



# Incumbent Worker Training Program (IWTP) Customized Training

Application #: \_\_\_\_\_

## CONSORTIUM MEMBER OVERVIEW FORM

1.  Number of years Consortium Member has been in business.
2.  Number of years Consortium Member has been in business in Louisiana.
3. List employer's geographic locations in Louisiana (and # of trainees for each):
4. List employer's products and/or services:
5. List other sources of public (state/federal) funding employer is receiving for training presently or any pending proposals (if applicable):  
(Include Agency, Total Funds, Purpose, and Contract Time Frame)
6. Employer should check box for applicable categories below:
  - Company is a minority owned business.
  - Company is a woman owned business.
  - Employer has never received a training award under this program.
  - Employer has listed job openings with LWC within the last year.
  - Employer has participated in Workplace Safety Consultation with employees of the Office of Worker's Compensation Administration. (Submit Verification) Date of Participation:
  - Employer has hired recent recipients of the WIA Public Assistance program. (Submit Verification): (Include Name, Date of Assistance)
  - Employer has hired recent recipients of the UI Public Assistance program. (Submit Verification): (Include Name, Date of Assistance)
  - Employer has hired recent recipients of the FITAP Public Assistance program. (Submit Verification): (Include Name, Date of Assistance)
  - Employer has hired recent recipients of the Rehabilitative Services Public Assistance program. (Submit Verification): (Include Name, Date of Assistance)
  - Employer has hired individuals recently released from a Correctional Facility. (Submit Written Verification) (Include Name, Release, and Name of Facility)

7. Employers must certify that funds shall be used to supplement and not supplant existing training efforts. SUPPLANT is defined as an employer's diversion of normal training funding for other uses simply because training funds are awarded under the IWTP.

A. Current Training Expenses for the last 12 months\* [ ], please describe how/who/where those training dollars were spent. (example; occupations/number of employees trained in a particular subject, type of equipment purchased exclusively for training, etc.)

B. Projected Training Budget Amount for the next 12 months\* [ ], please describe how/who/where those training dollars will be spent. ( example: occupations/number of employees trained in a particular subject, type of equipment purchased exclusively for training, etc.)

NOTE: Employer's must certify that funds shall be used to supplement and not supplant existing training efforts. **Supplant** is defined as an employer's diversion of normal training funding for other uses simply because training funds are awarded under the IWTP.

\* Explanation of training budget must clearly indicate how the training budget was determined and that the employer fully intends to maintain the current level of funding for training purposes.

(In the event this application and subsequent contract is approved, this information must be maintained by the employer and be readily available for monitoring purposes throughout the contract period and three years after the date of final payment.)

8. Explanation of what impact training will have on company: