



Workforce Solutions for North Central Texas

Application for Incumbent Worker Training Fund

Workforce Solutions for North Central Texas (WSNCT) is committed to the continued development and upskilling of the regional workforce. Employers are invited to apply for this grant funding to train and upskill their workforce to maximize employee efficiency and retention. The application process is online, and below is the process and application fields.

SECTION I- GENERAL INFORMATION

BACKGROUND

The North Central Texas Council of Governments (NCTCOG) is the Administrative Entity and Grant Recipient/Fiscal Agent for the North Central Texas Workforce Development Board, dba Workforce Solutions for North Central Texas, hereinafter referred to as WSNCT.

WSNCT is a public/private partnership, with its Board of Directors representing business, education, labor, economic development, community-based organizations, and public entities. It is part of the Texas Workforce Solutions Network – comprised of the Texas Workforce Commission (TWC) and twenty-eight (28) local workforce boards.

WSNCT 14 Counties: Collin, Denton, Ellis, Erath, Hunt, Hood, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Wise

PURPOSE OF APPLICATION

Incumbent Worker Training (IWT) is designed to provide funding assistance to qualifying employers to provide skills training to full-time, permanent employees. The training must be necessary for employers to retain a skilled workforce, improve the skills of employees, increase the competitiveness of the employee and the employer or retain or avert layoffs of the incumbent workers trained.

GENERAL INFORMATION

For purposes of this application, the words "Proposer," "Applicant," and "Respondent" are interchangeable and refer to an entity submitting an application.

The words “Workforce”, “Workforce Solutions for North Central Texas”, and “WSNCT” are interchangeable and refer to the Workforce Solutions for North Central Texas Workforce Board, the issuer of this application.

QUALIFICATIONS

Respondents to the application must have the following qualifications:

- The company must have a physical presence in one of WSNCT’s 14 counties, Texas Workforce Commission (TWC) Tax Account Number with a status of active and liable and must have/create an employer account in WorkInTexas.com with the same TWC Tax Account Number.
- The training provider(s) selected must have a physical presence in the state of Texas.
- Company commits to retaining or averting the layoffs of incumbent worker trainees.
- Company agrees to reporting requirements that includes employee information.
- Companies participating in incumbent worker training are required to pay the non-Federal share of the cost of providing training to their incumbent workers.
 - **10 percent** of the cost, for employers with 50 or fewer employees;
 - **25 percent** of the cost, for employers with 51–100 employees; and
 - **50 percent** of the cost, for employers with more than 100 employees
- Companies must be aware of the following:
 - The non-Federal share provided by an employer may include the amount of the wages paid by the employer to a worker while the worker is attending incumbent worker training.
 - The employer may provide their share in cash or in-kind, based on a fair evaluation of the value of the in-kind contribution.
 - WSNCT must evaluate the fairness of the in-kind valuation using the standards in OMB Uniform Guidance, the state’s Uniform Grant Management Standards, and TWC’s Financial Manual for Grants and Contracts.

To qualify as an incumbent worker, the incumbent worker must:

- be employed full-time;
- meet the Fair Labor Standards Act requirements for an employer-employee relationship; and
- have an established employment history with the employer for six months or more; however, exceptions apply when training is provided to two or more employees in the same cohort. (NOTE: 50% of the trainees must have been employed with the employer for six months)

SECTION II- CONTRACT INFORMATION

AWARD

Any organization or company that has the demonstrated competency, knowledge, qualifications, and reasonableness of cost are invited to respond to the application. The budget for any proposed projects shall not exceed \$100,000 per year, per policy.

Receipt of one or more responses to the application does not commit WSNCT to the award of a contract, neither will WSNCT pay any costs incurred in responding to the application. Workforce Solutions for North Central Texas reserves the right to accept or reject any or all quotations received, to negotiate/contact with all qualified sources, or to cancel the application in whole or in part, if it is in the best interests of WSNCT.

CONTRACT INFORMATION

Workforce Solutions for North Central Texas may select multiple applicants. The selected applicants will be expected to enter a written contract for a 12-month period maximum. We are not required to execute a contract with any applicant if either funding or the quality of applications is insufficient. The budget for the project should not exceed \$100,000, and any requests exceeding that amount will require approval from executive management, and awards will be dependent on funding availability.

SECTION III- SUBMISSION INFORMATION

SUBMISSION

The electronic application must be completed and can be found below. Once completed, the application will be received by the WSNCT Review Team and you will receive an email notification confirming receipt. **This email will not constitute an automatic approval or award. Formal notification will be received if the application is approved.**

Applications should be submitted at least 60 days prior to the start date of the desired Incumbent Worker Training.

Applications will be accepted **and reviewed throughout the fiscal year (October 1st to September 30th).** Awards will be dependent on funding availability.

APPLICATION INSTRUCTIONS

Please provide the application information beginning in Section VI in your submission.

SECTION IV- APPLICATIONS CONDITIONS

- WSNCT reserves the right to accept or reject any or all applications submitted. WSNCT also reserves the right to make no award as a result of this application
- WSNCT is exempt by law from payment of Texas Sales Tax and Federal Excise Tax.
- This application does not commit WSNCT to pay for any cost incurred prior to the execution of any grant or contract. All grants and contracts are contingent upon availability of funds.
- WSNCT specifically reserves the right to vary the provisions set herein any time prior to the execution of the grant where such variance is deemed to be in its best interest.
- WSNCT reserves the right to increase or decrease the quantities or magnitude of this application at the time of award and/or throughout the term of this grant.
- All applications and their accompanying attachments will become the property of WSNCT after submission and materials will not be returned. All applications and written communications with WSNCT are subject to Open Records Requests per the Texas Public Information Act.
- The contents of a successful application may become contractual obligations, if a grant is awarded. Failure of the proposer to accept those obligations may result in the cancellation of the application from the selection process. The contents and requirements of this application may be incorporated into any legally binding and duly negotiated contract between WSNCT and the selected applicant.
- A designated contact person for the applicant(s) must be established. This person will be contacted in the event of inadequate service or problems with compliance. The applicant(s) contact person is expected to respond to WSNCT within 24 hours.
- WSNCT reserves the right to cancel the contract if the applicant fails to perform as agreed, or for convenience if it is in the best interest of WSNCT.

SECTION V- APPLICATION REVIEW AND SELECTION PROCESS

A. EVALUATION PROCESS

The evaluation process will consist of:

- An initial review of responsiveness, compliance with the technical specifications and other criteria specified in the application, and completeness by WSNCT staff.

- All responsive, compliant, and complete applications will be evaluated and scored by an internal team of reviewers. Applications will be evaluated on specific criteria by reviewers using a standardized instrument based on the criteria below.

B. APPLICATION EVALUATION CRITERIA

Company and Project Information	10 points
Anticipated Outcomes of Training Project	35 points
Trainee Information	30 points
Reasonability of Budgeted Costs	25 points
BONUS- Industry Sector and/or Targeted Occupations Focus Areas (WSNCT Targeted Occupation List)	10 points
BONUS- Historically Underutilized Business	5 points
TOTAL	115 points

Acknowledgement Statements:

- I have reviewed and agree to adhere to all the above sections, conditions, and information.
- I understand that my application submission does not guarantee an award and/or contract



Application for Incumbent Worker Training Fund

All fields will be required

Entity Name

Contact Name

Contact Title

Entity Address

Physical Address of Trainees

Contact Phone Number

Contact Email Address

Number of Employees Companywide

Entity Texas Unemployment Insurance Account Number

Workers Compensation Insurance Carrier

4-Digit NAICS Code that Identifies Your Industry

Website: <https://www.census.gov/naics/>

Employment Benefit Information [Check all that apply]

Medical Insurance; Workers' Compensation; Dental Insurance; Life Insurance; Prescriptions; Vacation; Holidays; Sick Days; Educational Assistance; 401K/Pension Plan; Profit Sharing; Other

Additional Company Information [Check Y or N]

Union Affiliation;

Public Sector;

Meets Americans with Disabilities Act Requirements;

Meets the fair Labor Standards Act requirements for employer-employee relationship;

Have layoffs occurred in the last 120 days or do you plan to layoff;

Company is current on all State of Texas tax obligations;

Has your company received a federal debarment notice;

Company has a WorkinTexas.com account;

Company receiving/applying for other federal training funds [If Yes- additional information will be required for the online form]

Project Information

Project Description

Expected Start Date for Training

Expected End Date for Training

Total Number of Employees to be Trained

How many have been with the company for 6 months or more?

Types of Credentials to be Received [Check all that apply]

Secondary School Diploma/or equivalency

AA or AS Diploma/Degree

BA or BS Diploma/Degree

Occupational Licensure

Occupational Certificate

Industry/Occupational Certification

Other Recognized Diploma, Degree, or Certificate

No Recognized Credential

Briefly describe your training needs and explain how funding will assist in achieving the company's high priority occupation goals

Without compromising individual confidentiality, briefly describe the characteristics of any potential trainees with historical barriers to employment that are represented (*i.e. Individuals with Disabilities, English Language Limitations, Ex-Offenders, Low-income Individuals, Single Parent, Older Worker, etc.*)

Trainee Information:

In the chart below, please provide the following:

- The job title of each position for which training is being requested.
- The number of employees to receive training and skill upgrading through the proposed project.
- The hourly wage range to be provided to the employee upon the successful completion of training. (The minimum wage is the current minimum hourly wage that a trainee is paid, and the maximum wage is the highest hourly wage that a trainee can be paid.) Only include hourly wages of those workers who will be participating in training.
- *(Important: It is a statutory requirement that the wages for each occupation must be equal to or greater than the living wage for the North Central Texas Region.*
- The average percentage increase in wages that will be paid to trainees in upgraded jobs upon the successful completion of training.

Job Title	# of Employees in this Occupation Receiving Training	Hourly Wage Range Minimum Wage	Hourly Wage Range Maximum Wage	% Wage Increase Post Training

Table of Training Courses to be Provided: In the chart below, please provide the training information and budget details (Insert rows as needed)

Name of Training Provider	Training Course Name	Number of Trainees	Course Training Hours	Cost per Trainee	Total Cost	Employer Contribution (Cash or In-Kind)	Method of Delivery (In-person, Online, Other)

CERTIFICATION OF LEGAL AND SIGNATORY AUTHORITY

I, _____ (typed or printed name) certify that I am the _____ (typed or printed title) of the eligible entity named as applicant and respondent herein, and I am legally authorized to sign and submit this proposal to Workforce Solutions for North Central Texas on behalf of said organization by authority of its governing body.

I certify that _____ (typed or printed name) who signed the cover sheet of this proposal has the legal authority to enter into and execute a contract with WSNCT to provide the services and activities authorized and detailed in this proposal. I agree to submit upon request by WSNCT such information and documentation as may be necessary to verify the certification contained herein.

I further certify that the information contained in this proposal and all attachments are true and correct. I acknowledge that I have read and understand the requirements and provisions of this application and that this organization will comply with all applicable federal, state, and local laws, rules, regulations, policies and directives in the implementation of this proposal. I certify that I have read and understand the governing provisions, limitations and administrative requirements of this application and will comply with all terms and conditions.

Name of Organization (Proposer)

Signature of Authorized Representative

Date