



WORKFORCE DEVELOPMENT TRAINING FUND

Pre-Hire Grant Application

The purpose of this funding is to develop an industry specific workforce for business(es) or industry where there is a shortage of skilled workers.

The following **Wyoming-based training entities** are eligible to apply:

- Industry associations,
- Trade unions,
- Private training entities,
- Community Colleges, and
- The University of Wyoming.

All government entities, except Wyoming County Hospitals, are *not* eligible to participate.

Application Checklist

The following is provided as a tool to help ensure completeness of the application.

- The applicant has read the information and rules about the Pre-Hire Grants program posted on the DWS website at <http://wyomingworkforce.org/businesses/wdtf/>
- The applicant understands the Pre-Hire Grant is paid on a cost reimbursement basis and invoices must be submitted and reviewed by DWS before reimbursement will take place.
- The applicant agrees to the administrative cost limit of five percent (5%) and the reporting requirements delineated in Section 4 of the application narrative instructions.

Submit the application in the following order:

- Part 1 – Application
- Part 2 – Application Narrative
 - Section 1 – Training and Trainee Eligibility Summary
 - Section 2 – Pre-Hire Training Program Summary
 - Section 3 – Partnerships
 - Section 4 – Reporting Requirements
 - Section 5 – Performance Standards
- Part 3 – Budget Worksheet
- Part 4 – Budget Narrative
- Part 5 – Letters of Support



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Submission Instructions:

- Email application packet in a PDF format to DWS-WDTF@wyo.gov.
- Application must be submitted as *one* document in its entirety.
- The original packet, letters from the business(es), and supporting documentation must also be mailed to DWS postmarked within five working days of the date of the email submission. Please send these documents to:

Department of Workforce Services

Attn: WDTF

5221 Yellowstone Road

Cheyenne, WY 82002

Formatting Instructions:

- The text of the application and budget narratives shall be a standard font size of 12, double-spaced, on one side of a standard 8.5 x 11-inch page.
- Margins must be 1 inch on all sides.
- The application narrative must use the section headings provided.
- Number all narrative pages in the **upper right-hand corner**.
- Do *not* add a footer.
- Include supporting documentation and properly label as appendix items.
- Part 2 (Application Narrative) and Part 4 (Budget narrative), combined, may be up to five pages in length. Part 1 (Application), Part 3 (Budget Worksheet), and any supporting documentation are not counted toward the page limit.

General Instructions:

- The Workforce Development Council subcommittee may require the applicant, along with the DWS Workforce Center, economic development entity and the business(es) to make a presentation supporting the application.
- No funds shall be disbursed to any entity prior to signing a contract. Grant funds shall be paid directly to the Contractor on a cost reimbursement basis once WDTF reviews and approves submitted invoices.
- If the application fails to meet any of the above requirements, it may be denied in whole by DWS.

- Notice of Disclosure -

Please be advised that any personal and business information provided in this application will not be shared outside of the Department of Workforce Services. Information may be shared internally for the benefit of other DWS programs.



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PART 1 – Application (Complete sections, save, and submit with supporting documentation)

For Office Use Only	
Application #:	Date Received:

Pre-Hire Grant Information

Name of Training:	
Occupation/Industry:	
Dates of Training:	
Cost of Training:	
Number of Trainees:	
Cost per Trainee:	

Applicant Information (Training Provider)

Legal Business Name:			
Physical Address:			
Mailing Address:			
	City:	State:	Zip:
Telephone:	Fax:	Website:	
Contact Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		
Job Title:	Email Address:		
FEIN:	WY Secretary of State Filing ID:		
WY UI No.:	WY Worker's Comp. No.:		
Contact has authority to sign contracts for applicant? Yes No If no, provide full name and title for contact with authority to sign contracts. Name: _____ Title: _____			



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Partnering Business Information

Legal Business Name:			
Physical Address:			
Mailing Address:			
	City:	State:	Zip:
Telephone:		Fax:	Website:
Contact Name:	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr.		
Job Title:		Email Address:	
Contact has authority to sign contracts for business? Yes No			
If no, provide full name and title for contact with authority to sign contracts.			
Name:		Title:	
FEIN:	WY Secretary of State Filing ID:		
WY UI No.:	WY Worker's Comp. No:		

*****If more than one business partner is included in this application, download the "Pre-Hire Application - Additional Business" page from the WDTF website and complete as many as are needed*****



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Signatures

1. Training Provider Representative. The person signing this application as the Training Provider Representative certifies that he/she is authorized to represent the training provider and is legally responsible for the accuracy of the information and supporting documentation provided in this application.

Training Provider Representative:	Date:
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2. Business Representative. The person signing this application as the Business Representative certifies that he/she agrees to the contents of the application, the design of the training program, and the trainee recruitment and selection process. The business further agrees to interview and consider hiring trainees of the program.

Business Representative: Title Business Name	Date:
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3. DWS Workforce Center Representative. The person signing this application as the DWS Workforce Center Representative certifies that he/she agrees there is a shortage of skilled workers and a need to train workers for the business(es) cited in this application. The DWS Workforce Center agrees to the contents of the application, the design of the training program and the trainee recruitment and selection process.

DWS Workforce Center Representative:	Date
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4. Local Economic Development Provider Representative. The person signing this application as the Local Economic Development Provider certifies that the proposed training is in line with the economic development plan for the community and shall have a positive impact on the community. The economic development entity representative further agrees to the contents of the application, the design of the training program and the trainee recruitment and selection process.

Local Economic Development Entity Representative: Title: Entity:	Date:
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PART 2 – Application Narrative

Section 1 Training Entity / Trainee Eligibility Summary

Briefly summarize how the training entity shall:

- Provide trained workers for a new or expanding business(es) or industry in Wyoming.
- Provide trainees, upon completion, with a license or certificate, skills required for employment, and/or skills that can warrant an increase in wages.
- Operate in conjunction with local or regional economic development needs.
- Show a net increase in the number of trained workers, based on the business(es) or industry need.
- Provide training in the length of time appropriate to the business(es) or industry need.
- Assure there is a probability of success for trainees to earn the projected wage for the occupation/industry.
- Train no more than the greater of ten percent (10%) or two (2) more trainees than the stated number of workers required by the business(es) or industry.
- Ensure that the trainees meet the eligibility requirements of the business(es) or industry, the training program screening and selection plan.
- Ensure that the trainees either reside in Wyoming or have a “letter of commitment to interview” upon completion of training from a Wyoming business at the start of training.

Section 2 Pre-Hire Training Program Summary

Briefly provide the agency with an overview of:

- The need for workers - include documentation demonstrating a shortage of skilled workers.
- The specific skills required of workers and a training plan describing how the training will meet the skill development need.
- The training entity’s ability to provide the training and qualifications of the staff involved.
- The training entity’s ability to provide an appropriate assessment of the outcomes of the training.
- The recruitment plan that is coordinated between the local DWS Workforce Center and the business(es) or industry.
- The trainee selection process, including how the business(es) or industry will be involved.
- The post-training job placement process and how the business(es) or industry and DWS will be involved.
- The number of trainees to be trained and the anticipated wage upon completion of training, based on the average salary for that industry.
- Projected economic impact on the community.



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Section 3 Partnerships

Detail information about any partnerships that support the training program or other resource enhancements or contributions to the training program. Briefly describe if any other funding has been secured in connection with this training and how the additional funds will be applied to the cost of the training.

For the application to be considered, the applicant and business(es) shall be in Good Standing with the Secretary of State, Wyoming Unemployment Insurance and Workers' Compensation, if required, and the Workforce Development Training Fund.

Section 4 Reporting Requirements

The applicant will explain in detail how the applicant and business(es) will gather data to fulfill the reporting requirements below.

- The applicant shall submit a final report one hundred (100) days following completion of training to DWS outlining the results of the training:
 - Number of trainees served and their identifying information;
 - Date services began and ended for each trainee;
 - Post training employment information

Section 5 Performance Standards

Describe in detail how the applicant proposes to meet the set performance standard of eighty percent (80%) of the trainees that complete the training shall enter employment in Wyoming within ninety (90) days after completion of the training program within the industry in which they were trained. Please indicate in the narrative that it is understood reimbursement will only be issued if this performance standard is met.

Past Performance: Include the following information for each contract from the last two years, if applicable: Contract number, grant award amount, the number of trainees indicated in the grant, the completion percentage rate of those trained and information on successful 90-day placement with industry-specific Wyoming businesses. Please include a brief explanation, no more than a paragraph, highlighting any additional information that may help the council make a recommendation for funding this application.



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PART 3 - Budget Worksheet

The following Budget Worksheet must be completed and submitted with the application.

Budget Category – Allowable Training Expenses		Total
1	Tuition / Registration	
2	Class Fees & Materials directly related to the training	
3	Travel expenses (transportation, lodging and meals) directly related to the training	
4	Instructor Wages	
5	Instructor Fringe Benefits (%)	
6	Fees for Licenses or Certifications obtained during the training	
7	Human resource screening services based on the business(es) or industry needs, which may include, but not limited to basic qualification screening	
8	Drug and aptitude screening to meet basic qualifications	
9	Curriculum development, if one does not already exist, to meet the needs of the business(es) or industry	
10	Costs associated with recruitment and marketing the program	
11	Less additional monetary contributions that are received	
12	Administration (Not to exceed 5% of the training cost)	
	Total Training and Administration Costs	

**** Non-Allowable Training Expenses****
Purchased, rented or leased equipment



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PART 4 - Budget Narrative

The applicant shall provide a comprehensive budget narrative that addresses the costs of the anticipated expenses. The budget narrative shall outline and define the identified expenses listed in the Budget Worksheet (Part 3) with explanations for all items and provide computations for all listed costs.

PART 5 – Letters of Support

The applicant shall provide a signed letter from each business listed on the application indicating:

- How they were involved in the grant application process, the design of the training program, and the trainee selection process,
- Confirmation that the training plan will meet their specific need.
- The shortage of workers they are experiencing relative to the training program's occupation/industry and the number of trainees they hope to hire,
- Their agreement to interview and strongly consider hiring graduates of the training program.