

# FY 19 GWB Incumbent Worker Training Grant Application

<b>Submission ID</b>	4137127975522339410
<b>Submission Date</b>	2018-09-25 14:26:39
<b>Submission IP</b>	158.123.57.255
<b>My organization is registered as an approved RI state supplier with the Rhode Island Division of Purchasing. [See instructions for registration below].</b>	INT
<b>My organization is NOT exempt from coverage under the Job Development Fund and Unemployment Insurance programs.</b>	INT
<b>I have reviewed the Program Guidelines and understand my obligation as an employer.</b>	INT
<b>I acknowledge that my reimbursement from the GWB may not exceed \$5,000 per trainee.</b>	INT
<b>The employees that my company will be training are eligible to work in the United States.</b>	INT
<b>Employer Name</b>	Sample Company
<b>Employer Address</b>	123 Main Street Cranston Rhode Island 12345
<b>Employer Point of Contact</b>	John Sample
<b>Employer Point of Contact E-mail</b>	Fakeemail@sample.com
<b>Employer Point of Contact Phone Number</b>	(000) 000-0000
<b>I am filling this out on behalf of the employer (as a third party).</b>	No
<b>Federal Employer Identification #:</b>	00-0000000
<b>NAICS Industry Sector:</b>	31-33 Manufacturing

<b>Profit/Non-Profit:</b>	For Profit
<b>Please indicate the number of employees within your business/organization:</b>	10 - 100 Employees
<b>Total number of (unduplicated) Rhode Island based employees of business/organization to be trained:</b>	23
<b>Is this the first time applying for the Incumbent Worker Training Program?</b>	Yes
<b>Please briefly describe your business.</b>	Sample Company has been a family-owned Rhode Island business for over 50 years. We manufacture widgets for companies large and small and are regional leader in the widget-making industry. Widgets are small component gears that are essential in aircraft, toys, automobiles, and machinery. Our primary manufacturing plant is in Providence, RI; and we also have satellite sales offices in Kennebunkport, ME and Miami, FL. Some of Sample Company's largest clients include TWA Airlines, Gimbles Department Store, and American Motor Company.
<b>Please describe how the proposed training(s) will provide a clear and distinct benefit to the employer and the employee in terms of productivity, competitiveness, skill attainment, or other tangible benefit.</b>	<p>Global competition in the widgetmaking industry is fierce and foreign companies are often able to undercut Sample Company on cost. However throughout continuous leaning and efficiency Sample Company is able to beat our competitors on time and speed to market, while offering comparable price. We have identified the need to update, standardize, and continuously improve our manufacturing process through training in lean manufacturing practices, as well as Leadership Training for our management employees. These two training programs will dramatically improve our operations.</p> <p>Employees who participate in these training will receive "Lean 101" Certifications which are highly sought after in the widget industry. Management will earn Leadership certificates from a prominent business school which will increase their marketability. Trainees will also obtain a better and deeper understanding of our business model and our values.</p>
<b>Name of Training Activity:</b>	Lean Manufacturing 101
<b>Type of Training Provider:</b>	External Trainer (ex. Consultant)
<b>External Trainer Name:</b>	Lean Of Rhode Island
<b>Training will be delivered:</b>	On-site (ex. at the employer's location)
<b>Start date of training (must be at least 30 days from date of application submission):</b>	11-12-2018
<b>End date of training</b>	11-16-2018
<b>Total number of training hours:</b>	25
<b>Number of employees to be trained for Training #1:</b>	8

Type of Training	Lean/Continuous Process Improvement
Identify the intended impact of the proposed training (check all that apply):	Increase competitiveness Increase employee credentials/certifications Increase sales Increase worker productivity
Please indicate any additional outcomes that are expected as a result of this training:	Credentials Promotions
Target number of industry-recognized credentials as a result of the training:	3
Target number of promotions as a result of the training:	2
Total Expenses for Training #1	18000
Employer Contribution	9000
Department of Labor and Training Contribution	9000
Do you wish to apply for additional training?	Yes.
Name of Training Activity:	ISO Training
Type of Training Provider:	External Trainer (ex. Consultant)
External Trainer Name:	ISO Company LLC
Training will be delivered:	Off-Site (ex. at the training institution)
Location:	ISO Company HQ
Start date of training (must be 30 days from date of application submission):	12-10-2018
End date of training	12-11-2018
Total number of training hours:	5
Number of employees to be trained for Training #2:	3
Type of Training	ISO
Identify the intended impact of the proposed training (check all that apply):	Increase ability to employ new technologies Increase competitiveness Increase employee credentials/certifications

Please indicate any additional outcomes that are expected as a result of this training:	Credentials
Target number of industry-recognized credentials as a result of the training:	3
Total Expenses for Training #2	7500
Employer Contribution	3750
Department of Labor and Training Contribution	3750
Do you wish to apply for additional training?	Yes.
Name of Training Activity:	Customer Service 101
Type of Training Provider:	External Trainer (ex. Consultant)
External Trainer Name:	Service LLC
Training will be delivered:	On-site
Start date of training (must be 30 days from date of application submission):	01-08-2019
End date of training	01-08-2019
Total number of training hours:	4
Number of employees to be trained for Training #3:	15
Type of Training	Customer Service
Identify the intended impact of the proposed training (check all that apply):	Increase competitiveness Increase customer satisfaction Increase sales
Total Expenses for Training #3	1200
Employer Contribution	600
Department of Labor and Training Contribution	600
Do you wish to apply for additional training?	No. I'm done.
Total Grant Funds Requested:	13350
Per Trainee Limit	580.43

Total Cost of Training: 26700

Percent Grant Funds of Total Cost: 0.50

Upload training outline and supporting documents here:

[Sample Training Outline.docx](#)

Accepted

Signature (user cursor, finger, or mouse)"

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke at the end, positioned above a solid horizontal line.