

IWT STATE FORMS PACKAGE

Local WDA Name:

Business Name:

Agreement #:

Total Agreement Amount:

 Wages/Tuition:

 Materials:

 Other Line 1:

 Description:

 Other Line 2:

 Description:

 Other Line 3:

 Description:

Match Requirement:

Agreement Start Date:

of Employees To Be Trained:

Program Activity Report Due On Date Of Each Month:

CUMULATIVE EXPENDITURE FORM
DUE BY THE _____ of THE MONTH
FOR THE PRECEDING REPORTING PERIOD

Business Name: _____ **Agreement #:** _____ **No. of Employees Trained This Invoice Period:** _____

Prepared By: _____ **Phone :** _____ **No. of Individual Employees Trained to Date:** _____

Date: _____ **Request #:** _____ **Period Covered by This Report - From:** _____ **To:** _____ Partial Invoice
 _____ Single/Final Invoice
Month/Year Month/Year

Signature of Authorized Business Representative: _____ **Title of Authorized Business Representative*:** _____

** If this is a new Business Representative, please check here:*

EXPENDITURES	IWT EXPENDITURES CURRENT REPORT PERIOD	IWT EXPENDITURES TO-DATE (INCLUDING THIS REQUEST)	TOTAL APPROVED IWT GRANT FUNDS	BUSINESS MATCH EXPENDITURES CURRENT REPORT PERIOD	BUSINESS MATCH EXPENDITURES TO-DATE	TOTAL BUDGETED BUSINESS MATCH
Instructor Wages/Tuition Private/Public Training Provider: attach copies of cancelled checks, paid receipts, student rosters Employee Instructor: attach copy of payroll sheet with name of instructor(s) & wage(s) highlighted for time period associated with training delivery; attach statement as to time employee spent conducting training						
Materials/Supplies/Textbooks Attach copies of cancelled checks, paid receipts						
Other Costs List each item separately						
Totals						
Funds Requested (current period)						

**Incumbent Worker Training
Final Program Report**

Basic Information

Business Name:

Agreement #:

of Modifications:

Agreement Beginning Date:

Agreement Ending Date:

Agreement Budget (to the nearest whole dollar)

1. IWT Agreement Funds:

3. Business' Budgeted Match:

2. IWT Expenditures:

4. Budgeted Match Expenditures:

Trainee Information (unduplicated counts)

The business planned to train _____ employees.

The business actually trained _____ employees.

Impact / Outcomes

Of those employees who received training through this IWT Agreement –

1. How many completed all phases of their planned training? _____

2. How many attained a Credential/earned Certification as a result of their training? _____
(as documented by Trainee Information Form)

Since, or as a result of, the IWT Agreement, the business has:

a. Created new jobs No Yes (If yes, indicate number) _____

b. Saved existing jobs No Yes (If yes, indicate number) _____

c. Experienced a layoff No Yes (If yes, indicate number) _____

d. Increased wages of trainees No Yes (If yes, indicate number) _____

Business Comments

The Governor's appointed State Workforce Development Board would like to hear about your Incumbent Worker Training Program experience. Please provide your comments.

Business Feedback SCALE: 1= Poor 3=Good 5=Excellent

CUSTOMER SERVICE	1	2	3	4	5
IWT Application Process					
Staff Responsiveness to Questions and Concerns					

FORMS	1	2	3	4	5
Cumulative Monthly Expenditure Forms					
Trainee Information Forms					
Final Program and Budget Report					
Reimbursement Process					

Submitted By

Name: _____

Signature: _____

Title: _____

Date: _____