The Northwest Regional Workforce Investment Board (NRWIB) is issuing this Request for Training (RFT) to provide Incumbent Worker Training Funds to companies in Connecticut. Businesses that apply must demonstrate the need for and commitment to Information Technology training for their employees.

Completed proposals from employers will be accepted on a rolling basis until the funds under this grant program have been disbursed. Questions about the IWT Program may be directed to:

Jim Amis, TechHire ITXpress Project Manager
Northwest Regional Workforce Investment Board
249 Thomaston Avenue
Waterbury, CT 06702-1028
(203) 574-6971 ext. 441
james.amis@nrwib.org

SECTION I: OVERVIEW - NRWIB

The Northwest Regional Workforce Investment Board (NRWIB) is the administrative entity that oversees and administers the U.S. Dept. of Labor TechHire Grant in Connecticut. NRWIB offers numerous services for adults, youth and employers, pursuant to the federal Workforce Innovation and Opportunities Act, in an effort to improve the workforce to meet the current and projected needs of the region and state.

SECTION II: BACKGROUND – INCUMBENT WORKER TRAINING

The mission of the Incumbent Worker Training Program is to provide businesses with the resources to invest in the state’s workforce, improve IT employee skills and maintain the economic strength and viability of the region’s businesses. The project’s major focus is on businesses that would not be able to make this investment without the assistance of the fund. Proposed TechHire Training should address the following priorities:

- Training projects in the Information Technology sector, that will result in demonstrated job retention, job growth or increased wages
- Training projects that will make a difference in the company's productivity, competitiveness and ability to do business in Connecticut

SECTION III: APPLICANT ELIGIBILITY / REQUIREMENTS

Employers must be located in Connecticut to apply for Incumbent Worker Training (IWT) reimbursement funds. Only current workers may be trained. Projects must focus on upgrading the IT skills of employees.

Revised 12/20/2017
Allowable training costs include those expenses that will occur during the course of the training grant period. They may include costs for training providers, curriculum development, tuition and supplies. **No training reimbursement may exceed $2,000 per participating employee.**

The following items are **non-reimbursable** expenses:
- Employee release time
- Employee wages – whether employee being trained or employee as in house trainer
- Capital equipment
- Purchase of any item that may be used outside the training project
- Costs not approved in the cost-reimbursement agreement with the NRWIB

**SECTION IV: ELIGIBLE ACTIVITIES**

Available funding under this RFT can be used for the training needs of current workers employed by companies and organizations with locations in Connecticut. The intent of the program is to benefit Connecticut businesses and their employees. **All applicants must demonstrate that it is unlikely that the training would occur without these funds.** Non-Connecticut-based companies may apply for training funds provided the employees to be trained are based in Connecticut.

Both full-time and part-time employees are eligible for training. Training may be provided by in-house trainers, external training professionals, or through distance learning. Training can be group-based or individual, at the employers’ discretion. In-house trainer wages are, however, not reimbursable, (see Section III). Training may take place out-of-state but applicants must demonstrate that such training and its related expenses are cost effective and reasonable. Employers are encouraged to review training options at local community colleges, adult education providers, and those on the Eligible Training Provider List of [www.cthires.com](http://www.cthires.com).

The types of IT training funded under this grant program are not restricted. Employers may use their own discretion to decide the training subject matter, methods and schedule. **However, funds cannot be used to subsidize existing, ongoing training that would have been offered without this grant.** Training must be in the IT field and be job specific. Programs such as new employee orientations will not be funded, nor will a training program designed exclusively to meet a legal mandate, such as OSHA training.

**SECTION V: EVALUATION CRITERIA**

Incumbent Worker Training proposals will be reviewed using the following criteria:
- Project will result in job retention, job growth or increased wages and will improve the company’s productivity and ability to do business in Connecticut
- Project will likely result in the hiring of unemployed young adults as entry level workers
- Project is comprehensive and has a sound plan for implementation
- Project has clear, measurable and achievable objectives
- Training directly relates to the organization’s mission and business plan
- All components of the IT training are job-related
- Training will be completed by December 31, 2019
- Training participants are non-government workers
SECTION VI: RESTRICTIONS & LIMITATIONS

Restrictions:

- Government entities are not eligible and may not apply for these funds
- Training programs must be completed by December 31, 2019
- Employees must be working at a location in the state of Connecticut
- Contract employees are not eligible to be trained with these funds. Employees must be W-2 workers; not 1099 (independent contractors)

Limitations:

1. This Request for Training does not commit NRWIB to award a contract to any applicant organization. NRWIB will not pay any costs incurred by any applicant in the preparation of a proposal. NRWIB may accept or reject any or all proposals received as a result of this RFT in whole or part, or cancel in part or in its entirety this RFT if it is in the best interest of NRWIB to do so.

2. NRWIB may request additional information or an oral presentation in support of written proposals.

3. NRWIB may award contracts under this Request for Training without discussion with applicant organizations. Therefore, proposals must be submitted on the most favorable terms from both a technical and cost standpoint.

4. NRWIB may award less than the amount requested. NRWIB may require applicants selected to participate in negotiations and to submit any price, technical or other revisions of their proposals as may result from negotiation.

5. All contract awards are subject to the availability of federal funds and the execution of a contract acceptable to both NRWIB and the selected applicant.

DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION

Federal regulations require NRWIB to determine if a contractor is debarred, suspended, ineligible or voluntarily excluded from applying for federal funds. This will be done at the same time the "Notice of Approval" is sent to the selected applicants. Organizations will be asked to sign a form certifying they are NOT currently debarred, suspended, ineligible or voluntarily excluded from applying for federal funds.

U.S. DEPARTMENT OF LABOR REQUIREMENTS

NRWIB is required by the U.S. Dept. of Labor Employment and Training Administration to collect the full name and social security number for every employee who will receive training under your grant proposal.
The employer will use the following form to submit requests for reimbursement:

![H-1B TECHHIRE PARTNERSHIP GRANT](image)

The employer will also report the total “match amount” - the number of hours each trainee was away for grant-funded training, the hourly wage and any travel costs. For example:

<table>
<thead>
<tr>
<th>Total Hours Spent in training and travel to training</th>
<th>Employee’s Hourly Wage or Salary</th>
<th>Hourly Salary x Course Hours</th>
<th>Travel $ Amount paid by employer</th>
<th>Total Match Amount invested by employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>$22.02</td>
<td>$1,321.20</td>
<td>$1,000.00</td>
<td>$2,321.20</td>
</tr>
</tbody>
</table>
SECTION VII: APPLICATION PROCEDURES

Proposals shall be submitted to NRWIB at the address listed below. Proposals will be accepted on a rolling basis. Applications will continue to be accepted and awarded until all the grant funds available under this RFT have been disbursed.

To apply, send one hard copy and one electronic copy (Word Doc) of your proposal to:
Northwest Regional Workforce Investment Board
Attention: Jim Amis, TechHire ITXpress Project Manager
249 Thomaston Ave., Waterbury, CT 06702-1028
James.amis@nrwib.org

To facilitate the review process, all proposal pages must be numbered. Complete applications should include:

- NRWIB Incumbent Worker Training Cover Sheet (attached)
- Project Narrative which includes a training plan, and expected outcomes

All proposals will be given equal consideration and each application will be judged on its own merits. Applications will undergo an internal staff screening prior to review by NRWIB’s Worker Training and Education Committee, which sets board policies and oversees all funding.

SECTION VIII: FUNDING NOTIFICATION AND GRANT AWARD

Every effort will be made to render decisions regarding funding within 30 days of receipt of the employer’s proposal. Training shall not commence until “contract for training” has been executed with NRWIB. Grantees [employers] will pay the total cost of training and will be reimbursed up to $2,000 per employee who receives approved training.

NRWIB will reimburse grantees upon receipt of:

1) Verification by the employer and the trainer that grant-funded training has been successfully completed;

2) Copies of vendor (training provider) invoices;

3) An evaluation report from the employer. Reimbursement will be made within 30 days following receipt of the above documentation.

Grantees agree to participate in any program-wide evaluation of the program that may be undertaken in the future. Businesses will receive payment for training on a cost-reimbursement basis.
Northwest Regional Workforce Investment Board
TechHire Grant - ITXpress
Incumbent Worker Training (IWT)
**Cover Sheet Instructions**

<table>
<thead>
<tr>
<th>Applicant Organization:</th>
<th>Legal name of applicant business/company/organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Address:</td>
<td>Complete Mailing address (street address, city, state, zip code)</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Contact person who can be contacted for further information, if necessary</td>
</tr>
<tr>
<td>Title:</td>
<td>Title of contact person</td>
</tr>
<tr>
<td>E-mail:</td>
<td>E-mail address of contact person</td>
</tr>
<tr>
<td>Telephone:</td>
<td>Telephone and extension of contact person</td>
</tr>
<tr>
<td>Employer:</td>
<td>Name of business/company where participants are employed</td>
</tr>
<tr>
<td>Employer Address:</td>
<td>Complete Mailing address (street address, city, state, zip code)</td>
</tr>
<tr>
<td>Telephone:</td>
<td>Telephone and extension of contact person</td>
</tr>
<tr>
<td>Description:</td>
<td>Briefly describe the organization’s mission/purpose</td>
</tr>
<tr>
<td>CT UI Tax #:</td>
<td>Company’s Conn. Unemployment Ins. Tax Number (example 99-999-99)</td>
</tr>
<tr>
<td>Federal Tax ID:</td>
<td>Enter your company’s Federal Tax Number (format: 01-2345678)</td>
</tr>
<tr>
<td>Authorized Signatory:</td>
<td>Proposal should be signed by company representative that has the authority to enter into a contract between NRWIB and your organization</td>
</tr>
<tr>
<td>Name:</td>
<td>Printed name of signatory</td>
</tr>
<tr>
<td>Title:</td>
<td>Title of signatory</td>
</tr>
<tr>
<td>Date:</td>
<td>Date the proposal was signed</td>
</tr>
</tbody>
</table>
Employee Information:

Employer Organization: ________________________________
Street Address: _________________________________________
City: _______________ State: ___________ Zip Code: ___________
Telephone: _______________________________ Email: ________________

Brief Description of Business:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Connecticut Unemployment Insurance Tax Number: ________________
Federal Tax ID Number: _________________________________

Signatures:

Authorized Signatory: ________________________________
Printed Name of Signatory: ________________________________
Date Signed: ________________________________
Northwest Regional Workforce Investment Board  
Incumbent Worker Training (IWT)  
Project Narrative

Note: This form may be adapted to fit your needs however applicants must answer all questions completely. Project narrative should be five pages or less in length.

1. Please provide the name of the training[s] you want to offer your employees.
2. Please provide the anticipated dates of the training you will provide.
3. How many employees will likely participate in the training?
4. What is the current skill level of the employees to be trained?
5. What skill level will likely be attained upon completion of the training?
6. Total number of employees at company.
7. Is it likely that incumbent worker training will result in promotions, and entry level vacancies?
8. Current hourly wages of employees to be trained.
9. Projected hourly wages of trained employees upon completion of training.
10. Anticipated length of training (hours per day, number of days, number of weeks).
    Hours per Day:  ____________
    Number of Days:  ____________
    Number of Weeks:  ____________
    Total Hours:  ____________ (hours x days x weeks)
11. Will training result in certification?  Yes_____  No_____ 
12. Who will conduct the training?
    Current Employee:  ____________________________  (please provide name and title)
    Outside Training Provider or Consultant:  ____________________________  
    (please provide name and address)
    Distance learning (such as webinar) provider:  ____________________________
13. Location of training (location, city, state).  ____________________________
14. Describe the skills, knowledge and abilities that will be conveyed to employees.

________________________________________________________________________

________________________________________________________________________

15. Briefly describe the need for the proposed training
16. Identify what potential impact this training will have on:
    Your Business:  ____________________________
    Your Employees:  ____________________________