



## APPLICATION FOR INCUMBENT WORKER TRAINING FUNDS

Applicant Data	
Company:	
Contact Person:	Contact Person's Title:
Address:	
Phone:	County:
Email:	Company Website:
Company/Organization Data	
Size of Company:	
#Employees at Location: <input style="width: 50px;" type="text"/>	#Employees Worldwide: <input style="width: 50px;" type="text"/>
Federal Employer Identification Number (FEIN): <input style="width: 50px;" type="text"/>	
NAICS Industry Code (North American Industry Classification Code): <input style="width: 50px;" type="text"/>	
Project Information	
Description of Proposed Training Course:	
Training Start Date: <input style="width: 50px;" type="text"/> Training Complete Date: <input style="width: 50px;" type="text"/>	
Total # of employees to be trained: <input style="width: 50px;" type="text"/>	
Cost of Training: \$ <input style="width: 50px;" type="text"/>	
<p><b>REQUIRED:</b> Use the table on page four or provide a separate spreadsheet itemizing the Job-related training and numbers to be trained that you are requesting funds for (<b>must include Standard Occupational Classification (SOC*) codes or job titles of attendees</b>). Remember to include training provider. *Identified in PA Center for Workforce Information &amp; Analysis High Priority Occupation list, see AgConnect Industry Partnership Training Plan.</p>	



AgConnect is a regional initiative of the Chester County Economic Development Council. AgConnect is supported with grant funds from the PA Department of Labor and Industry through the Chester County Workforce Development Board and contributions from the private sector.



Briefly describe your training needs and explain how upskilling current employees will help them meet job requirements, retain current employees, and meet organizational strategic goals **(response required for consideration)**.

\_\_\_\_\_

### Projected Company Outcomes (required)

***As a result of this training, will any or all the following apply (at least one must apply for consideration)?***

1. Quality Improvement  Yes  No
2. Increased Productivity  Yes  No
3. Improved Profits (Cost Savings, etc.)  Yes  No
4. Increased industry competitiveness  
 Yes  No Specify \_\_\_\_\_

### Projected Trainee Outcomes (required)

***As a result of this training, will any or all the following apply (at least one must apply for consideration)?***

1. Wage increase  Yes  No
2. Promotion  Yes  No
3. Industry Recognized Credential  Yes  No
4. Requisite for retained employment (layoff aversion).  Yes  No

Explain \_\_\_\_\_

## Incumbent Worker Training Funds Terms & Conditions

<input type="checkbox"/>		1. The company agrees to provide at least a 50% cash match to any training funds received from AgConnect Industry Partnership.
<input type="checkbox"/>		2. The company agrees to provide their Federal Tax Identification Number (FEIN) as well as Social Security Numbers (SSNs) and Date of Birth (DOB) for all employees trained with support of AgConnect Industry Partnership funds. The Pennsylvania Department of Labor & Industry requires that employee training information must be entered in the secure Commonwealth Workforce Development System database.
<input type="checkbox"/>		3. The company agrees to provide all required training enrollment information within one (1) week after the end of training event.
<input type="checkbox"/>		4. The company agrees to provide all training invoices within twenty days after the end of each training event.
<input type="checkbox"/>		5. The company agrees to provide training evaluations information required by the AgConnect Industry Partnership as well as overall impacts of the training on the company.
<input type="checkbox"/>		6. The company agrees to share training success stories with the AgConnect Industry Partnership staff upon request.
<input type="checkbox"/>		7. If the training funded by the AgConnect Industry Partnership is in support of a certification program, the company agrees to provide proof of certification to the AgConnect Industry Partnership.
<input type="checkbox"/>		8. The company agrees to cooperate with AgConnect Industry Partnership staff in collection of any additional information requirements that may arise from the Pennsylvania Department of Labor & Industry.
<input type="checkbox"/>		9. The company agrees to attend at least one AgConnect Industry Partnership meeting (VIRTUALLY) annually to qualify.

### TRAINED EMPLOYEE INFORMATION

Name	Address	Phone	Birthdate	SSN #	Date of Training

**PLEASE NOTE:**

*Please send the completed application and training release to:*

**AgConnect  
Chester County Economic Development Council  
Attn: Jordan Peek  
737 Constitution Drive  
Exton, PA 19341**

*Scanned or e-copy to [jpeek@ccedcpa.com](mailto:jpeek@ccedcpa.com) or fax to 610-458-7770. Please call 610-321-8233 for questions or assistance. Participant tracking form should be mailed or faxed ONLY – do not email for security purposes.*

**Priority will be given to applications including the strongest employee and company outcomes and explanation of how upskilling current employees will help them meet job requirements and companies retain current employees and meet organizational strategic goals.**