CAPITAL REGION WORKFORCE DEVELOPMENT BOARD

Rev. 7/22/26

INCUMBENT WORKER TRAINING PROGRAM APPLICATION

Applications must be submitted at least 5 working days prior to start of training.

Submit to: brian.davis@henrico.gov

■ SECTION 1: COMPANY INFORMATION

PARENT OR CORPORATE NAME OF APPLYING Entity (AS LISTED ON IRS W9 FORM):			
PHYSICAL ADDRESS:	CITY:	STATE:	ZIP:
P.O. BOX ADDRESS:	CITY:	STATE:	ZIP:
ENTITY NAME, IF DIFFERENT:		COUNTY:	
PHYSICAL ADDRESS:	CITY:	STATE:	ZIP:
P.O. BOX ADDRESS:	CITY:	STATE:	ZIP:
CONTACT:	PHONE:	EXT:	FAX:
TITLE:	E-MAIL:	WEBSITE:	
NO. OF Employees at facility:	Year OPERATION STARTED IN Area:	FEDERAL I.D. NO.:	

TAX STATUS OF ENTITY: ☐ FOR-PROFIT ☐ NOT-FOR-PROFIT (DESIGNATION) ☐ OTHER:

LEGAL STRUCTURE OF ENTITY: ☐ SOLE PROPRIETOR ☐ PARTNERSHIP ☐ LIMITED LIABILITY COMPANY CORPORATION ☐ N/A

IS YOUR ENTITY CURRENT ON ALL FEDERAL, STATE OF virginia, COUNTY, CITY, AND LOCAL TAX OBLIGATIONS? ☐ YES ☐ NO

IS YOUR ENTITY RECEIVING AND/OR APPLYING FOR OTHER PUBLIC TRAINING FUNDS? ☐ YES ☐ NO

IF YES, EXPLAIN:

DOES YOUR ENTITY HAVE AN EQUAL OPPORTUNITY/NONDISCRIMINATION POLICY IN PLACE? ☐ YES ☐ NO

IS YOUR ENTITY SUBJECT TO A COLLECTIVE BARGAINING AGREEMENT? ☐ YES ☐ NO

IF YES AND IF UNION REPRESENTED EMPLOYEES WILL BE PARTICIPATING IN THE TRAINING ACTIVITIES OF THIS PROGRAM, IT IS REQUIRED THAT CONSENT BE OBTAINED FROM THE REPRESENTING UNION TO COLLECT THE ELIGIBLITY DATA FROM THE EMPLOYEES PRIOR TO FUNDING APPROVAL.

IS YOUR ENTITY WILLING TO PROVIDE PROJECT OUTCOME INFORMATION TO THE Capital Region Workforce Board? ☐ YES ☐ NO

THIS ENTITY IS: ☐ NATIVE-AMERICAN OWNED ☐ ASIAN-AMERICAN OWNED ☐ AFRICAN-AMERICAN OWNED ☐ HISPANIC-AMERICAN OWNED ☐ WOMAN OWNED ☐ OTHER MINORITY OWNED (SPECIFY):

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR BUSINESS, PRODUCT(S) AND/OR SERVICE(S):

■ SECTION 2: General Request Information

TRAINING PROJECT COST: $ (Use table on page 3 to calculate)	NO. OF EMPLOYEES TO BE TRAINED:
PROPOSED TRAINING START DATE:	ANTICIPATED TRAINING END DATE: (MAXIMUM OF 12 MONTHS FROM PROPOSED TRAINING START DATE)

■ SECTION 3: TRAINING PROVIDER INFORMATION (ATTACH ADDITIONAL SHEETS, IF NECESSARY)

THE TRAINING PROVIDER(S) WILL BE : ☐ PUBLIC TRAINING INSTITUTION ☐ PRIVATE TRAINING INSTITUTION ☐ In-house INSTRUCTOR

TRAINING WILL BE DELIVERED: ☐ ON-SITE ☐ AT THE TRAINING INSTITUTION ☐ AT A REMOTE LOCATION

TRAINING PROVIDER:	CONTACT:	PHONE:	
PHYSICAL ADDRESS:	CITY:	STATE:	ZIP:

■ SECTION 4: TRAINING PROJECT INFORMATION

Please tell us a little bit about your training needs:

1) Briefly describe the purpose of the training to be supported	
2) Will all employees receive the same training or are there different needs to be accomplished? Explain as necessary.	
3) What specific training topics or subjects will be covered?	
4) Please provide the job titles and hourly wages for each employee to be trained	
5) What outcomes are hoped to be achieved as a result of this training? Examples might include: # of jobs saved, # of new jobs created, lowering of employee turnover by X%, increased efficiency by X%, ability to increase work orders by x%, ability to expand sales/revenue by X%, advancing current employees into new positions to meet unfilled employment needs, provide instruction on new equipment, processes, functions etc.	

Please list below or attach the employees to be trained along with the total number of hours for their training, and attach a general training plan or course description from the training provider for each training element to be covered that also supports the costs.

■ SECTION 5: TRAINING PROGRAM BUDGET

This section must be completed to show use of proposed training funds. **Please attach training plans or other documentation supporting the training costs associated with this request. (From vendor or source of training).**

Allowable Categories for Reimbursement	Cost
Instructor Fees or Tuition Costs	
Training-related rentals (Equipment, space, tools etc.)	
Materials, Supplies or Textbooks	
Instructor-related travel/food/lodging (DO NOT INCLUDE ANY SUCH COSTS FOR EMPLOYEES)	
Other (Describe)	
Total Project Amount	

If approved, the Capital Region may provide reimbursement of 50-75%of the total cost identified above, based on company size. The approval notice will contain the maximum amount to be reimbursed based on application review and approval. Expenses for activities started prior to the application approval date will not be reimbursed.

Acknowledgements:

1) If an application is approved, some personal information about employees will be required. This is only for purposes of federal program funding/reporting requirements and will not be used for any other purposes.
2) This is a reimbursement-based process. The entity must submit invoices and supporting documentation showing that costs have already been covered before reimbursement will be processed.
3) The company will keep records relating to approved projects for three years after training completion(s) to be made available for review upon request by the Capital Region Workforce Development Board, Commonwealth of Virginia, and/or US Department of Labor.
4) It is understood that any employee to be trained with these funds must be paid full-time with an established employment history of 6 months or more with the applicant.
5) Reimbursement requests must be submitted prior to the close of the fiscal year in which the award is made. (July 1 to June 30 of each year). Failure to do so could result in delay of reimbursement. Incomplete projects may be continued to the new fiscal year with a new agreement for any remaining balance. Invoices must include documentation supporting the costs and indicating prior payment has been made.
6) Projects are limited to a maximum reimbursement of $10,000. Companies are limited to no more than two projects in any fiscal year.
7) I am aware of the Capital Region's equal opportunity and grievance policies at: https://vcwcapital.com/public-documents/

Signature and Certification

Signature:
Date
Typed Name
Phone/email

BY MY SIGNATURE I VERIFY: (1) ACCEPTANCE OF THE ACKNOWLEDGEMENT ABOVE, (2) THAT THE INFORMATION IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND (3) THAT I HAVE THE AUTHORITY TO SUBMIT THIS APPLICATION ON BEHALF OF THE NAMED EMPLOYER ENTITY.