

WIOA Incumbent Worker Training Program
Report Coversheet

LWDA:

Business Name:

IWT Grant Number:

LWDA Agreement Number:

Report Period:

The following IWT documents/forms are attached:

New Employer Agreement Packages

Agreement Modifications

Cumulative Expenditure Forms

Trainee Information Forms

Final Program Reports

Other (please specify):

Signature

Date

CUMULATIVE EXPENDITURE FORM
FOR THE PRECEDING REPORTING PERIOD

Business Name:	Agreement Number:	No. of Employees Trained This Period:
Prepared By:	Phone Number:	No. of Employees Trained to Date:
Training Provider:	Period Covered By This Report:	Today's Date:
Authorized Business Representative Signature:		<input type="checkbox"/> Partial Invoice <input type="checkbox"/> Single/Final Invoice
Title of Authorized Business Representative:		

EXPENDITURES	IWT EXPENDITURES CURRENT REPORT PERIOD	CUMULATIVE IWT EXPENDITURES (INCLUDING THIS REQUEST)	TOTAL APPROVED IWT GRANT FUNDS	CUMULATIVE BUSINESS MATCH EXPENDITURES	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					
Employee Wages Paid While Attending Training*					
Other Employer Contributions List and describe each item separately					
Other Costs List and describe each item separately					
Totals					
Funds Requested (current period)					

*Note: Wages paid to employees while attending training may be used for the business's/consortium's contribution to the cost of training

WIOA Incumbent Worker Training Program

Final Program Report

Basic Information	
Business Name:	Agreement Number:
Agreement Begin Date:	Agreement End Date:

Modifications	Reason	Modification Date
Modification #1:		
Modification #2:		
Modification #3:		

Agreement Budget (to the nearest whole dollar)	
IWT Agreement Funds:	Business's Budgeted Match:
IWT Expenditures:	Budgeted Match Expenditures:

Trainee Information (unduplicated counts)			
Number of planned trainees:		Number of actual trainees:	
Number of trainees who successfully completed training:		Number of trainees who earned a credential:	
What credentials were earned?			
Number of trainees who received a promotion:		Number of trainees who received a wage increase:	

Impact/Outcomes	
Since, or as a result of, the IWT program, the business has:	
a. Created new jobs	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, indicate number)_____
b. Saved existing jobs	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, indicate number)_____
c. Experienced a layoff	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, indicate number)_____
d. Other (please explain):	

Please provide your comments on the Incumbent Worker Training program below.

Submitted By

Name: _____

Signature: _____

Title: _____

Date: _____