



WORKFORCE DEVELOPMENT TRAINING FUND

Apprenticeship Grant Application

The purpose of this funding is to develop an industry specific workforce for a business, businesses, or industry where there is a shortage of skilled workers.

Apprenticeship Grants are available to Wyoming-based sponsor(s) with U.S. DOL Office of Apprenticeship registered apprenticeship programs and Related Instruction Providers associated with a Wyoming-based sponsor.

Application Checklist

The following is provided as a tool to help ensure completeness of the application.

The applicant has read the information and rules about the Apprenticeship Grants program posted on the DWS website at <http://wyomingworkforce.org/businesses/wdtf/docs/>

The applicant understands the Apprenticeship Grant is paid on a cost reimbursement basis.

The applicant agrees to the administrative cost limit of five percent (5%) and the reporting requirements delineated in Section 3 of the application narrative instructions.

Submit the application in the following order:

Part 1 – Application

Part 2 – Application Narrative

Section 1 – Apprenticeship Program Summary

Section 2 – Partnerships

Section 3 – Reporting Requirements

Section 4 – Performance Standards

Part 3 – Budget Worksheet

Part 4 – Budget Narrative

Part 5 – Appendix A of the US DOL Registered Apprenticeship Program detailing the approved Related Technical Instruction

Part 6 – Davis-Bacon Certification issued by the Department of Labor for the Registered Apprenticeship Program

Part 7 – Letters of Support



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Submission Instructions:

- Email application packet in a PDF format to DWS-WDTF@wyo.gov.
- Application must be submitted as one document in its entirety
- The original packet, signatures, and supporting documentation must also be mailed to DWS postmarked within five working days of the date of the email submission. Please send these documents to:

Department of Workforce Services

Attn: WDTF

5221 Yellowstone Road

Cheyenne, WY 82002

Formatting Instructions:

- The text of the application and budget narratives shall be typed with a standard font size of 12, double-spaced, on one side of a standard 8.5 x 11-inch page.
- Margins must be 1 inch on all sides.
- Include supporting documentation as appendix items.
- Number all narrative pages in the upper right-hand corner and properly label appendix items.
- Do not add a footer.
- The application narrative must use the section headings provided.
- The Application and Budget Narratives (Part 2 and 4), combined, may be up to five pages in length. The Application (Part 1), Budget Worksheet (Part 3), and supporting documentation are not counted toward the page limit.

General Instructions:

- The applicant shall list the number of apprentices per employer.
 - This number shall be documented by the employer(s) in a letter of support and include the wage progression upon completion of the apprenticeship program.
 - If the employer is the applicant, the application narrative will satisfy this requirement.
- The applicant, the related instruction provider, and/or the Office of Apprenticeship may be required to present their support of the application to the Workforce Development Council.
- No funds shall be disbursed to any entity prior to signing a contract. Grant funds shall be paid directly to the Contractor on a cost reimbursement basis once WDTF reviews and approves the final report.
- If the application fails to meet any of the above requirements, it may be denied in whole by DWS.



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PART 1 – Application (Complete sections, save, and submit with supporting documentation)

| | |
|----------------------------|----------------|
| For Office Use Only | |
| Application #: | Date Received: |

Apprenticeship Grant Information

| | |
|---|--|
| Title: | |
| Occupation: | |
| Dates of Related Technical Instruction: | |
| Cost of Related Technical Instruction: | |
| Number of Apprentices: | |
| Cost per Apprentice: | |

Applicant Information

| | | | |
|--|----------------------------------|----------------|------|
| Legal Business Name: | | | |
| Physical | | | |
| Mailing Address: | | | |
| | City: | State: | Zip: |
| Telephone: | Fax: | Website: | |
| Contact Name: | Mr. Ms. Dr. | | |
| Job Title: | | Email Address: | |
| FEIN: | WY Secretary of State Filing ID: | | |
| WY UI No.: | WY Worker's Comp. No.: | | |
| Contact has authority to sign contracts for applicant? Yes No | | | |
| If no, provide full name and title for contact with authority to sign contracts. | | | |
| Name: | | Title: | |

Check all that apply and then sign bottom of page:

Sponsor
 Employer
 Related Technical Instruction Provider

**** If all are checked – sign below, then skip to Part 2 of application****

Applicant Representative. The person signing this application as the Applicant Representative certifies that he/she is authorized to represent the Applicant and is legally responsible for the information provided in this application.

Applicant Signature: _____ Date: _____
 Title: _____



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****If more than one employer is included in this application, download additional employer pages and complete as needed****

Employer Information (if separate from Applicant)

| | | | |
|--|----------------------------------|----------------|----------|
| Legal Business Name: | | | |
| Physical | | | |
| Mailing Address: | City: | State: | Zip: |
| Telephone: | | Fax: | Website: |
| Contact Name: | Mr. Ms. Dr. | | |
| Job Title: | | Email Address: | |
| Contact has authority to sign contracts for employer? Yes No If no, provide full name and title for contact with authority to sign contracts. | | | |
| Name: | | Title: | |
| FEIN: | WY Secretary of State Filing ID: | | |
| WY UI No.: | WY Worker's Comp. #: | | |

Related Instruction Provider Information (if separate from Applicant)

| | | | |
|--|----------------------------------|----------------|----------|
| Legal Business Name: | | | |
| Physical | | | |
| Mailing Address: | City: | State: | Zip: |
| Telephone: | | Fax: | Website: |
| Contact Name: | Mr. Ms. Dr. | | |
| Job Title: | | Email Address: | |
| Contact has authority to sign contracts for employer? Yes No If no, provide full name and title for contact with authority to sign contracts. | | | |
| Name: | | Title: | |
| FEIN: | WY Secretary of State Filing ID: | | |
| WY UI No.: | WY Worker's Comp. #: | | |



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PART 2 – Application Narrative

Section 1 Apprenticeship Program Summary

Briefly summarize the apprenticeship program and how the related technical instruction shall meet the needs to provide trained workers for a business, businesses, or industry in Wyoming. The summary should provide the agency with an overview of the goals of the proposed program, the planned activities, target apprenticeship, number of participants, expected outcomes and the proposed impact of the program. The Apprenticeship Program Summary will count towards the five-page narrative limit. (A sample narrative can be found at <http://wyomingworkforce.org/businesses/wdtf/docs/>)

Section 2 Partnerships

Detail information about any partnerships that support the program or other resource enhancements or contributions to the program. Include information addressing established relationships with other government agencies, private businesses, or other entities that will assist in the completion of the program.

If any other funding has been requested in connection with this program, please describe in detail from which entity the grant or funding was requested, the date of the application or request for the grant or funding and if the grant or funding has been approved, or is pending as of the date of this application. Also describe, in detail, how the additional funds will be applied to the cost of the related instruction.

The applicant, employer(s), and the related technical instruction provider (if separate) are all required to be properly registered with the Workforce Development Training Fund, Secretary of State and Wyoming Unemployment Insurance and Workers' Compensation with the Department of Workforce Services.

Section 3 Reporting Requirements

The applicant will explain in detail how the applicant and the related technical instruction provider (if separate) will gather data to fulfill the reporting requirements below.

- The applicant, in collaboration with the related instruction provider, shall submit a final report to DWS outlining the results of the related technical instruction:
 - Number of apprentices completed;
 - Date services began and ended for each apprentice;
 - Post-related instruction employment information
 - Demonstrate and document how the related technical instruction increased the skill level of the apprentices and improved the efficiency, profitability, or compliance of the applicant or business, businesses or industry.

Section 4 Performance Standards

Describe in detail how the applicant and the related technical instruction provider (if separate) propose to meet the set performance standard of eighty percent (80%) of the apprentices completing the related technical instruction. Please indicate in the narrative that it is understood reimbursement will only be issued if this performance standard is met.



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PART 3 - Budget Worksheet

The following Budget Worksheet must be completed and submitted with the application.

| Budget Category – Allowable Related Technical Instruction Expenses | | Total |
|---|---|--------------|
| 1 | Tuition / Registration | |
| 2 | Class Fees & Related Technical Instruction Materials | |
| 3 | Travel (Transportation, lodging and meals directly associated with delivery of the related technical instruction) | |
| 4 | Instructor Wages | |
| 5 | Instructor Fringe Benefits (____%) | |
| 6 | Fees for Licenses or Certifications obtained as part of the related technical instruction | |
| 7 | Administration (Not to exceed 5% of the related technical instruction cost) | |
| 8 | Less Other Funding (From another Agency or Department) | |
| 9 | Total Related Technical Instruction Costs and Administration | |

**** Non-Allowable Related Technical Instruction Expenses****

- Purchased, rented or leased equipment
- Apprentice wages



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PART 4 - Budget Narrative

The applicant shall provide a comprehensive budget narrative that addresses the costs of the related technical instruction expenses. The budget narrative shall outline and define the identified expenses, with explanations for all items listed in the Budget Worksheet (Part 3) and provide computations for all listed costs. (A sample narrative can be found at <http://wyomingworkforce.org/businesses/wdtf/docs/>)

PART 5 – Letters of Support

If the applicant is the Sponsor and *not* the Employer(s):

Provide a signed letter from the employer(s) that includes the number of apprentices that will be participating in the related technical instruction, their levels in the apprenticeship program and the wage progression upon completion of the apprenticeship program.

If the applicant is the Related Technical Instruction provider:

Provide a signed letter that includes the number of apprentices that will be participating in the related technical instruction, their levels in the apprenticeship program and the wage progression upon completion of the apprenticeship program.

If the applicant is the Sponsor and the Employer:

The signed application is sufficient.

If the applicant is the Employer and is providing the related technical instruction in house:

The signed application is sufficient.

PART 6 – Appendix A of the US DOL Registered Apprenticeship Program detailing the approved Related Technical Instruction

If the applicant is not the sponsor for the US Department of Labor Registered Apprenticeship Program, a letter of confirmation must be provided from the sponsor indicating that the related technical instruction plan will meet the specified need.

PART 7 – Davis Bacon Certification issued by the Department of Labor for the Registered Apprenticeship Program
