability Insurance information must also be provided.

Part II. Training Information

Registered Apprenticeship Program

If the training is a US DOL Registered Apprenticeship Program, the Registered Apprenticeship sponsor's name and Program Registration Number must be provided along with a copy of the signed Standards of Apprenticeship.

Employees to be Trained

Enter the total number of employees to be trained this program year (July 1 – June 30) for IWT Program consideration. Include the employee’s legal name, hire date, position title, the credential or license to be earned through the training, and the anticipated training dates. If there are more than 5 employees to be trained, attach a list with the required information for the additional employees.

Training Project Detail

Provide information on the training provider, the course or program, the method of training, and the anticipated employee outcome.

Space has been provided with prompts for common employee outcomes such as enhanced employability, a wage increase, or a job upgrade.

In the additional information section, provide other benefits of the training for the business and/or employee(s). As an example, one could indicate how the training will increase the company’s competitiveness, viability, and/or profitability; create or save jobs; reduce turnover; and/or increase the short- or long-term wages of the employee.

Part III. Budget

Description of Allowable Costs Button

If accessing the document from a compatible device and have internet access (or data enabled), clicking this button will bring open page 9 of the Incumbent Worker Training Guide which describes allowable costs located on the Alaska Department of Labor and Workforce Development’s Incumbent Worker Training page.

For further clarification on whether a cost is allowable or how a cost should be clarified, reach out to the IWT Program by email at dol.iwt@alaska.gov or call the IWT Team at 907-269-4739 to be connected with a member of the IWT team.

The anticipated training budget includes all allowable Employer Contributions and costs expected to be reimbursed by the IWT Grant.

Personal Services

Using the provided space, identify the personal service cost in the description box then briefly indicate what the personal service cost is in the detail box under Employer Contribution. IWT Grant Reimbursement cannot be used for personal services, as it is always considered some or all of the required Employer Contribution.

As the amounts are entered, they will be summed in the final row of the chart, the Total Expenditures boxes, and the Anticipated Training Budget amount.

If there are more than 3 personal service costs and the information cannot reasonably be condensed to the provided lines, contact the IWT team at dol.iwt@alaska.gov to ensure your application is processed accurately.

Travel

Using the provided space, identify the travel cost in the description box then briefly indicate what the travel cost is in the detail box. Enter the anticipated IWT Grant Reimbursement amount and the Employer Contribution amount in the appropriate boxes.

As the amounts are entered into the IWT Grant Reimbursement amount and Employer Contribution amount boxes, they will be summed in the final row of the chart, the Total Expenditures boxes, and the Anticipated Training Budget amount.

If there are more than 3 Travel costs and the information cannot reasonably be condensed to the provided lines, contact the IWT team at dol.iwt@alaska.gov to ensure your application is processed accurately.

Contractual

Using the provided space, identify the contractual costs in the description box then briefly indicate what the contractual cost is in the detail box. Enter the anticipated IWT Grant Reimbursement amount and the Employer Contribution amount in the appropriate boxes.

As the amounts are entered into the IWT Grant Reimbursement amount and Employer Contribution amount boxes, they will be summed in the final row of the chart, the Total Expenditures boxes, and the Anticipated Training Budget amount.

If there are more than 3 contractual costs and the information cannot reasonably be condensed to the provided lines, contact the IWT team at dol.iwt@alaska.gov to ensure your application is processed accurately.

Training Supplies

Using the provided space, identify the training supplies cost in the description box then briefly indicate what the training supplies cost is in the detail box. Enter the anticipated IWT Grant Reimbursement amount and the Employer Contribution amount in the appropriate boxes.

As the amounts are entered into the IWT Grant Reimbursement amount and Employer Contribution amount boxes, they will be summed in the final row of the chart, the Total Expenditures boxes, and the Anticipated Training Budget amount.

If there are more than 3 training supplies costs and the information cannot reasonably be condensed to the provided lines, contact the IWT team at dol.iwt@alaska.gov to ensure your application is processed accurately.

Participant Services

Using the provided space, identify the participant services cost in the description box then briefly indicate what the participant service cost is in the detail box. Enter the anticipated IWT Grant Reimbursement amount and the Employer Contribution amount in the appropriate boxes.

As the amounts are entered into the IWT Grant Reimbursement amount and Employer Contribution amount boxes, they will be summed in the final row of the chart, the Total Expenditures boxes, and the Anticipated Training Budget amount.

If there are more than 3 participant service costs and the information cannot reasonably be condensed to the provided lines, contact the IWT team at dol.iwt@alaska.gov to ensure your application is processed accurately.

Total Expenditures and Anticipated Training Budget

There are boxes indicating the total amount expected to be reimbursed (IWT Grant Amount Total) and the amount the employer will not be reimbursed for (Employer Contribution Amount Total).

The Anticipated Training Budget box indicates the total anticipated costs for the training.

Number of Employees

At the bottom of the page is a line to indicate the number of employees within the business covered under the assigned Federal Employer Identification Number. After this section has been filled out, the Minimum Employer Contribution will be calculated based upon the Anticipated Training Budget. Per federal regulation, the minimum employer contribution is dependent upon number of employees with percentage requirements being indicated below.

- 50 or fewer employees → 10%
- 51 – 99 employees → 25%
- 100 or more employees → 50%

Part IV. Release/Certification

Read the information on this page carefully then sign and date the first signature line only.

If amendments to the application are required, sign and date the next available signature line as instructed by your IWT representative.