



**SUBJECT:** Train Up a.k.a. Incumbent Worker Training

**PURPOSE:** To Establish Policy for Train Up with ARPA Funding

**BACKGROUND:** Funds provided to the Southwestern Workforce Development Board (SWDB) per American Rescue Plan Act of 2021 (ARPA) to follow the State legislative intent, Subchapter 03M of the NCAC, and the code of Federal regulations, 2 CFR 200. This project is being supported, in whole or in part, by federal award number SLFRP0129 awarded to NC Department of Commerce by the U.S. Department of the Treasury. These funds fall under the allowable activity of addressing negative economic impacts caused by the public health emergency to include small employers. The funds will be available to eligible businesses and nonprofits in Haywood, Jackson, Macon, Swain, Cherokee, Clay, and Graham Counties. The purpose of which will be to upgrade the skills and knowledge of incumbent workers for the retention of their current jobs or to avert the need for employee layoffs.

**ACTION:** Train Up is a case-by-case reimbursable training grant through which qualifying employers can address employee skills gaps, develop a skilled pipeline, and grow:

- These skills gaps can be a result of an employee changing responsibilities in their job, or for an employee whose job may potentially be eliminated, and skill upgrading is needed to accept new responsibilities.
- Training(s) should result in increased knowledge and skills for the employee and increase the stability and competitiveness of the employer.
- Training(s) that results in or provides a significant step towards achieving an industry-recognized certification/credential will receive award preference.

North Carolina for profit businesses and not-for-profit organizations with 25 employees or less that are currently in operation in Haywood, Jackson, Swain, Macon, Clay, Cherokee and Graham Counties of North Carolina are eligible to apply.

The maximum amount that can be requested is \$10,000 per grant, per SWDB fiscal year from July 1 to June 30, with a \$30,000 lifetime funding limit, as long as ARPA grant funds are available.

There is an open application period with businesses contacting designated SWDB Staff to complete a brief questionnaire designed to confirm eligibility, discuss training needs, and share contacts for additional training opportunities in the region. Once the brief questionnaire is complete businesses will be invited to complete a brief application for consideration. Staff are positioned to assist businesses through this process.

## **BENEFITS OF TRAIN UP**

**For the Employer:** Micro and small employers can utilize this competitive training solution when employees have identified skills gaps that need to be addressed through training, thus enhancing the employee's continued employability. Businesses that acknowledge the need for employee training in order to increase their competitiveness, efficiency, and/or stabilization should apply for this grant.

**For the Employee:** This grant is beneficial to employees who have identified skills gaps, where eligible training addresses these gaps, improves employee retention, helps stabilize the business, and will increase the competitiveness of the employee and employer. These employees either:

- Need to upgrade skills and knowledge to strengthen or retain their current job; or
- Need to gain new skills and knowledge so they qualify for a different job with their employer.

## EMPLOYER ELIGIBILITY CRITERIA

### Eligible Employers:

- With less than 25 employees
- Area for-profit business or not-for-profit organization that is currently in operation in North Carolina's Southwestern Region.
  - A not-for-profit entity is a legally constituted organization whose primary objective is to support or to actively engage in activities of public or private interest without any commercial or monetary profit.
- Have a Taxpayer Identification Number (TIN), also known as an Employer Identification Number (EIN), a 9-digit number issued by the Social Security Administration or IRS.
- Are registered or will update registration in [www.NCWorks.gov](http://www.NCWorks.gov)
- Must be current on federal, state, and local tax obligations.
- Have previously received Train Up or incumbent worker training funds through North Carolina State Government and successfully met reporting criteria, are eligible to apply for additional rounds of funding through this grant as long as funds are available and eligibility criteria are met.
- That are first time applicants meeting all criteria will receive priority.

### The following are *NOT* eligible to apply for funds under this program:

- An employer that is currently receiving training funds, either directly or indirectly, from North Carolina State Government including trainings that are offered at no cost through the Small Business Technology and Development Center or the NC Community College's Small Business Centers *with the exception training funds requested in this grant application do not duplicate training efforts from the above*
- An employer that has received funds either directly or indirectly from the North Carolina State Government under any previous training initiative and the terms of the agreement for training were *not* met.
- Employers with more than 25 employees
- A workforce development board or its administrative entity
- A government entity

## EMPLOYEE ELIGIBILITY CRITERIA

### Eligible employees are:

- At least 16 years of age or older
- A citizen of the United States or a non-citizen whose status permits employment in the United States
- The employee to be trained works for the employer physically located in Haywood, Jackson, Macon, Swain, Clay, Cherokee, and Graham Counties of North Carolina
- Preference is for the employee of the applicant business to have an employment relationship that meets the Fair Labor Standards Act requirements for an employer-employee relationship meaning employees who are economically dependent on the employer and receive a W-2 for tax filing purposes. However, grant funds are targeted to micro employers and exceptions will be allowed.
  - Potential exceptions are permanent part-time, contracted, and temporary employees will be at the discretion of the director.

## FUNDING DETAILS

The maximum amount that can be requested is up to \$10,000 per fiscal year from July 1 to June 30.

The employer may apply for subsequent grants, but receipt of a prior grant does not automatically guarantee an award of future grants.

If an employer is awarded the Train Up Grant by the SWDB but is unable to use any of the funds and forfeits any or all of the full grant amount, they will not be excluded from future requests.

## IDENTIFYING TRAINING MOST RELATED TO EMPLOYEE NEEDS

Small and micro employers understand their training needs the best and are therefore invited to submit any training that applies to the skills gaps of their employees, as long as it fits within the reimbursable requirements listed below. If needed SWDB Staff can assist employers with the identification of training topics, training instructors, training dates, training locations, etc.

## OUTCOMES EXPECTED

When employers experience a skills gap in their workforce, the company's stability can be compromised. Train Up is a reimbursable training grant, funded through the American Rescue Plan Act of 2021 to address the negative economic impacts caused by the public health emergency to include small businesses. The focus is on training to assist small and micro employers with employee retention as well as favorably impact the workforce through skills upgrades, knowledge, and increased wages. The success of Train Up will be measured via program outcomes requested within a final report. These are outcomes such as, but not limited to participant employment retention or participant training completion or participant wage gain.

## PROCESS FOR SUBMITTING AN APPLICATION

1. Contact SWDB Staff to complete a brief questionnaire designed to confirm eligibility, discuss training needs, and share contacts for additional training opportunities in the region.
2. After completing the brief questionnaire, the business will be given the policy and guidelines document with the application template to submit for consideration.
3. SWDB Staff will be available to review a draft of the application and provide feedback to the employer on an as needed basis.
4. Following the submission of a final application, SWDB Staff will notify and provide documentation to an internal workforce team. This team has the task of reviewing the application to determine a funding decision using a standardized application assessment form.
5. Once the final application is received, the internal workforce team will need 10 to 15 business days for the review and assessment process.
6. The SWDB Executive Committee is notified of the team's assessment to provide final authorization.
7. SWDB Staff will notify the business on the determination of their grant request ~2 weeks following the submission of the final application.
8. The business or nonprofit will need to register or update current registration in [www.NCWorks.gov](http://www.NCWorks.gov)

## REQUIREMENTS AFTER A GRANT IS AWARDED

1. A contract must be established between SWDB and the awarded employer **prior to the start of the training**.
2. The contract process will include instructions for providing updates and verifying employees to be trained. Businesses should be prepared to provide this information upon notification of award.
3. Employers and employees engaged in the training need to be registered in [www.NCWorks.gov](http://www.NCWorks.gov)
4. SWDB holds the funds for the training and after completion of the training to receive payment the business will submit a final report, updated trainee list, and the reimbursement request with appropriate invoices or receipts from the training provider.
5. If there are any changes to the training outlined in the application, the business must contact the BSR to discuss alternatives. Changes in the training will not necessitate a new application, but the business will need to provide an amended training statement and submit it to the BSR. The BSR may discuss with the team to review changes if the changes are different from the original intent of the application. The training will still need to be completed within the timeframe of the grant contract.

## REIMBURSABLE AND NON-REIMBURSABLE TRAINING COSTS

### Allowable Training Costs:

1. Occupational skills training designed to meet the special requirements of an employer or a group of employers.
2. Educational training is defined as courses that address the identified skills gaps and could lead to a credential or to an industry-recognized certification. The training may include a continuing education course, a curriculum course, but cannot be part of a trainee's pursuit of an educational degree.
3. Web-based online training.
4. Employee skills assessment that results in primary training funded through the grant.
5. Textbooks, manuals, or materials used 100% for the training activities.
6. Travel for trainers or employees if the requested training is not available within reasonable proximity to the employer. Costs of travel will be reimbursed as per government per diem rate guidelines at [www.gsa.gov](http://www.gsa.gov)

### Non-Allowable Training Costs:

1. Training costs incurred outside of the beginning and end date of the contract with the SWDB.
2. Courses that are part of an individual's pursuit of an educational degree.
3. Courses that are part of an individual maintaining a license.
4. Employment or training in sectarian activities.
5. Purchase of employee assessment systems or systems usage licenses (example: site licenses).
6. Company website design and development, website hosting and maintenance, software or hardware upgrades, advice on computer selection for software or hardware upgrades, and advice on computer selection for purchase or upgrade.
7. Third party compensation or fees not directly related to the provision of the requested training.
8. Capital improvements, purchase of real estate, to include the construction or renovation of facilities or buildings, and capital equipment or other durable (long lasting and/or reusable) training materials.
9. Business relocation or other related expenses.
10. Travel outside of contiguous United States or costs associated with bringing a trainer into the country.
11. General office supplies and non-personnel services costs (example: postage and photocopying)
12. Membership fees or dues.
13. Food, beverage, entertainment, and/or celebration related expenses.
14. Publicity or public relations costs.



# TRAIN UP

## QUESTIONNAIRE for ARPA Funds

Date:

Business:  Address:	Contact: Title: Phone: Email:
County of Business <i>Must be in Cherokee, Clay, Graham, Haywood, Jackson, Macon, or Swain Counties</i>	County of
How many total workers are employed at your business? <i>Cannot be over 25 for this grant</i>	#
Approximately how many employees would participate in the training(s)?	#
Do you need assistance in exploring training topics, finding a training provider, etc.?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What's your estimated timeline for the training(s) to occur?	Timeline:
What type(s) of training are you interested in for your employees?	List here:
Has your business previously received a Train Up Grant, also known as the NCWorks Incumbent Worker Training Grant or ARPA Grant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your business or nonprofit current on all federal, state, and local taxes? <i>(If NO, your application is not disqualified but you will need to provide documentation of your payment plan agreement in your application)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>Have you contacted the Small Business and Technology Development Center at Western Carolina University regarding the availability of free training programs, related to the training you are interested in through this grant, for your employees?</p> <p><b><u>Contact Information:</u></b>  Small Business and Technology Development Center: WCU  <a href="mailto:wcu@sbtdc.org">wcu@sbtdc.org</a>  828.227.3504</p>	<p><input type="checkbox"/> Yes, but there is no training available to meet my needs.</p> <p><input type="checkbox"/> Yes, there are free trainings available to meet my needs.</p> <p><input type="checkbox"/> Yes, there are training courses available to meet my needs that have a cost.</p> <p><input type="checkbox"/> No</p> <p>Comments:</p>
<p>Have you contacted the appropriate NC Community College's Small Business Center regarding the availability of free training programs, related to the training you are interested in through this grant, for you and your employees?</p> <p><b><u>Contact Information:</u></b>  Small Business Center, <b>Haywood</b> Community College  Vicki Ashley, Director  828.627.4512   <a href="mailto:hcc-sbc@haywood.edu">hcc-sbc@haywood.edu</a></p> <p>Small Business Center, <b>Southwestern</b> Community College  Marne Harris, Director  828.339.4211   <a href="mailto:m_harris@southwesterncc.edu">m_harris@southwesterncc.edu</a></p> <p>Small Business Center, <b>Tri-County</b> Community College  Holly Bryant  828.386.8240   <a href="mailto:hbryant@tricountycc.edu">hbryant@tricountycc.edu</a></p>	<p><input type="checkbox"/> Yes, but there is no training available to meet my needs.</p> <p><input type="checkbox"/> Yes, there is free training available to meet my needs.</p> <p><input type="checkbox"/> Yes, there are training courses available to meet my needs that have a cost.</p> <p><input type="checkbox"/> No</p> <p>Comments:</p>
<p>Other Comments:</p>	



# TRAIN UP

## APPLICATION for Train Up funded by ARPA

### SECTION I: BUSINESS INFORMATION

Business Name:		
Street/Mailing Address:		
City/State:	Zip:	County:
Company Contact Person:	Email:	Phone:
Title:	Fax:	
Description of business products or services (3-5 sentences):		
Months/years in business:	Total number of paid employees at this location:	Legal Structure of Business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other:
Tax Status of Business: <input type="checkbox"/> For profit <input type="checkbox"/> Not-for-profit	Employer's Federal ID #: Unemployment Insurance ID#:	
Is the Business registered with NCWorks? <input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, please go to <a href="http://NCWorks.gov">NCWorks.gov</a> to register your business. If you need assistance call your local career center at 1.855.NCWorks	

**SECTION II: TRAINING SUMMARY** *Complete separate application for each training.*

Training Topic or Course Title ( <i>Spell out acronyms at least once</i> ):	
Course Description and Objectives:	
Estimated Training Date(s):	
Number of Trainees:	Training Location:
Name of Training Provider or Organization:	
Name of Trainer/Instructor:	
Address, City, State, Zip:	
Email Address:	Phone:
Qualifications of instructor to provide the training (2-3 sentences):	

**SECTION III: BUDGET**

Category	Amount Requested	Explanation/Detail
Training or Course Registration Cost	\$	
Manuals and Textbooks	\$	
Materials and Supplies	\$	
Travel	\$	
<i>TOTAL AMOUNT REQUESTED</i>	\$	



## **SECTION IV: TRAINING NARRATIVE**

*Provide complete responses to the following 4 questions. Include any relevant attachments.*

1. Provide background information on the business.

2. Provide an overview of the requested training and information to support the need for your business.

3. Provide description of how the training will address any identified skills gaps, impact stability, improve employee retention, increase the competitiveness of the business, and create growth opportunities.

4. Reason for requesting financial assistance to conduct the training.

## **SECTION V: AUTHORIZATION AND CERTIFICATION**

As authorized representative of the business submitting this application, I hereby certify that:

- I have read the *Train Up SWDB Policy Guidelines & Instructions ARPA Funded* document and coordinated this application with the Southwestern Workforce Development Board Staff.
- The business meets the requirements and is eligible to submit this application.
- The information contained in this application is true and accurate and reflects the intentions of the Train Up reimbursable grant program.
- I am aware that any false information, intentional omissions, or misrepresentations may result in rejection of the application and possible disqualification for future funding.
- I am aware that any false information, intentional omissions, or misrepresentations may subject the business to civil or criminal penalties.
- The business agrees to adhere to all reporting requirements.
- The business agrees to provide all requested data elements as required for federal reporting.

Further, this business shall not discriminate against any employee, applicant for employment, applicant or participant, subcontractor or potential beneficiaries of employment and training programs or projects because of race, color, disability, religion, age, sex, national origin, political affiliation, or belief.

**Employer Representative Print Name:**

**Actual Signature:**

**Date:**

Signature of Southwestern Commission Finance Officer

**COST REIMBURSEMENT CONTRACT FOR INCUMBENT WORKER  
TRAINING SERVICES PROVIDED UNDER THE  
AMERICAN RESCUE PLAN ACT**

This Agreement, made and entered into this the \_\_\_ day of **month**, by and between the Southwestern Workforce Development Board, hereinafter referred to as the “SWDB”, designated as a Local Area for delivery of services for the American Rescue Plan Act of 2021, and **business name**, hereinafter referred to as the “Business.”

**WITNESSETH THAT:**

**1. BASIS FOR AGREEMENT**

Pursuant to the provisions of the American Rescue Plan Act and its implementing regulations, this agreement is written for the purpose of providing incumbent worker training.

Based on the application submitted by the Business and negotiations among all parties, the Business agrees to train # **(number)** incumbent workers as described in the approved application. (Attachment A)

The Business warrants that the information set forth in the application (Attachment A) is true, correct, and complete in all material aspects and that such application may only be amended by prior approval of the SWDB and subject to mutual agreement by all parties. In the event the Business is advised or becomes aware that any material aspect set forth in the application has changed, the Business understands it is under an affirmative duty to immediately notify SWDB in writing.

The SWDB is prepared to provide funds not to exceed **Samount** as outlined in the approved program budget, which is incorporated into the application (Attachment A). These funds shall be expended solely for the purpose of the approved program budget on a reimbursement for performance method of payment.

**2. TERM OF AGREEMENT**

The term of this Agreement shall commence on **start date** and shall remain in effect until **end date**. Training may not begin prior to the effective date of this Agreement. Training must be scheduled to begin within 60 days of this executed agreement.

**3. PAYMENTS**

Schedule. Payments shall be made to the Business on a reimbursement and performance basis. The Business will submit to the SWDB the Request for Funds Form (Attachment F) including documentation of expenditures in such detail as to provide for a proper preaudit and post audit. The Business will also submit additional documentation of expenditures upon the request of the SWDB.

Final Payment. The Business agrees that the SWDB will withhold payment pending the receipt and approval of all required reports, documentation of expenditures, verification of training participation and program performance attainment as submitted by the Business.

Availability of Funds. The SWDB’s liability under this Agreement is contingent upon the continued availability of appropriated and allocated funds under the American Rescue Plan Act. The Business agrees that the SWDB shall be the final determiner of the availability of such funds.

#### 4. REQUIREMENTS OF THE BUSINESS

During the term of this Agreement, the Business agrees to:

- (a) comply with all applicable federal, state, and local laws related to the execution of the program described in Attachment A.
- (b) cooperate with the SWDB in every reasonable way to ensure the successful delivery of the training program and attainment of specific training objectives,
- (c) have employees who participate in the training complete registration via NCWorks online.

Progress Updates. Should the term of this Agreement be longer than a quarter, the Business may be required to provide the SWDB with periodic updates. These updates should contain information about activities and accomplishments. These updates are not a replacement for the other reports, which may be required elsewhere in this Agreement. Progress updates shall specify:

- (a) an accounting of any changes in expenditures as listed in the budgeted expenditures (Application or Attachment A); and
- (b) confirm trainees participating in the training (Attachment C).
- (c) An assessment of the program's performance in relation to the planned performance (Attachment D) as established in the proposal (Attachment A).

Final Program and Budget Report. Within 45 days of completion of training, or within 45 days of the expiration of this Agreement, whichever occurs first, the Business will provide the SWDB with a certification that the training program has been completed in compliance with the terms and conditions of this Agreement. The Business will provide a report on:

- (a) a summary of the actual total training program costs and the total funds transferred to the Business by the SWDB pursuant to this Agreement (Attachment E),
- (b) the actual number of incumbent employees trained by the Business in conjunction with this training program (Attachment E),
- (c) a summary of the training actually accomplished under the program and the impacts on the Business's employees and its productivity, profitability, and competitiveness (Attachment E).
- (d) the Business will provide the SWDB and its designees access to trainees for the collection of information relevant to assessing the quality and effectiveness of the training provided under this Agreement,
- (e) the Business will provide the SWDB and its designees access to financial information and documentation relevant to determining the appropriateness of expenditures and reimbursements provided under this agreement.

Audit and Records. During the term of this Agreement, the Business agrees to comply with the following requirements:

- (a) maintain books, records, and documents (including electronic storage media) in accordance with generally accepted accounting procedures and practices which sufficiently and properly reflect all revenues and expenditures for funds provided by the SWDB for a period of three years after conclusion of the Agreement. The aforesaid records, books, documents, and other evidence shall be subject at all times to inspection, review, or audit by representatives of the SWDB and/or state personnel responsible for the oversight, monitoring, and evaluation of the Workforce Innovation and Opportunity Act,
- (b) submit all bills for fees or other compensation for services or expenses in detail sufficient for a proper preaudit and post audit,
- (c) maintain financial records and reports related to funds paid to any parties for work on the matters which are the subject of this Agreement; and
- (d) include these record-keeping requirements in contracts and subcontracts entered into by the Business with any party for work required under terms of this Agreement.

Liability. The Business assumes the risk of any claims, suits, judgments, or damages arising from the Business's performance of, or failure to perform, the tasks and duties which are the subject of this Agreement, or from the Business's participation in the program. The Business shall indemnify, defend, and hold the SWDB harmless from all claims, suits, judgments, or damages arising out of intentional acts, negligence, or omissions by the Business during performance of the tasks and duties which are the subject of this Agreement.

Upon reasonable written request, the Business will allow SWDB to access information specific to the wages and performance of participants upon completion of the training program for evaluation purposes.

The Business shall also cooperate with the SWDB in completing a survey one year after training to assist in determining the long-term effectiveness of the training program, if needed.

The Business shall act as an independent contractor and not as an employee of the SWDB in the performance of the tasks and duties that are specific obligations of the Business pursuant to this Agreement.

Non-discrimination. The Business will not discriminate against any employee employed in the performance of this Agreement, or against any applicant for employment because of race, color, religion, sex, national origin, age, disability, political affiliation, or belief.

## 5. TERMINATION

In the event the Business materially defaults in the performance of any duty, obligation, covenant, or agreement imposed on it or made by it in this Agreement, then the SWDB shall provide to the Business notice of such default. The Business shall have fifteen (15) calendar days within which to initiate action to correct the default and thirty (30) calendar days within which either to cure the default, or to demonstrate to the satisfaction of the SWDB that corrective action has been taken and will likely result in curing the breach. In the event the Business fails to cure the default, the SWDB will have the right to terminate this Agreement.

The Business shall permit public access to all public documents or other materials prepared, developed, or received by them in connection with the performance of their obligations or the exercise of their rights under this Agreement. The SWDB may terminate this Agreement if the Business fails to allow such public access.

## 6. MODIFICATION

Any renewal or extension of this Agreement must be specified in writing and agreed to by both parties. This writing contains the entire Agreement of the parties. No representations were made or relied upon by any party, other than those that are expressly set forth in this Agreement. No agent, employee, or other representative of any party is empowered to alter any of the terms of this Agreement, unless done in writing and signed and approved by an authorized signatory of the SWDB and an executive officer of the Business. The parties agree to renegotiate this Agreement if revisions of any applicable laws, regulations or decreases in allocations make changes to this Agreement necessary.

## 7. GENERAL CONDITIONS

The Business acknowledges and agrees that any expenses incurred above and beyond the grant funds shall be borne and paid by the Business. The Business will be liable for any project funds used for purposes other than payment of costs listed in the approved budget (Attachment A). The Business shall indemnify and hold SWDB harmless for claims made by any third party with respect to expenses incurred or activities performed by the Business in fulfillment of this project.

The following activities **shall not** be funded with any of the grant funds: (a) purchase of capital equipment, furniture, or fixtures; (b) real estate, capital or facilities improvements or renovations; (c) business relocation expenses; (d) costs incurred prior to the approval date of the application; (e) employment or training in sectarian activities and (f) lobbying of state or federal legislatures, judiciaries, or agencies.

The parties agree to comply with all the terms and provisions of this Agreement including and incorporating herein the following specified Attachments:

- Attachment A – Train Up Grant Application
- Attachment B – Assurances
- Attachment C – Trainee List
- Attachment D – Update Form
- Attachment E – Final Training Report
- Attachment F – Request for Funds

**IN WITNESS WHEREOF**, the parties have caused their hand to be set by their respective authorized officials hereto.

**Southwestern Workforce Development Board**

**BUSINESS**

**BY:** \_\_\_\_\_  
*Signature of Authorized Official*

**BY:** \_\_\_\_\_  
*Signature of Authorized Official*

**NAME: David Garrett**

**NAME:**

**TITLE: Workforce Development Director**

**TITLE:**

**DATE:**

**DATE:**

**WITNESS:** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_



125 BONNIE LANE SYLVA, NC 28779  
OFFICE 828.586.1962

Serving Cherokee, Clay, Graham, Haywood, Jackson, Macon, and Swain Counties

**Train Up: Attachment B Assurances  
Incumbent Worker Training Grant**

I, NAME, with COMPANY do hereby attest and certify that all required documents that establish both identity and employment authorization of the incumbent workers that are part of the training funded by the Southwestern Workforce Development Board's Train Up grant program are on file with the employer.

Signature:

Title:

Date:



125 Bonnie Lane Sylva, NC 28779

Contract #ARPA2024-XX

### Individual Trainee List & Progress Report

Training Program:

Prepared By:

Date of Report:

*Please ask trainees listed below to register in NCWorks.gov*

Participant's FULL Name	Job Title	Date Hired	Training Start Date	Training End Date	Current Participation Status: <i>Pending, Active or Completed</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					



**Update on Train Up Grant**  
Southwestern Area Workforce Development Board  
Email to: [linda@regiona.org](mailto:linda@regiona.org)

Please provide information below on the status of training program that is included in your Train Up Contract. If the contract time frame is longer than a quarter, a brief update is due periodically to the Southwestern Workforce Board using the format below or *in a comparable electronic format*.

Company Name:  
Date:

Training Name:

Scheduled Start Date:

Proposed Number of Employees to be Trained:

Number of Employees Actually Being Trained:

Comments: *Briefly explain the current status of this training component. Include information on successes, issues, or problems.*

**TRAIN UP  
North Carolina Incumbent Workforce Development Program  
Final Training Project Report**

Please complete the requested information and submit to the Southwestern Workforce Development Board representative within the timeframe requested. Space will expand as text is entered.

**FOR INTERNAL USE ONLY.** This is to be completed prior to submission to the Division of Workforce.

Development: LWDB Name: Southwestern Workforce Development Board

A. Amount of grant award (no administrative fee): \$ \_\_\_\_\_

B. Actual funds expended (no administrative fee): \$ \_\_\_\_\_

C. Amount to be de-obligated (A - B = C): \_\_\_\_\_

Signature of Authorized LWDB representative \_\_\_\_\_

Please complete the requested information and submit to the Southwestern Workforce Development Board representative within the timeframe requested.

**GRANT #ARPA2024-XX**

**BUSINESS INFORMATION**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Name of Business Representative Completing this report: \_\_\_\_\_

Title: \_\_\_\_\_

**TRAINING INFORMATION**

Complete the information for participants in the training provided through this grant.

- 1. How did this training increase the knowledge of you and/or your staff to strengthen or grow the business?

\_\_\_\_\_

- 2. Planned # of trainees:

- 3. Actual # of trainees:

- 4. Was training provided to the employees as approved in the application? **Yes or No**

If no, please explain: \_\_\_\_\_

5. Was any of the training provided through this grant available from a publicly funded local community college or university? **Yes or No**

If yes, and you did *not* choose that source as a training vendor, please explain why:

**CUSTOMER SATISFACTION**

1. How did you hear about the Train Up Program?

--

2. Please briefly describe the overall experience of the business with this training program.

--

3. Were you satisfied with the training that was provided? **Yes or No**

If no, please explain:

--

**TRAINING OUTCOMES**

1. Describe how the skill levels of the trainees were increased as a result of the training.

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2. **Certifications/Licenses/Credentials:** If applicable, list the type or quantity of skill certifications/licenses/credentials received by the trainees. Do not include *Certificates of Completion*.

TYPE	QUANTITY

3. Did any trainees receive a wage increase after completion of training? **Yes or No**

If yes, please complete the following:

# of Trainees	% of Increase

4. Did any trainee advance to other job positions or perform other advanced job responsibilities as a result of the training? **Yes or No**

If yes, how many? \_\_\_\_\_

5. How did the training help to increase the efficiency or quality of business operations?

6. If applicable, please indicate the estimated monetary value the business has saved, as a direct result of this training grant. (Example: process improvement, waste reduction, cost avoidance, etc.)

Description of Savings	\$ Amount
	Total:

7. Share outcomes, challenges or successes and be sure to include how the training favorably impacted your business, as well as assisted an employee(s) to advance or strengthen skills.

8. **PHOTO REQUESTED:** Please email a photo of the training and/or of the trainees in front of your business/signage. This picture may be used in the Southwestern Commission’s social media accounts, electronic newsletter, or annual report. Thank you.



125 Bonnie Lane Sylva, NC 28779

Contract # ARPA2024-XX

<h2 style="margin: 0;">Train Up Grant</h2> <h3 style="margin: 0;">Request for Funds &amp; Accounting of Funds</h3>
<b>Business:</b>
<b>Mailing Address:</b>
<b>Contact Person:</b>
<b>Date:</b>
<b>Signature:</b>

**IMPORTANT:** This is a reimburseable grant. Once training is over, complete this form, include with invoice from training source, proof of payment, updated Trainee List (Attachment C) and Final Report (Attachment E). IF invoice from training source is less than approved grant amount, business will be reimbursed the amount on the invoice. Note, travel will be reimbursed as per guidelines on [www.gsa.gov](http://www.gsa.gov). Reimbursement can not exceed contracted amount.

Name of Training	Approved Grant Amount	Invoice Amount to be Reimbursed	Difference back to SWDB
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
<b>TOTAL AMOUNT REIMBURSED:</b>		\$0.00	\$ -