

ALABAMA WORKFORCE INVESTMENT SYSTEM

**Department of Economic and Community Affairs
Workforce Development Division
401 Adams Avenue
Post Office Box 5690
Montgomery, Alabama 36103-5690**

March 27, 2013

GOVERNOR'S WORKFORCE DEVELOPMENT DIRECTIVE NO. PY2009-10, Change 3

SUBJECT: Incumbent Worker Training Program

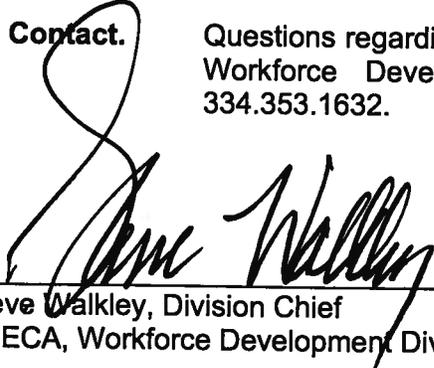
- 1. Purpose.** To update the required forms for the Incumbent Worker Training Program as administered by the Alabama Department of Economic and Community Affairs (ADECA).
- 2. Discussion.** The Workforce Investment Act (WIA), Incumbent Worker Training Program is funded by the United States Department of Labor and administered by the ADECA Workforce Development Division. The program is designed to provide funding assistance to qualifying Alabama businesses seeking to provide new or upgraded skills training to full-time, permanent employees.

The attached guidelines and application apply to state level Incumbent Worker Training Programs. Since the local workforce investment areas are given the option (via USDOL approved waiver) to fund Incumbent Worker Training programs, they may adopt these guidelines or develop their own procedures.

- 3. Action.** Please read and adhere to the current *Incumbent Worker Training Program Guidelines and Application*, attached. This information is also to be made available to all interested Program applicants. Access to the Guidelines and Application are available through the ADECA Workforce Development Division website: www.adeca.alabama.gov.

Please archive and cease to use all previously released IWTP Program Guidelines and Applications (January 2001 – December 2012) forms as they are no longer valid.

- 4. Contact.** Questions regarding the IWTP or this directive should be directed to Sara Calhoun, Workforce Development Division at Sara.Calhoun@ADECA.Alabama.gov or 334.353.1632.



Steve Walkley, Division Chief
ADECA, Workforce Development Division

Attachment

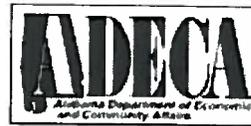
WORKFORCE INVESTMENT ACT

ALABAMA INCUMBENT WORKER TRAINING PROGRAM

PROGRAM GUIDELINES



Robert Bentley, Governor



WORKFORCE INVESTMENT ACT
ALABAMA INCUMBENT WORKER TRAINING PROGRAM
PROGRAM GUIDELINES AND FREQUENTLY ASKED QUESTIONS & ANSWERS

The Workforce Investment Act (WIA), Incumbent Worker Training Program (IWTP) is funded by the United States Department of Labor (USDOL) and administered by the Workforce Development Division of the Alabama Department of Economic and Community Affairs (ADECA). The purpose of the program is to provide assistance to Alabama employers to help with certain expenses associated with new or upgraded skills training of full-time, permanent company employees.

- Training project applications are reviewed on a first-come/first-serve basis, with priority given to companies that have not previously received IWTP funding assistance, until the budgeted funds are awarded.
- The WIA funds budgeted for each program year¹ has historically been approximately \$1,000,000.
- The maximum funding award for training projects is \$30,000 and the initial agreement duration may not exceed twelve months. (If multiple business locations apply for funding each location's workforce must generate a product or service that is unique to that site and/or that site must be located beyond normal commuting distance of a seventy-five (75) mile radius from the other applying locations.)
- Each business location must provide evidence of matching contributions, at least dollar-for-dollar, for the funds requested.
- With high demand and limited funding available, all applications will be evaluated to leverage other state, federal, and private funds with IWTP funds.
- The Workforce Development Division reserves the right to request follow-up information pertaining to the realized results of the funded training projects.

PROGRAM GUIDELINES

All Alabama companies (that meet the requirements outlined on the following pages) are eligible to apply for the WIA IWTP.

■ **BUSINESSES APPLYING FOR FUNDS MUST:**

- Be "for-profit" and have been in operation in Alabama for a minimum of two (2) years before the application date.
- Have at least one full-time, permanent employee, other than the owner of the business.
- Demonstrate financial viability and be current on all state and federal tax obligations.
- Present a training program that provides for new and/or upgraded job skills that are necessary for the company to maintain or increase competitiveness in a global economy and marketable work skills for the participating employees.
- Demonstrate the effect of the training on business operations and identify the skills that will be acquired by the employees.
- Include clear and measurable performance outcomes in the IWTP application.

■ **BUSINESSES NOT ELIGIBLE TO APPLY FOR FUNDS INCLUDE:**

- Any business currently receiving training funds from the Alabama Department of Economic and Community Affairs (ADECA) which are a duplication of training efforts outlined in the proposed IWTP project.
- Any business that has received funds, either directly or indirectly, from the State of Alabama under any previous training initiative and the terms of the agreement for training were not met or completed.
- Training Providers, Labor unions, or Government entities.
- Any business, or business division, that has relocated to Alabama within the past 120 days prior to application and the move resulted in any employee losing his/her job at the original location².
- Those that have received funding from a previous IWTP agreement and at least 24 months have not expired from the final ending date of that agreement.
- Any business which has reached the lifetime maximum award of \$60,000 from the Incumbent Worker Training Program.

■ **TRAINING SERVICES:**

- Can be provided through Alabama's public or private educational institutions, in- or out-of-State private training organizations, professional trainers hired by the company, or a combination of training providers.
- Can be conducted at the business's facility, the training provider's facility, or a combination of sites.
- Can be occupational skills training designed to meet special requirements of a business or industry.
- Can be educational training, other than degreed programs, such as workplace literacy, basic skills, "soft" skills, and English as a Second Language (ESL).

¹ The program year for the Incumbent Worker Training Program runs July 1 through June 30.

² WIA Regulations, 20CFR 667.268(a)(2).

■ REIMBURSABLE TRAINING EXPENSES (WITH PROPER DOCUMENTATION):

- Primarily non-company, professional instructors'/trainers' fees.
- Tuition costs for training courses or programs.
- Textbooks/manuals directly related to training.
- Expendable materials and supplies directly related to training.
- Computer software that is used 100% for training activities only.
- Curriculum development expenses.

■ NON-REIMBURSABLE EXPENSES:

- Trainee (employee) wages.
- Travel, food, or lodging expenses related to program participants and/or trainers.
- Purchases of capital equipment or other durable (long lasting/reusable) training materials/equipment.
- Capital improvements and purchase of real estate, to include the construction or renovation of facilities.
- Purchase of any item or service that may be used outside of the training project.
- Any training-related expenses incurred before project approval or beyond the ending date of the agreement.
- Any training currently being offered by the employer.
- Business-related expenses.
- Training in sectarian activities.
- Training costs associated with professional fields in which continuous education is necessary to retain professional certification, such as Certified Public Accountants, degreed medical professionals, insurance providers, attorneys, etc.
- Training which would result in advanced degrees such as associate, bachelor, master, or doctorate.
- Any costs not approved in the final agreement.

■ BUSINESS COMMITMENTS (IF FUNDS ARE AWARDED) INCLUDE:

- Completion of all WIA enrollment forms prior to training start dates. Social security numbers for all employees (who are to receive training) are a required part of the enrollment process. Companies whose employees do not wish to complete the enrollment requirements or provide the identification documents needed for verification should not apply for IWTP funds.
✓ Employees, including union-represented employees, need to be made aware of the data collection requirements prior to a company's submission of an application request.
- Participation in two (2) program assessments by the Workforce Development Division to evaluate the anticipated measurable results (projected return on investment, reductions in production costs, number of jobs saved (layoff aversion), number of expected new employees, sales increases, etc.) as outlined in the agreement.
- Entering into a written agreement with the ADECA/Workforce Development Division, which commits the business to complete the training project as approved in the agreement.
- Requesting in writing, and receiving approval from the ADECA/Workforce Development Division, modifications to the approved training activities prior to implementing changes. No increase in funds can be approved.
- Providing sufficient documentation to an Alabama Career Center System Job Developer (or Business Service Representative) for identification of all IWTP participants, as required, and all additional information deemed pertinent to the agreement administrator.
- Maintaining accurate records of the project's implementation process and certifying that all information provided for reimbursement requests and training activities is accurately reported.
- Submitting reimbursement requests with required support documentation, including evidence that the employer has paid the training expenses in accordance with the terms of the agreement.
- Submitting the final reimbursement request forms within 30 days of the end of the agreement or the end of the formal training, whichever is the earliest ending date of program activity.
- Notifying the Job Developer (or Business Service Representative) when all training activities have been completed.

■ PARTICIPANT (INCUMBENT WORKER TRAINEE) REQUIREMENTS INCLUDE:

- Employment in a full-time position at the Alabama facility for which the training is being provided. (Co-op or intern employees may be considered for program participation on a case-by-case basis.)
- Employees must agree to cooperate with data collection requirements to participate in the IWTP.
- Labor unions must endorse the training and data collection requirements for employees represented by labor unions prior to receiving funding approval.

■ TRAINING PROGRAM ASSESSMENT:

- Reviews will help to gauge the progress of the training and will also serve to address any concerns which may have occurred since the origination of the training program. (*Confidentiality Notice: No proprietary or individually identifiable information will be shared publicly without prior permission from the business.*) The program reviews will also help to demonstrate training results in relation to expected outcomes identified by the company on the initial application. The reviews will include the following:
 - ◆ Business growth or expansion as a result of the training,
 - ◆ Productivity and efficiency improvements as a result of the training,
 - ◆ Improved turnover to include layoff aversion and wage status of employees as a result of the training,
 - ◆ Description of how the training has allowed the use of new technology to improve current production practices, if applicable, and
 - ◆ Return on investment of federal funds and employer matching contributions relevant to the outcomes achieved from the newly acquired skills obtained from the training activities.
- Training outcomes (program performance) for each participant will be recorded for federal training statistics. This information will be submitted to the State Office for data entry. *Confidentiality Notice: No individually identifiable information (social security numbers, home addresses, etc.) will be shared publicly.* Relevant information collected will be used to determine if the participants have completed their training activities. This information will be used for statistical purposes only.

■ AVAILABILITY OF PROJECT APPLICATIONS AND GUIDELINES:

The Workforce Development Division will use the resources available through the ADECA to publicize the availability of the funds. The standard project application and guidelines are available at www.adeca.alabama.gov. Additionally, these documents are available from the local Alabama Career Centers.

FREQUENTLY ASKED QUESTIONS & ANSWERS

◆ **What is the Incumbent Worker Training Program?**

Funded by the USDOL and administered by the Office of Workforce Development of ADECA, the Workforce Investment Act (WIA) Incumbent Worker Training Program (IWTP) is designed to provide funding assistance to qualifying Alabama for-profit businesses to provide skills training to full-time, permanent company workers. The training must be a business necessity that will enhance the companies' abilities to compete in global economies, expand present markets, and help ensure the permanency (layoff aversion) of businesses in Alabama. For the workers, the training will upgrade present work skills, heighten job security, provide marketable skills, and increase the possibilities for higher wages and promotional opportunities. The Workforce Development Division staff members administer, monitor, and evaluate the training program. They also provide fiscal and agreement compliance assistance during the training process.

◆ **What kind of training can be funded by the WIA Incumbent Worker Training Program?**

Training can include, but is not limited to, industry or company-specific work skills, basic job skills, technical computer skills, new manufacturing technologies, equipment operation training, changes in production processes, and "soft skills", such as leadership, teamwork, communication, and management skills. The Workforce Development Division does not maintain a list of approved training providers for the WIA IWTP. Companies will select the type(s) of training and training provider(s) that meet their business and training requirements before submitting an application for consideration.

- ✓ Please note. Because of high demand and limited funds for the program, funding of training projects that provide the greatest potential for impacting the company's competitiveness and employee retention (layoff aversion) will receive the highest consideration.

◆ **Which companies are eligible to apply?**

For-profit Alabama companies that have been in business in Alabama for a minimum of two (2) consecutive years immediately prior to submitting an application are eligible. Applying company must also have at least one full-time, permanent worker (other than the owner), be financially viable, and be current on all state and federal tax obligations.

◆ **What information is required for the "Employer Contribution" portion of the program budget?**

The company must identify, in their WIA IWTP application, its contribution (company match) to the training program. The company contributions must equal at least a dollar-for-dollar match of the total requested funds, up to the maximum funding request of \$30,000. Company contributions may be comprised of trainee wages and benefits paid during the training period, equipment purchased for training, training materials and supplies, training curriculum development expenses, and travel and lodging costs. Documentation of matching expenditures must be provided by employers with certain funding sources, which will be clarified as appropriate in the individual IWTP sub-recipient agreements. Also, some fund sources do not allow employee benefits to be used as part of the matching requirement.

◆ **What information will the company need to maintain for the Training Program Assessment reviews?**

Once training begins, the company should maintain adequate records of the costs associated with the training, information about the training provider, a detailed description of training, and benefits the training activities have provided to the company and to the employees. This information will be used to document the impact the training has had on morale, retention, wages, promotions, efficiency, and profit improvements. An Workforce Development Division employee will meet (or work via telephone and e-mail) with the company delegate to review and evaluate the training program outcomes.

◆ **What does "performance-based" mean?**

A company is awarded training funds to provide skills training to an agreed-upon number of workers. If the company does not train the agreed-upon number of workers by the end of the agreement period, the final reimbursement may be pro-rated to bring the total project costs in line with the actual number of trained employees. If the company provides training to less than the planned number of employees or the projected training is not completed, then the cost of the training may be pro-rated.

◆ **What training costs will not be reimbursed under the WIA Incumbent Worker Training Program?**

Program funding cannot be used to pay for trainees' wages and benefits during the training, travel expenses, training equipment, administrative costs, catering of training events, and costs outside the agreement period (effective beginning and ending dates of the agreement). However, these types of training expenses, incurred within the approved agreement period, may be included as part of the "Employer Contribution" to the project. However, employee benefits are not an allowable match for some funding sources, as noted above.

◆ **What if an employee that has been determined ineligible by WIA regulations is trained?**

Any costs associated with participants deemed ineligible by WIA regulations will not be reimbursed. Whether the trainer charges a flat fee or a per participant fee, the invoice will be pro-rated to exclude ineligible participants.

◆ **What training costs can be reimbursed under the WIA Incumbent Worker Training Program?**

Training expenses may include non-company professional instructors' fees, trainee(s)' tuition, required textbooks, manuals, curriculum development, and required expendable training supplies and materials. Necessary computer software that is used 100% for training purposes only, may also be considered for reimbursement.

◆ **How should the budget reflect the proposed training costs and the employer contributions?**

An example of training costs and employer contributions can be found in the "Sample Budget" on page 7 of these guidelines. The sample budget illustrates the various options for employer matching funds against the WIA IWTP reimbursable training costs.

◆ **How are companies reimbursed for approved training expenses?**

The Workforce Development Division will provide approved companies with the required forms to complete for expense reimbursements. Companies should submit the reimbursement requests after the completion of each training module. Final expenses must be reported within thirty (30) days after training activities are complete or the agreement end date, whichever is the earliest end date of program activity.

◆ **What information is required for reimbursement of expenditures covered in the agreement?**

Before an invoice can be paid, all training participants' names, social security numbers, and other required data must be entered into the state's participant information system. It is the responsibility of the Alabama Career Center System Job Developer (or Business Service Representative) to secure all eligibility, enrollment forms, etc. It is the responsibility of the employer to ensure that the employees (to receive training) are available to meet with the Alabama Career Center System Job Developer (or Business Service Representative) in order to complete the necessary WIA participant enrollment paperwork as required. The employer must also ensure the cooperation of the trainees to provide the necessary information (social security numbers, etc.) to the Job Developer (or Business Service Representative). (This is a federally funded program and certain data is required for receipt of training services.) A submitted reimbursement form must include:

- ✓ Copy of paid trainer (college, private vendor, etc.) invoice. The invoice should include the date(s) and type(s) of training that was provided.
- ✓ Copy of the check with which the invoice was paid or other documentation as evidence of payment.
- ✓ For each training session, a copy of the roster, which includes trainees' names and social security numbers, is required. The date(s) and type(s) of training should be noted on each roster. In addition, this roster should include the signature of the trainer or employer certifying that the listed employees did participate in the training.
- ✓ Depending on the federal funding source utilized, documentation of matching expenditures such as payroll registers, copies of paid travel costs, etc. may also be required of the employer.

◆ **Where may the training take place?**

Training may be conducted at the business's own facility, at a public or private training provider's facility, or at a combination of sites that best meet the needs of the business.

◆ **Who selects the training providers?**

The company selects the training provider that best suits their training needs. Trainers may be public or private professional trainers, equipment vendors, or subject matter experts.

◆ **Who provides technical assistance?**

The Workforce Development Division staff is available to provide technical assistance throughout the training project – from the application stage through project completion.

◆ **What happens after a training project is approved for funding?**

Written notification of funding assistance approval will be provided to the company. The Workforce Development Division staff will send a letter of notification (Governor's award letter) and a written agreement to the company. The company representative(s) must review the written agreement and return the signed copies, as instructed, to the Workforce Development Division before the training can begin. ADECA will also issue a press release on each approved program, which may run in local area newspapers. You may view posted news releases at www.adeca.alabama.gov.

◆ **What is the Beason-Hammon Alabama Taxpayer and Citizen Protection Act (Protection Act)?**

The Protection Act is an anti-illegal immigration bill, signed into law in the State of Alabama in June 2011. The portion of the law pertaining to the IWTP imposes conditions on the award of state contracts, which must be satisfied before payment can be made on those transactions. As a condition for the award of any contract, the business entity shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien and shall attest to such, by sworn affidavit signed before a notary. Additionally, conditions of the contract for a business entity also include that entity be enrolled in the E-Verify program maintained by The United States Department of Homeland Security. The affidavit may be located within the IWTP page at www.adeca.alabama.gov; the E-Verify program website is located at <http://www.dhs.gov/e-verify>.

SAMPLE TRAINING BUDGET

BUDGET FOR PROPOSED TRAINING PROJECT

A.	BUDGET CATEGORY	B.	FUNDS REQUESTED	C.	EMPLOYER CONTRIBUTION	D.	SUB-TOTAL (B.+C.)
NON-COMPANY INSTRUCTOR							
FEES/TUITION (THIS INFORMATION SHOULD BE RECONCILED WITH SECTION 4. OF THE IWTP APPLICATION.)							
1	Rapid Management 101: \$1,750 x 2 (8 hr) classes = \$3,500 (flat fee)	1	\$ 3,500.00	1			\$ 17,900.00
2	Industrial Streamline 102: \$45.00/training hr. x 32 trainees x 10 training hrs = \$14,400	2	\$ 14,400.00	2			
3		3		3			
CURRICULUM DEVELOPMENT							
1	Rapid Management Manuals @ \$15.90 ea. X 10 = \$159.00	1		1	\$ 159.00		\$ 159.00
2		2		2			
3		3		3			
MATERIALS/SUPPLIES/TEXTBOOKS							
1		1		1			
2		2		2			
3		3		3			
TRAINING EQUIPMENT PURCHASE							
1		IWTP FUNDS CANNOT BE USED.		1			
2				2			
3				3			
OTHER COSTS (DESCRIBE)							
1		1		1			
2		2		2			
TRAVEL, FOOD, LODGING							
	Travel: \$.055/mile x 1,000 miles = \$550.00	IWTP FUNDS CANNOT BE USED.			\$ 370.00	\$ 970.00	
	Lodging: \$65/night x 6 nights = \$390.00				\$ 390.00		
	Food: \$30/day x 7 days = \$210.00				\$ 210.00		
TRAINEE WAGES (INCLUDING BENEFITS)							
1	Rapid Management: 24 trainees x \$24.35/avg. hrly. Wage x 16 training hrs = \$9,350.40	IWTP FUNDS CANNOT BE USED.		1	\$ 9,350.00	\$ 16,886.00	
2	Industrial Streamline 102: 32 trainees x \$23.55/avg. hrly. Wage x 10 training hrs = \$7,536.00			2	\$ 7,536.00		
3				3			
TOTALS*			\$ 17,900.00		\$ 18,015.00	\$ 35,915.00	

*Column C & D grand totals have been rounded to the nearest dollar.

- ◆ The maximum amount of funding assistance awarded will not exceed \$30,000.
- ◆ Training funds cannot be used to reimburse any training costs incurred before the effective date of the approved agreement. Please consider this when developing your budget and timeline.
- ◆ The employer must show a matching contribution, at least dollar-for-dollar, of the requested funds to be considered for IWTP funding. Examples of employer contribution include expenses associated with: 1) instruction/tuition; 2) curriculum development; 3) materials/supplies; 4) training equipment; 5) travel, food, or lodging; and 6) trainee wages (including benefits) of employees during training. (Some funding sources exclude employee benefits as an allowable part of the matching requirement.)

SAMPLE TRAINING PROJECT

✓ Example: The project reporting format used below is a sample guide for detailing your company's proposed training project activities. Please note that it is not essential to use this format as long as the necessary information is provided.

1. (a) COMPANY XYZ HAS BEEN EXPERIENCING A 20% REDUCTION IN PROFITS DUE TO HIGH EMPLOYEE TURNOVER AND POOR CUSTOMER SATISFACTION RATINGS. IT IS EXPECTED THAT THE TRAINING WILL IMPROVE OUR EMPLOYEES' SKILLS IN EMPLOYEE AND CUSTOMER SERVICE RELATIONS, LEADING TO AN IMPROVEMENT IN OUR CUSTOMER BASE.
 - (b-c) JOB TITLES: (24) ELECTRICIANS (AVERAGE WAGE/BENEFITS: \$24.35/HR)
 - (d) DEPT: PLASTIC MANUFACTURING DEPT.
 - (e-f) TYPE OF TRAINING: RAPID MANAGEMENT - 16 TRAINING HOURS EACH
 - (g) TRAINING PROVIDER: UNIVERSITY OF COVE BREWTON, MANAGEMENT DEPT.
 - (h) COST: \$1,750 PER 8-HOUR CLASS OF LESS THAN 30 (2 CLASSES TOTAL)
 - (i) NO CERTIFICATE WILL BE AWARDED FOR THIS TRAINING PROGRAM.
 - (j) THE EMPLOYEES WILL RECEIVE SPECIALIZED TRAINING IN RAPID MANAGEMENT THAT WILL ENABLE THEM TO REACT TO PROJECT MANIPULATIONS, JOB SITE DECISIONS, AND EMPLOYEE PROTOCOL ISSUES MORE EFFECTIVELY AND EFFICIENTLY.
 - (k) THE COMPANY WILL BENEFIT WITH THE IMPROVED EMPLOYEE SKILL BASE, BETTER PROJECT MANAGEMENT TECHNIQUES, AND FEWER DIFFICULTIES WITH EMPLOYEE RELATIONS. THESE WILL ALL HELP THE COMPANY TO REMAIN PRODUCTIVE IN THE MARKETPLACE WHILE HELPING TO SUSTAIN PERMANENCY IN OUR COMMUNITY.

2. (a) COMPANY XYZ IS FACING AN 8% REDUCTION IN OUR EMPLOYEE BASE DUE TO LOST CONTRACTS. IT IS ANTICIPATED THAT THIS TRAINING WILL ENABLE AN IMPROVED PRODUCTION LAYOUT, WHICH WILL LEAD TO INCREASED PRODUCTION NUMBERS, REDUCED WASTE ACTIVITIES, INCREASED CUSTOMER CONTRACTS, AND RESULT IN LAYOFF AVERSION.
 - (b-c) JOB TITLES: (32) MANUAL SORTERS (AVERAGE WAGE/BENEFITS: \$23.55/HR)
 - (d) DEPT: GLOVES SORTING DEPT.
 - (e-f) TYPE OF TRAINING: INDUSTRIAL STREAMLINE 102 - 10 TRAINING HOURS EACH
 - (g) TRAINING PROVIDER: UNIVERSITY OF COVE BREWTON, MANAGEMENT DEPT.
 - (h) COST: \$45 PER TRAINEE, PER HOUR
 - (i) THE EMPLOYEES WILL RECEIVE A CERTIFICATE OF COMPLETION FOR THIS TRAINING PROGRAM, WHICH WILL BE MAINTAINED IN THEIR PERSONNEL FILES.
 - (j) THE EMPLOYEES WILL RECEIVE TRAINING IN INDUSTRIAL STREAMLINE 102 THAT WILL ENABLE THEM TO VISUALIZE A BETTER CELL LAYOUT AND HELP TO IMPROVE THE PRODUCTION SEQUENCING INVOLVED WITH OUR PRODUCTS. THIS TRAINING IS NOT DEPARTMENT SPECIFIC, SO THE TRAINING COULD BE UTILIZED THROUGHOUT THE FACILITY IN SEVERAL DEPARTMENTS.
 - (k) THE COMPANY WILL BENEFIT WITH THE IMPROVED LAYOUT AND INDUSTRIAL DESIGN, WHICH WILL IMPROVE PRODUCTION AND ENABLE THE COMPANY TO SUPPLY A LARGER NUMBER OF CUSTOMERS.

WORKFORCE INVESTMENT ACT
ALABAMA INCUMBENT WORKER TRAINING PROGRAM
PROGRAM APPLICATION

SECTION 1: COMPANY INFORMATION

PARENT OR CORPORATE NAME OF APPLYING COMPANY (AS LISTED ON IRS W9 FORM):			
PHYSICAL ADDRESS:	CITY:	STATE:	ZIP:
P.O. BOX ADDRESS:	CITY:	STATE:	ZIP:
COMPANY NAME, IF DIFFERENT:		COUNTY:	
PHYSICAL ADDRESS:	CITY:	STATE:	ZIP:
P.O. BOX ADDRESS:	CITY:	STATE:	ZIP:
COMPANY CONTACT:	PHONE:	EXT:	FAX:
TITLE:	E-MAIL:	WEBSITE:	
NO. OF FULL-TIME WORKERS:	DATE BUSINESS BEGAN IN AL:	FEDERAL I.D. NO.:	
AL SALES TAX REG. NO.:	UNEMPLOY. COMP. I.D. NO.:	PRIMARY NAICS No.:	
TAX STATUS OF BUSINESS: <input type="checkbox"/> FOR-PROFIT <input type="checkbox"/> NOT-FOR-PROFIT (DESIGNATION) <input type="checkbox"/> OTHER:			
LEGAL STRUCTURE OF BUSINESS: <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> CORPORATION			
IS YOUR COMPANY CURRENT ON ALL FEDERAL, STATE OF ALABAMA, COUNTY, CITY, AND LOCAL TAX OBLIGATIONS?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IS YOUR COMPANY RECEIVING AND/OR APPLYING FOR OTHER PUBLIC TRAINING FUNDS?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN:			
HAS THIS FACILITY, OR ANY OF THE COMPANY'S SUBSIDIARIES, BEEN AWARDED IWTP FUNDS SINCE JANUARY 1, 2000?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN:			
DOES YOUR COMPANY HAVE AN EQUAL OPPORTUNITY/NONDISCRIMINATION POLICY IN PLACE?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IS YOUR COMPANY IN COMPLIANCE WITH THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IS YOUR COMPANY SUBJECT TO A COLLECTIVE BARGAINING AGREEMENT?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES AND IF UNION REPRESENTED EMPLOYEES WILL BE PARTICIPATING IN THE TRAINING ACTIVITIES OF THIS PROGRAM, IT IS REQUIRED THAT CONSENT BE OBTAINED FROM THE REPRESENTING UNION TO COLLECT THE ELIGIBILITY DATA FROM THE EMPLOYEES PRIOR TO FUNDING APPROVAL.			
IS YOUR COMPANY WILLING TO PROVIDE PROJECT OUTCOME INFORMATION TO THE WORKFORCE DEVELOPMENT DIVISION?			<input type="checkbox"/> YES <input type="checkbox"/> NO
PLEASE NOTE: ADDITIONAL INFORMATION REGARDING PROJECT OUTCOMES CAN BE FOUND ON PAGE 5 THE PROGRAM GUIDELINES.			
THIS COMPANY IS: (CHECK ALL APPLICABLE) <input type="checkbox"/> NATIVE-AMERICAN OWNED <input type="checkbox"/> ASIAN-AMERICAN OWNED <input type="checkbox"/> AFRICAN-AMERICAN OWNED <input type="checkbox"/> HISPANIC-AMERICAN OWNED <input type="checkbox"/> WOMAN OWNED <input type="checkbox"/> OTHER MINORITY OWNED (SPECIFY):			
THIS COMPANY IS LOCATED IN: (CHECK, IF APPLICABLE) <input type="checkbox"/> RURAL AREA <input type="checkbox"/> ENTERPRISE ZONE <input type="checkbox"/> DISTRESSED INNER-CITY AREA			
PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR BUSINESS, PRODUCT(S) AND/OR SERVICE(S):			

SECTION 2: TRAINING FUNDS REQUESTED

TRAINING FUNDS REQUESTED: \$ (MAXIMUM AMOUNT OF \$30,000 ELIGIBLE FOR REQUEST)	NO. OF EMPLOYEES TO BE TRAINED:
PROPOSED TRAINING START DATE: (AT LEAST 45 WORKING DAYS AFTER SUBMISSION OF APPLICATION)	ANTICIPATED TRAINING END DATE: (MAXIMUM OF 12 MONTHS FROM PROPOSED TRAINING START DATE)

SECTION 3: TRAINING PROVIDER INFORMATION (ATTACH ADDITIONAL SHEETS, IF NECESSARY)

THE TRAINING PROVIDER(S) WILL BE: <input type="checkbox"/> PUBLIC TRAINING INSTITUTION <input type="checkbox"/> PRIVATE TRAINING INSTITUTION <input type="checkbox"/> PRIVATE INSTRUCTOR			
TRAINING WILL BE DELIVERED: <input type="checkbox"/> ON-SITE AT THE BUSINESS <input type="checkbox"/> AT THE TRAINING INSTITUTION <input type="checkbox"/> AT A REMOTE LOCATION			
TRAINING PROVIDER:	CONTACT:	PHONE:	
PHYSICAL ADDRESS:	CITY:	STATE:	ZIP:
TRAINING PROVIDER:	CONTACT:	PHONE:	
PHYSICAL ADDRESS:	CITY:	STATE:	ZIP:
TRAINING PROVIDER:	CONTACT:	PHONE:	
PHYSICAL ADDRESS:	CITY:	STATE:	ZIP:

■ SECTION 4: TRAINING PROJECT INFORMATION

Please provide a description of the most pressing problems or issues your company currently faces and how the proposed training will affect those issues.

Provide a detailed description of the anticipated training project. Please be sure to include the following information in your description:

- a) Description of company issues to be addressed by training
- b) Number of trainees
- c) Job titles and average salary or hourly wages
- d) Departments to be involved
- e) List each training module
- f) Number of hours of training
- g) Training provider
- h) Costs of instruction/tuition
- i) Any resulting certifications, continuing education credits (CEUs), etc.
- j) Outcome(s) to be achieved by participants as a result of training
- k) Outcome(s) to be achieved by company as a result of training

✓ Example: The project reporting format used below is a sample guide for detailing your company's proposed training project activities. Please note that it is not essential to use this format as long as the necessary information is provided.

1. (a) COMPANY XYZ HAS BEEN EXPERIENCING A 20% REDUCTION IN PROFITS DUE TO HIGH EMPLOYEE TURNOVER AND POOR CUSTOMER SATISFACTION RATINGS. IT IS EXPECTED THAT THE TRAINING WILL IMPROVE OUR EMPLOYEES' SKILLS IN EMPLOYEE AND CUSTOMER SERVICE RELATIONS, LEADING TO AN IMPROVEMENT IN OUR CUSTOMER BASE.
(b-c) JOB TITLES: (24) ELECTRICIANS (AVERAGE WAGE/BENEFITS: \$24.35/HR)
(d) DEPT: PLASTIC MANUFACTURING DEPT.
(e-f) TYPE OF TRAINING: RAPID MANAGEMENT - 16 TRAINING HOURS EACH
(g) TRAINING PROVIDER: UNIVERSITY OF COVE BREWTON, MANAGEMENT DEPT.
(h) COST: \$1,750 PER 8-HOUR CLASS OF LESS THAN 30 (2 CLASSES TOTAL)
(i) NO CERTIFICATE WILL BE AWARDED FOR THIS TRAINING PROGRAM.
(j) THE EMPLOYEES WILL RECEIVE SPECIALIZED TRAINING IN RAPID MANAGEMENT THAT WILL ENABLE THEM TO REACT TO PROJECT MANIPULATIONS, JOB SITE DECISIONS, AND EMPLOYEE PROTOCOL ISSUES MORE EFFECTIVELY AND EFFICIENTLY.
(k) THE COMPANY WILL BENEFIT WITH THE IMPROVED EMPLOYEE SKILL BASE, BETTER PROJECT MANAGEMENT TECHNIQUES, AND FEWER DIFFICULTIES WITH EMPLOYEE RELATIONS. THESE WILL ALL HELP THE COMPANY TO REMAIN PRODUCTIVE IN THE MARKETPLACE WHILE HELPING TO SUSTAIN PERMANENCY IN OUR COMMUNITY.
2. (a) COMPANY XYZ IS FACING AN 8% REDUCTION IN OUR EMPLOYEE BASE DUE TO LOST CONTRACTS. IT IS ANTICIPATED THAT THIS TRAINING WILL ENABLE AN IMPROVED PRODUCTION LAYOUT, WHICH WILL LEAD TO INCREASED PRODUCTION NUMBERS, REDUCED WASTE ACTIVITIES, INCREASED CUSTOMER CONTRACTS, AND RESULT IN LAYOFF AVERSION.
(b-c) JOB TITLES: (32) MANUAL SORTERS (AVERAGE WAGE/BENEFITS: \$23.55/HR)
(d) DEPT: GLOVES SORTING DEPT.
(e-f) TYPE OF TRAINING: INDUSTRIAL STREAMLINE 102 - 10 TRAINING HOURS EACH
(g) TRAINING PROVIDER: UNIVERSITY OF COVE BREWTON, MANAGEMENT DEPT.
(h) COST: \$45 PER TRAINEE, PER HOUR
(i) THE EMPLOYEES WILL RECEIVE A CERTIFICATE OF COMPLETION FOR THIS TRAINING PROGRAM, WHICH WILL BE MAINTAINED IN THEIR PERSONNEL FILES.
(j) THE EMPLOYEES WILL RECEIVE TRAINING IN INDUSTRIAL STREAMLINE 102 THAT WILL ENABLE THEM TO VISUALIZE A BETTER CELL LAYOUT AND HELP TO IMPROVE THE PRODUCTION SEQUENCING INVOLVED WITH OUR PRODUCTS. THIS TRAINING IS NOT DEPARTMENT SPECIFIC, SO THE TRAINING COULD BE UTILIZED THROUGHOUT THE FACILITY IN SEVERAL DEPARTMENTS.
(k) THE COMPANY WILL BENEFIT WITH THE IMPROVED LAYOUT AND INDUSTRIAL DESIGN, WHICH WILL IMPROVE PRODUCTION AND ENABLE THE COMPANY TO SUPPLY A LARGER NUMBER OF CUSTOMERS.

SECTION 5: TRAINING PROGRAM BUDGET

This section must be completed to show use of proposed training funds and employer match contributions. Please provide specified training information and itemize completely.

A.	BUDGET CATEGORY	B.	REQUESTED FUNDS	C.	EMPLOYER CONTRIBUTION	D.	SUB-TOTAL (B. + C.)
NON-COMPANY INSTRUCTOR							
FEES/TUITION (THIS INFORMATION SHOULD BE RECONCILED WITH SECTION 4.)							
1		1		1		\$	
2		2		2			
3		3		3			
4		4		4			
5		5		5			
CURRICULUM DEVELOPMENT							
1		1		1		\$	
2		2		2			
3		3		3			
4		4		4			
MATERIALS/SUPPLIES/TEXTBOOKS							
1		1		1		\$	
2		2		2			
3		3		3			
4		4		4			
OTHER COSTS (DESCRIBE)							
1		1		1		\$	
2		2		2			
3		3		3			
TRAINING EQUIPMENT PURCHASE							
1		1	IWTP FUNDS CANNOT BE USED.	1		\$	
2		2		2			
3		3		3			
TRAVEL/FOOD/LODGING							
			IWTP FUNDS CANNOT BE USED.			\$	
TRAINEE WAGES (INCLUDING BENEFITS)*							
1		1	IWTP FUNDS CANNOT BE USED.	1		\$	
2		2		2			
3		3		3			
4		4		4			
5		5		5			
TOTALS		\$		\$		\$	

A Microsoft Excel version of this form may be obtained by contacting the Workforce Development Division at (334) 353-1632 or by visiting www.adeca.alabama.gov.

*Note the employee benefits are not an allowable part of the required matching requirements for some Federal funding sources. Allowability will be addressed at the time of notice of fund availability for the IWT Program.

■ SECTION 6. ANTICIPATED OUTCOMES OF THE TRAINING PROJECT

Please check the boxes that apply to the anticipated outcomes of the proposed training project. This section must be completed in order to help measure final performance of the training impact on the employees and the company.

- ✓ For each checked box, attach a brief statement to the application explaining “how” and/or “why” this training would result in the particular outcome.
- ✓ Please note that no proprietary or individually identifiable information will be shared publicly without prior written permission from the business.

Anticipated outcomes resulting from the proposed training	
<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

Anticipated Measurable Outcomes	
At least 7 of the 10 items listed below must be anticipated to be considered for training funds.	
<input type="checkbox"/> Will save _____ jobs within the company	<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 trainees 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

Return-On-Investment Information
This information will be assessed during the Project Outcome Review (For additional information see the section relating to Training Program Assessment on page 5 of the Program Guidelines)
<input type="checkbox"/> Planned Return-On-Investment is expected to be _____ percentage (or ratio _____ to _____) within _____ months following training completion for the total amount of dollars invested in training.

■ **SECTION 7. CERTIFICATION BY AUTHORIZED COMPANY REPRESENTATIVE**

The following should be completed by an executive of the company authorized to enter into agreements on behalf of the company. (Example: President, Vice President, CEO, Director, Owner)

As an authorized representative of the applying company, I hereby certify that the information listed in and attached to this application is true and accurate. I am aware that any false information or intended omissions may subject me to civil or criminal penalties for filing or falsifying public records and/or forfeiture of any training funding awards approved through this program.

Authorized Company Representative Name

Title

Authorized Company Representative Signature

Date

■ **SECTION 8. DESIGNATION OF AN ALTERNATE AUTHORIZED COMPANY REPRESENTATIVE**

Should the authorized company representative wish to approve an alternate as the signature authority for any/all future program documents the following should be completed. Please Note: The authorized company representative named above must sign in the area indicated below, acknowledging this designation.

Alternate Authorized Company Representative Name

Title

Alternate Authorized Company Representative Signature

Date

Approval Acknowledgement for Alternate:

Authorized Company Representative Signature

Date

■ SECTION 9. INSTRUCTIONS FOR APPLICATION SUBMISSION:

The Incumbent Worker Training Program Guidelines and Application may be found at www.adeca.alabama.gov. Any information or documentation that cannot be supplied in the spaces provided on the application should be identified by the relevant question number on additional pages and attached to the back of the application form.

- Please include the following four forms with your application:
 - State of Alabama Disclosure Statement, required by Executive Order No. 55. This form can be found at the following website: www.ago.state.al.us/documents/vendor_disclose.pdf. Note: This form must be notarized.
 - W-9 Tax I.D. Form located at: www.irs.gov/pub/irs-pdf/fw9.pdf. Note: Any discrepancy with the company name and Employer Identification Number (EIN) will impede the application review process. If a discrepancy is found, additional information may be required.
 - Per requirements of the Beason-Hammon Alabama Taxpayer and Citizen Protection Act (Protection Act), a copy of the affidavit is required by §31-13-9(a), using the form provided by the Alabama Secretary of State. This form can be found at the following website: www.adeca.alabama.gov Office of Workforce Development, Incumbent Worker Training Program.
 - A complete copy of the E-Verify Memorandum of Understanding (MOU), which is generated when the company enrolls in the E-Verify program, bearing the number assigned to that MOU by Homeland Security. Please visit the E-Verify website to complete your enrollment or to obtain copies of your documentation: <http://www.dhs.gov/e-verify>.
- The above-referenced application and forms may be obtained at the websites provided or by contacting the Workforce Development Division (contact information below).
- Submit one (1) original and one (1) copy of the signed, completed application, one (1) original of the State of Alabama Disclosure Statement, the W-9 Tax I.D. Form, the Protection Act affidavit, and the E-Verify MOU to:

Incumbent Worker Training Program
Alabama Department of Economic and Community Affairs
Workforce Development Division
401 Adams Avenue
P. O. Box 5690
Montgomery, Alabama 36103-5690

- **NOTE:** It is recommended that the application be submitted at least **45 working days** before the planned start date of training.
- Upon receipt of the application confirmation and any relevant program information will be provided to the applying company contact.
- Submission of a completed application does not constitute approval of IWTP funding. Approval of the application from the ADECA Director and the Governor must be obtained before the start of any training. No costs will be eligible for reimbursements without a fully executed agreement in effect.
- Funding limitations may delay or prevent approval.
- If you have any questions or need assistance in completing the application, please contact: Sara Calhoun at (334) 353-1632 or via e-mail: Sara.Calhoun@adeca.alabama.gov.

The Alabama Department of Economic and Community Affairs' WIA Incumbent Worker Training Program is an equal opportunity employer program.



State of Alabama Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

This form is provided with:

Contract

Proposal

Request for Proposal

Invitation to Bid

Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

Yes

No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

Yes

No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT

1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	STATE DEPARTMENT/AGENCY

2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF FAMILY MEMBER	ADDRESS	NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE	STATE DEPARTMENT/ AGENCY WHERE EMPLOYED

If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal:

NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS

By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00, is applied for knowingly providing incorrect or misleading information.

Signature _____ Date _____

Notary's Signature _____ Date _____ Date Notary Expires _____

Act 2001-955 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000.

Vendor Disclosure Statement Information and Instructions

Act 2001-955 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000. The disclosure statement is not required for contracts for gas, water, and electric services where no competition exists, or where rates are fixed by law or ordinance. In circumstances where a contract is awarded by competitive bid, the disclosure statement shall be required only from the person receiving the contract and shall be submitted within ten (10) days of the award.

A copy of the disclosure statement shall be filed with the awarding entity and the Department of Examiners of Public Accounts and if it pertains to a state contract, a copy shall be submitted to the Contract Review Permanent Legislative Oversight Committee. The address for the Department of Examiners of Public Accounts is as follows: 50 N. Ripley Street, Room 3201, Montgomery, Alabama 36130-2101. If the disclosure statement is filed with a contract, the awarding entity should include a copy with the contract when it is presented to the Contract Review Permanent Legislative Oversight Committee.

The State of Alabama shall not enter into any contract or appropriate any public funds with any person who refuses to provide information required by Act 2001-955.

Pursuant to Act 2001-955, any person who knowingly provides misleading or incorrect information on the disclosure statement shall be subject to a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00. Also, the contract or grant shall be voidable by the awarding entity.

Definitions as Provided in Act 2001-955

Family Member of a Public Employee - The spouse or a dependent of the public employee.

Family Member of a Public Official - The spouse, a dependent, an adult child and his or her spouse, a parent, a spouse's parents, a sibling and his or her spouse, of the public official.

Family Relationship - A person has a family relationship with a public official or public employee if the person is a family member of the public official or public employee.

Person - An individual, firm, partnership, association, joint venture, cooperative, or corporation, or any other group or combination acting in concert.

Public Official and Public Employee - These terms shall have the same meanings ascribed to them in Sections 36-25-1(23) and 36-25-1(24), Code of Alabama 1975, (see below) except for the purposes of the disclosure requirements of this act, the terms shall only include persons in a position to influence the awarding of a grant or contract who are affiliated with the awarding entity. Notwithstanding the foregoing, these terms shall also include the Governor, Lieutenant Governor, members of the cabinet of the Governor, and members of the Legislature.

Section 36-25-1(23), Code of Alabama 1975, defines a public employee as any person employed at the state, county or municipal level of government or their instrumentalities, including governmental corporations and authorities, but excluding employees of hospitals or other health care corporations including contract employees of those hospitals or other health care corporations, who is paid in whole or in part from state, county, or municipal funds. For purposes of this chapter, a public employee does not include a person employed on a part-time basis whose employment is limited to providing professional services other than lobbying, the compensation for which constitutes less than 50 percent of the part-time employee's income.

Section 36-25-1(24), Code of Alabama 1975, defines a public official as any person elected to public office, whether or not that person has taken office, by the vote of the people at state, county, or municipal level of government or their instrumentalities, including governmental corporations, and any person appointed to a position at the state, county, or municipal level of government or their instrumentalities, including governmental corporations. For purposes of this chapter, a public official includes the chairs and vice-chairs or the equivalent offices of each state political party as defined in Section 17-16-2, Code of Alabama 1975.

Instructions

Complete all lines as indicated. If an item does not apply, denote N/A (not applicable). If you cannot include required information in the space provided, attach additional sheets as necessary.

The form must be signed, dated, and notarized prior to submission.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Abuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ³
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

State of _____)
County of _____)

CERTIFICATE OF COMPLIANCE WITH THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535, as amended by Act 2012-491)

DATE: _____

RE: Contract/Grant/Incentive (describe by number or subject):

_____ by and between
_____ (Contractor/Grantee) and
_____ (State Agency, Department, or Public Entity)

The undersigned hereby certifies to the State of Alabama as follows:

1. The undersigned holds the position of _____ with the Contractor/Grantee named above, and is authorized to provide representations set out in this Certificate as the official and binding act of that entity, and has knowledge of the provisions of THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535 of the Alabama Legislature, as amended by Act 2012-491) which is described herein as "the Act".

2. Using the following definitions from Section 3 of the Act, select and initial either (a) or (b), below, to describe the Contractor/Grantee's business structure.

BUSINESS ENTITY

Any person or group of persons employing one or more persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood, whether for profit or not for profit. "Business Entity" shall include, but not be limited to the following:

a. Self-employed individuals, business entities filing articles of incorporation, partnerships, limited partnerships, limited liability companies, foreign corporations, foreign limited partnerships, foreign limited liability companies authorized to transact business in this state, business trusts, and any business entity that registers with the Secretary of State.

b. Any business entity that possesses a business license, permit, certificate, approval, registration, charter, or similar form of authorization issued by the state, any business entity that is exempt by law from obtaining such a business license, and any business entity that is operating unlawfully without a business license.

EMPLOYER

Any person, firm, corporation, partnership, joint stock association, agent, manager, representative, foreman, or other person having control or custody of any employment, place of employment, or of any employee, including any person or entity employing any person for hire within the State of Alabama, including a public employer. This term shall not include the occupant of a household contracting with another person to perform casual domestic labor within the household.

- _____ (a) The Contractor/Grantee is a business entity or employer as those terms are defined in Section 3 of the Act.
_____ (b) The Contractor/Grantee is not a business entity or employer as those terms are defined in Section 3 of the Act.

3. As of the date of this Certificate, Contractor/Grantee does not knowingly employ an unauthorized alien within the State of Alabama and hereafter it will not knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama;

4. Contractor/Grantee is enrolled in E-Verify unless it is not eligible to enroll because of the rules of that program or other factors beyond its control.

Certified this _____ day of _____ 20_____

Name of Contractor/Grantee/Recipient
By: _____
its _____

The above Certification was signed in my presence by the person whose name appears above, on this

_____ day of _____ 20_____

WITNESS: _____

Printed Name of Witness



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E-Verify

U.S. law requires companies to employ only individuals who may legally work in the United States – either U.S. citizens, or foreign citizens who have the necessary authorization. This diverse workforce contributes greatly to the vibrancy and strength of our economy, but that same strength also attracts unauthorized employment.

E-Verify is an Internet-based system that allows businesses to determine the eligibility of their employees to work in the United States. E-Verify is fast, free and easy to use – and it's the best way employers can ensure a legal workforce.

E-Verify is constantly improving to better serve you. To learn more click here to see [WHAT'S NEW](#).

Do you have questions about E-Verify?



Visit our [Questions & Answers Section](#).

E-Verify is a registered trademark of the Department of Homeland Security. Any use without permission is strictly prohibited.

Employment Verification Done

This page can be found at: <http://www.dhs.gov/e-verify>

Last updated: 06/17/2011

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