

**Governor's  
Workforce  
Board**  
Rhode Island



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## **Solicitation**

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**FY 2016**

# **Incumbent Worker Training Grant Program**

The Honorable Gina M. Raimondo  
Governor

Constance A. Howes  
Chair

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## SECTION 1 - GENERAL INFORMATION

### A. INTRODUCTION AND INTENT

The Job Development Fund (JDF) was established by statute in 1992. These funds support a variety of employer-based workforce development programs including Incumbent Worker Training Grants, sector partnerships, pre-employment training, and adult and youth initiatives, among others. In the FY2016 - 2017 Biennial Employment and Training Plan, employer partnerships were identified as one of four central priorities. Incumbent Worker Training Grants are intended to assist employers in increasing the skill level of their current employees. Funds should support skill-based training which directly improves the company's viability, productivity, and capacity to respond to current and future business demands. New employees are eligible for training, provided that the training is skill-based and not simply an introduction to the company's policies and procedures, or "on-boarding".

### B. AMOUNT OF ASSISTANCE

The GWB has made \$1.7 million available to the employer community for incumbent worker training in FY16. Companies may apply for matching grants up to \$45,000. All successful grantees must contribute a minimum of 50% of allowable training expenses.

### C. CONTRACT PERIOD

The contract period will be for no more than 12 months. All training must begin no later than 30 days from the start of the contract and must be completed by the end of the contract. Applicants that receive a grant for less than 12 months may apply for and receive one additional Incumbent Worker Training Grant during the 12 month period, provided that the second grant may not start until the first grant has been completed and may not run beyond the initial 12 month period. **The total of the two grants may not exceed \$45,000.**

*Example: A company may obtain a 5 month Incumbent Worker Training Grant for \$20,000, and then obtain a 7 month contract for \$25,000.*

### D. SUBMISSION OF PROPOSALS

The Incumbent Worker Training Grant application (Section 2 below) must be submitted electronically or by mail along with the following attachments.

- A. [Target Outcomes Form](#)
- B. [Federal W-9 form](#)

- Electronic proposals must be emailed to [dlt.gwbinfo@dlt.ri.gov](mailto:dlt.gwbinfo@dlt.ri.gov)
- Written (paper) proposal must be mailed to:

**Governor's Workforce Board**  
1511 Pontiac Avenue  
Bldg. 72-2  
Cranston, RI 02920

### E. ELIGIBLE APPLICANTS

Any Rhode Island for-profit or not-for-profit organization, including former Incumbent Worker Training Grant recipients, may apply if they currently contribute to the Job Development Fund. This can be verified by contacting the RI Division of Taxation at 401-574-8710. Labor organizations, trade associations, or consortia of employers are also eligible to apply for training of their members. In this case, all participating member companies must contribute to the Job Development Fund. The names and RI Employer Identification Numbers for all participating organizations must be provided for verification purposes. Eligible applicants must be current on all Rhode Island tax obligations, must be in good standing with Workforce Regulation and Safety and must not have been debarred (prohibited) from contracting with an agency that administers federal funds.

## **F. ALLOWABLE ACTIVITIES / PARTICIPANTS**

Applicants may request grant assistance for projects that train their incumbent employees or members (if a trade or labor organization). All trainees must be Rhode Island-based employees. Volunteers and board members are not eligible to participate in the training. Allowable training is flexible and should be based upon the employer's needs. Reimbursable activities cannot occur prior to the actual start date of the grant.

## **G. REVIEW PROCESS**

Each proposal will be reviewed and evaluated by a team of three readers consisting of Governor's Workforce Board employees and/or other workforce development professionals. Proposals will be rated based on point values assigned to the various sections of the application. A minimum score of 70 points shall be required for funding. Awards are subject to approval by the GWB, and will be publicized on the GWB website.

## **H. LIMITATIONS**

This solicitation does not commit the GWB to award a contract or to pay for any of the costs in the preparation of a proposal. The GWB reserves the right to accept or reject any or all proposals received as a result of this request, the right to cancel this solicitation in part or in its entirety, the right to fund any proposal either in part or in full, and the right to waive any and all requirements of the solicitation if it is in the best interest of the State of RI or GWB to do so. All contract awards are subject to the availability of funds and the execution of a contract that is acceptable to both the selected respondent and the GWB.

## **I. REGISTRATION**

A representative from Department of Labor & Training's Business Workforce Center will contact successful applicants within 90 days of grant approval to discuss additional workforce development incentives, tax credits, and the benefits of registering on EmployRI, the on-line public workforce system job board. If you need assistance sooner, please call 1-888-616-5627 and a representative will assist you.

## **J. MONITORING**

Rhode Island General Law requires that the GWB provide for fiscal and accounting controls to monitor and audit all grant awards. Monitoring consists of an on-site review of all program and fiscal grant activity. Back-up documentation of grant fund expenditures and the required applicant's cost are verified during the monitoring visit. Failure to provide documentation may result in the repayment by the recipient of all funds received.

## **K. NOTICES AND APPEALS**

All applicants will receive notification of application approval or denial. Applicants whose proposals are denied shall be advised of the reasons why their proposal was not funded and shall have the opportunity to resubmit a new proposal no sooner than three months of the date of the initial proposal submission. Applicants whose proposals are approved with conditions shall be advised of the reasons why their proposal was not funded as submitted, and shall have the opportunity to revise their proposal to meet the conditions of funding. An organization may successfully apply twice in a twelve-month period. An applicant who wishes to appeal a decision is required to submit a written notice of appeal within ten (10) days from the date of the notification letter. The GWB, or its designee, will consider the merits of the appeal and issue a decision within thirty (30) days after receipt of the appeal. The decision of the GWB regarding any appeal is final. The notice of appeal must specify the nature of and reason for the appeal. Notices of appeal must be submitted to:

Governor's Workforce Board  
Attn: Executive Director  
1511 Pontiac Avenue, Bldg. 72-2  
Cranston, RI 02920

**SECTION 2 - APPLICATION**

**Grant Proposal Cover Sheet**

**Governor's Workforce Board - FY2016 Incumbent Worker Training Grants**

**Applicant Information**

Name of Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Business / Organization Website: \_\_\_\_\_

[NAICS](#) Code: \_\_\_\_\_ Industry Sector: \_\_\_\_\_

R.I. Employer Registration #: \_\_\_\_\_ Fed. Employer Identification #: \_\_\_\_\_

**Applicant Profile**

For Profit:  Yes      Non-Profit:  Yes

Trade Organization:  Yes      Labor Organization:  Yes      Consortia of Employers:  Yes

Total number of employees of business/organization: \_\_\_\_\_

Total number of Rhode Island based employees of business/organization to be trained: \_\_\_\_\_

**How did you hear about this grant opportunity? (check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Providence Journal ad       | <input type="checkbox"/> Email from Chamber of Commerce |
| <input type="checkbox"/> Email from GWB              | <input type="checkbox"/> Word of mouth                  |
| <input type="checkbox"/> Providence Business News ad | <input type="checkbox"/> RI Small Business Journal ad   |
| <input type="checkbox"/> Go Local Providence ad      | <input type="checkbox"/> Other: _____                   |

**Funding**

Total amount of funding requested: \$ \_\_\_\_\_

**Certification**

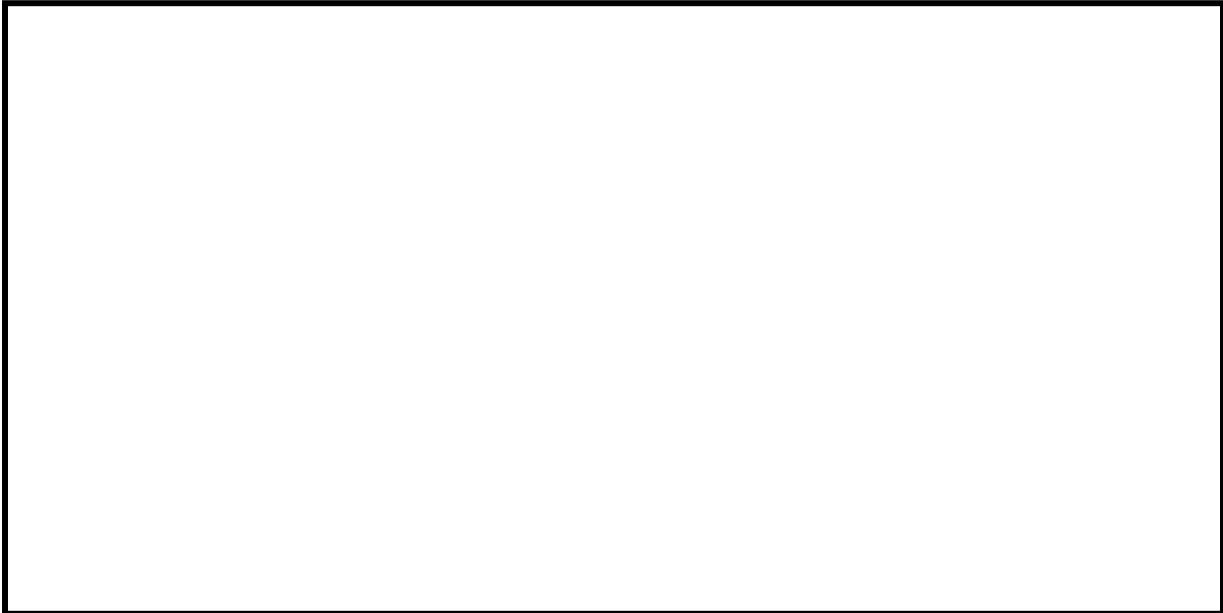
(The name below must be of an individual with authority to enter into legally binding agreements on behalf of the applicant.)

If selected for award, I, the undersigned, agree to meet the requirements of the Rhode Island Job Development Fund for a grant award. I certify that all information contained in this application and proposal is true and accurate and understand that falsification of information may be cause for non-review or award revocation. I certify that the applicant organization is current on all Rhode Island tax obligations, must be in good standing with all divisions and programs administered by the Department of Labor and Training and must not have been debarred (prohibited) from contracting with an agency that administers federal funds. I understand that I have acquired no property or other right by virtue of submitting this application. If awarded, I agree to comply with the terms and provisions of this proposal.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**A. Executive Summary (5 points)**

Below, please succinctly describe your business, the proposed training and its intended impact. Please limit response to 150 words.



**B. Needs Statement (25 points)**

Applicants should describe in detail their current business challenges and opportunities. Examples might include increased competition, outmoded business processes and worker skills, excessive turnover of staff. Applicants should describe how the proposed training will address these challenges and/or opportunities.



A large, empty rectangular box with a black border, intended for the applicant to provide a detailed description of their training program.

**C. Program Description (25 points)**

Please respond to each request for information completely and accurately

- Who will participate in the training?
- Who will conduct the training?
- What training programs are planned under this grant? Describe the content of the training as specifically as possible.
- Where will the training take place?

**NOTE:** New employees are eligible for training, provided that the training is skill-based and not simply an introduction to the company’s policies and procedures, or “on-boarding.”

A large, empty rectangular box with a black border, intended for the applicant to provide a detailed description of their training program.



**D. Timeline (10 points)**

Provide an estimated timeline for every training program that you are proposing. Include the start and completion dates and number of hours for each training activity.

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**E. Outcomes (20 points)**

Please complete the Target Outcomes Form (Appendix A) with the targets or goals of the training and how it will benefit your company. If the application is successful, this form will also be used to track the progress of your grant. [CLICK HERE to view Target Outcomes Form](#)

**F. Budget and Budget Narrative (15 points)**

**Grant Recipient Cost:** Contracts will be entered into on a cost reimbursement basis. This means that the grant recipient must pay for the complete cost of the training and then request reimbursement of 50%. For example: If the total training cost is \$20,000, 50% (\$10,000) is reimbursable with grant funds.

**EXAMPLES OF ALLOWABLE AND NON-ALLOWABLE COSTS FOR TRAINING EXPENSES**

<i>Allowable Training Expenses</i>	<i>Non-Allowable Costs</i>
<i>Tuition and training provider fees</i>	<i>Equipment including hardware and software that is not for the exclusive use of the training</i>
<i>Training materials and supplies</i>	<i>Lost worker productivity</i>
<i>Software that is used 100% for training activities</i>	<i>Grant preparation or administrative costs</i>
<i>In-house trainer wages – excluding benefits</i>	<i>Travel expenses, meeting space, lodging, food</i>
<i>Curriculum development – Not to exceed 25% of total request</i>	<i>Trainee wages and fringe benefits cost</i>
<i>Cost of evaluating the training</i>	

**Budget Detail**

**\*Please Note:** Incumbent worker training grant funding requests should not exceed \$45,000.

Follow the budget format below. Each expense line item must reflect the 50/50 percent split between grant funds and the applicant's cost.

<b>Expense Item</b>	<b>Total Cost</b>	<b>Grant Funds Requested</b> (no more than 50% of total)	<b>Applicant's Cost</b> (at least 50% of total)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
<b>TOTAL</b>			

### Budget Narrative

The budget narrative must correspond to the expense items listed in the budget and explain how the costs were determined. The budget narrative should be set up in the exact order as the program section and budget line items for easy reference. For each line item of the budget, provide a description below of how costs were determined.

(Example: 1 trainer @ \$30 per hour for 60 hours of training = \$1,800.00)

EXPENSE ITEM	DESCRIPTION/DETAIL
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	