

NORTHERN TIER WORKFORCE DEVELOPMENT AREA WORKFORCE DEVELOPMENT BOARD

Craig Harting
Chairman

Frank Thompson
Workforce Director

Dear Northeast PA Health Care Industry Leaders:

The **Northeast Regional Health Care Industry Partnership** is a partnership of the four regional Workforce Development Boards (WDB's), (Bradford, Sullivan, Susquehanna, Tioga, Wyoming, Lackawanna, Luzerne/Schuylkill, Carbon, Monroe, Pike and Wayne counties) engaged by the PA Department of Labor and Industry to encourage regional development of the Commonwealth's existing Industry Partnership and Worker Training Programs.

Each WDB through the Industry Partnership is committed to promote education and training for incumbent workers to advance their careers and skill levels needed to strengthen the regional workforce. Attached is the Partnership's Worker Training Grant application for funding. The steps in the application process are as follows:

HOW TO APPLY:

- 1) **Eligible Applicants:** Partnership member's within the Health Care Industry NAICS codes.
- 2) **Consortium Training** is the purpose of this funding and will be given priority.
- 3) **Non-eligible trainings include:** Basic skills or entry level training that does not result in higher skill levels; Propriety training owned by a single business.
- 4) Submit a completed Health Care Worker Training Application (attached). Applications for training will be given priority on a first-come, first-serve basis. Applications can also be found at www.northerntier.org.
- 5) Applications must include a copy of the Training Proposal/Syllabus from the training provider.
- 6) Submit completed applications to Jody McCarty at NTRPDC, 312 Main Street, Towanda, PA 18848 or fax to 570-265-7585. Applications may also be sent electronically to mccarty@northerntier.org.
- 7) Employers must provide a \$1-\$1 match, of which 35% must be cash. Employers approved for funding are required to forward a signed Memorandum of Agreement (MOA) and a check for 35% of the total training cost within 30 days of notification of award and prior to the start of training. Failure to do so will result in the cancellation of the funding award and the applicant will be responsible for covering the costs of the training in its entirety. Training must be completed by June 30, 2017.
- 8) Training for any occupation not listed on the 2016 High Priority Occupation List is NOT eligible for Worker Training Grant reimbursement.
- 9) As a requirement by the PA Department of Labor and Industry, **Social Security numbers** are a condition of grant funding. These numbers must be entered in to the Commonwealth's training database (CWDS) upon completion of the training event.

If you have any questions, comments or would like assistance in this process, please contact Jody McCarty, at (570) 265-1516 or e-mail mccarty@northerntier.org

Sincerely,



Frank Thompson
Northern Tier Workforce Director

Health Care Industry Partnership Worker Training

Last updated: 7/1/16

APPLICANT DATA

Company legal name: _____

Doing business as name: _____ same as legal name check here: _____

Contact Person:

Contact Person's Title:

Branch/Name (ex. Towanda Office):

Mailing Address: Same as Location Address _____

Location Address:

Phone:

Fax:

Email:

Company Website:

COMPANY DATA

Size of Company:

#Employees at Location: _____

#Employees Worldwide: _____

Type of Company Ownership:

Union Affiliation:

Location of Headquarters:

Federal Employer Identification Number (FEIN):

Meets ADA Requirements: Yes or No Affirmative Action Employer: Yes or No

Federal Contracting Job Listing Employer: Yes or No

Business Description:

Industry Code (NAIC):

(North American Industry Classification Code)

Interested in Partnership member activities (Check all that apply):

Employer Meeting Host, Employer Panel, Employer Tour, Youth Activities

Resources utilized for recruiting:

PA Career Link, Newspaper only, Temp. Agencies, H.R. Firms Other

Have you applied for or received WEDnet funding? Yes No (www.wedpa.com)

What type of training are you applying for? (Briefly describe)

Is this consortium training? YES NO

Is this company specific training? YES NO

Is this third party vendor training? YES NO

Number of Employees to be Trained _____

Training Begin Date _____

Training End Date _____

Briefly describe your training needs and the impact of this training initiative - (wage increases, job creation, employee skill enhancement or advancement, process improvement, etc.)

Identify the training provider(s) or education institution(s) that will provide this training:
(Note: A copy of the training contract or training syllabus must be included with this application)

Trainer Provider: _____

Training Provider Contact: _____

Title of Training: _____

Address: _____

Phone: _____ **Fax:** _____

Email: _____

Training Grants are required to provide documentation of a “1 to 1” match. For each dollar of training funds requested, 35% will be a cash contribution on your part (your company pays 35% of the total training costs) and the remaining 65% will be in-kind contribution (resources your company expended to have employees attend the training). Below is an example:

TRAINING COST BREAKDOWN EXAMPLE:	
Total Training Cost = \$ <u>10,000</u>	
Grant Subsidy Request	Company Match
100% of Total Cost = <u>\$10,000</u>	Cash Contribution (35%) = <u>\$3,500</u> In Kind Contribution = <u>\$6,500</u> <i>Employee costs (wages/benefits) to attend training, computer and equipment usage, use of facilities, etc. represents in-kind contributions.</i>
TOTAL GRANT REQUEST: \$10,000	TOTAL COMPANY MATCH: <u>\$10,000</u> <i>“Company Match” must <u>equal OR exceed</u> the “Total Grant Request”.</i>

TRAINING COST BREAKDOWN (Please Complete)	
Total Training Cost = \$ <input style="width: 100px;" type="text"/>	
Grant Subsidy Request	Company Match
100% of Total Cost = <input style="width: 80px;" type="text"/>	Cash Contribution (35%) = <input style="width: 80px;" type="text"/> In Kind Contribution = <input style="width: 80px;" type="text"/> <i>Please detail employee costs (wages/benefits) to attend training, computer and equipment usage, use of facilities, etc. that will represent an in-kind contribution. In-kind contributions must equal or EXCEED the total Grant Request.</i>
TOTAL GRANT REQUEST: \$ <input style="width: 80px;" type="text"/>	TOTAL COMPANY MATCH: \$ <input style="width: 80px;" type="text"/> <i>“Company Match” must <u>equal OR exceed</u> the “Total Grant Request”.</i>

TRAINING ROSTER: All fields are required to be completed for each employee. Social Security Numbers are required by the PA Department of Labor and Industry. Social Security Numbers must be provided before training funds are released.

Company Name:

Title of Training:

Signature of Authorized Representative:

Mandatory Info:	Trainee #1	Trainee #2	Trainee #3	Trainee #4	Trainee #5	Trainee #6
Name (first & last)						
SS#						
Current Occupational Title						
Occupational Title After Completion of the Training						
Trainee Wage Gain Immediately After the Completion of Training? Answer Y/N. If YES, List increase amount per hour.						
Trainee Wage Gain 6-12 Months After the Completion of the Training? Answer Y/N. If YES, list increase amount per hour.						
Skill Enhancement? Answer Y/N – if YES, briefly explain.						
Career Advancement? Answer Y/N – If YES, briefly explain.						
List Certificate, Degree or Credential Received						

Optional Info:

Male or Female						
Ethnicity: 1.) Hispanic or Latino 2.) Not Hispanic or Latino						
Race: See legend below						

1) American Indian

2) Asian

3) Black/African American

4) Native Hawaiian or Pacific Islander

5) White

6) Two or more

Mandatory Info:	Trainee #7	Trainee #8	Trainee #9	Trainee #10	Trainee #11	Trainee #12
Name (first & last)						
SS#						
Current Occupational Title						
Occupational Title After Completion of the Training						
Trainee Wage Gain Immediately After the Completion of Training? Answer Y/N. If YES, List increase amount per hour.						
Trainee Wage Gain 6-12 Months After the Completion of the Training? Answer Y/N. If YES, list increase amount per hour.						
Skill Enhancement? Answer Y/N – if YES, briefly explain.						
Career Advancement? Answer Y/N – If YES, briefly explain.						
List Certificate, Degree or Credential Received						

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2) Asian

3) Black/African American

4) Native Hawaiian or Pacific Islander

5) White

6) Two or more

**ALL HEALTH CARE APPLICATIONS FOR TRAINING GRANT
SUBSIDY
MUST BE FORWARDED TO:**

**Northern Tier Regional Planning & Development
Commission Attn: Jody McCarty
312 Main Street
Towanda, PA 18848
570-265-7585 (fax)**

**ALL HEALTH CARE CHECKS (35% COST OF TRAINING)
ARE PAYABLE TO:**

Northern Tier Regional Planning & Development Commission