



## **Application for 2023 Incumbent Worker Training Grants**

**Application Period:  
March 1, 2023 – April 14, 2023**

**Application Due Date:  
April 14, 2023**

**Project End Date:  
No later than May 31, 2024**

**Workforce Solutions  
Capital Area  
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Relay Texas: 1.800.735.2989 (TDD) / 711 (Voice)

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## **SECTION I – GENERAL INFORMATION**

### **BACKGROUND**

The Workforce Solutions Capital Area Workforce Board (Capital Area) serves as the leadership and governing body for the Austin/Travis County workforce system. Capital Area is a public/private partnership, with its Directors representing business, education, labor, economic development, community-based organizations, and public entities. Capital Area is organized as a non-profit corporation in the State of Texas, with tax-exempt status under IRS code 501(c)(3). It is part of the Texas Workforce Solutions Network – comprised of the Texas Workforce Commission (TWC) and twenty-eight (28) local workforce boards.

### **PURPOSE OF APPLICATION**

Incumbent Worker Training (IWT) is designed to provide funding assistance to qualifying employers to provide skills training to full-time, permanent employees. The training must be necessary for employers to retain a skilled workforce, improve the skills of employees, increase the competitiveness of the employee and the employer or retain or avert layoffs of the incumbent workers trained.

### **GENERAL INFORMATION**

For purposes of this application, the words “Bidder”, “Proposer,” “Applicant,” and “Respondent” are interchangeable and refer to an entity submitting an application.

The words “Workforce”, “Workforce Solutions Capital Area”, and “WFS” are interchangeable and refer to the Workforce Solutions Capital Area Workforce Board, the issuer of this application.

### **QUALIFICATIONS**

Respondents to the application must have the following qualifications:

- The company must have a physical presence in Travis County or Austin MSA, Texas Workforce Commission (TWC) Tax Account Number with a status of active and liable, and must have/create an employer account in WorkInTexas.com with the same TWC Tax Account Number.
- It is preferable that the training provider(s) selected have a physical presence in Texas.
- Company makes a commitment to retain or avert the layoffs of incumbent worker trainees.
- Company agrees to reporting requirements that includes employee information.
- Companies participating in incumbent worker training are required to pay the non-Federal share of the cost of providing training to their incumbent workers.
  - 10 percent of the cost, for employers with 50 or fewer employees;
  - 25 percent of the cost, for employers with 51–100 employees; and
  - 50 percent of the cost, for employers with more than 100 employees
- Companies must be aware of the following:
  - The non-Federal share provided by an employer may include the amount of the wages paid by the employer to a worker while the worker is attending incumbent worker training.
  - The employer may provide the share in cash or in-kind, based on a fair evaluation of the value of the in-kind contribution.
  - WFS must evaluate the fairness of the in-kind valuation using the standards in OMB Uniform Guidance, the state’s Uniform Grant Management Standards, and TWC’s Financial Manual for Grants and Contracts.
- To qualify as an incumbent worker, the incumbent worker must:
  - be employed;

- meet the Fair Labor Standards Act requirements for an employer-employee relationship; and
- have an established employment history with the employer for six months or more; however, exceptions apply when training is provided to two or more employees in the same cohort.
- Public-sector employers cannot qualify for Incumbent Worker Training funds due to the Texas Workforce Commission policy indicated in workforce development letter 15-20.

## SECTION II – CONTRACT INFORMATION

### AWARD

Any organization or company that has the demonstrated competency, knowledge, qualifications, and reasonableness of cost are invited to respond to the application. The budget for any proposed projects shall not exceed \$50,000.

Receipt of one or more responses to the application does not commit Capital Area to the award of a contract, neither will Capital Area pay any costs incurred in responding to the application. Capital Area reserves the right to accept or reject any or all quotations received, to negotiate/contact with all qualified sources, or to cancel the application in whole or in part, if it is in the best interests of Capital Area.

### CONTRACT PERIOD

Capital Area expects to offer at least 4 awards throughout the application period. The selected companies will be expected to enter into a written **contract ending no later than May 31, 2024**, for a 12-month period maximum. We are not required to execute a contract with any applicant if either funding or the quality of applications is insufficient. The budget for any proposed projects shall not exceed \$50,000.

## SECTION III – SUBMISSION INFORMATION

### SUBMISSION

Please submit an electronic copy of your response for this application to [upskilling@wfscapitalarea.com](mailto:upskilling@wfscapitalarea.com). Applications should be submitted at least 60 days prior to the start date of the desired Incumbent Worker Training.

Applications will not be accepted after **Friday, April 14, 2023**.

### APPLICATION INSTRUCTIONS

Please provide the application information beginning in Section VI in your submission.

## SECTION IV – APPLICATION CONDITIONS

- Capital Area reserves the right to accept or reject any or all applications submitted. Capital Area also reserves the right to make no award as a result of this application
- Capital Area is exempt by law from payment of Texas Sales Tax and Federal Excise Tax.
- This application does not commit Capital Area to pay for any cost incurred prior to the execution of any grant or contract. All grants and contracts are contingent upon availability of funds.
- Capital Area specifically reserves the right to vary the provisions set herein any time prior to the execution of the grant where such variance is deemed to be in its best interest.

- Capital Area reserves the right to increase or decrease the quantities or magnitude of this application at the time of award and/or throughout the term of this grant.
- All applications and their accompanying attachments will become the property of Capital Area after submission and materials will not be returned. All applications and written communications with Capital Area are subject to Open Records Requests per the Texas Public Information Act.
- The contents of a successful application may become contractual obligations, if a grant is awarded. Failure of the proposer to accept those obligations may result in the cancellation of the application from the selection process. The contents and requirements of this application may be incorporated into any legally binding and duly negotiated contract between Capital Area and the selected vendor(s).
- A designated contact person for the applicant(s) must be established. This person will be contacted in the event of inadequate service or problems with compliance. The applicant(s) contact person is expected to respond to Capital Area within 24 hours.
- Capital Area reserves the right to cancel the contract if the applicant fails to perform as agreed, or for convenience if it is in the best interest of Capital Area.

## SECTION V – APPLICATION REVIEW AND SELECTION PROCESS

### A. EVALUATION PROCESS

The evaluation process will consist of:

- An initial review of responsiveness, compliance with the technical specifications and other criteria specified in the application, and completeness by Capital Area staff.
- All responsive, compliant, and complete applications will be evaluated and scored by an internal team of reviewers. Applications will be evaluated on specific criteria by reviewers using a standardized instrument based on the criteria below.

### B. APPLICATION EVALUATION CRITERIA

Grants will be awarded based on the following general criteria:

Company and Project Information	10
Anticipated Outcomes of Training Project	30
Trainee Information	30
Reasonability of Budgeted Costs	20
Industry Sector Focus Areas	10
Bonus – Historically Underutilized Business	5
<b>TOTAL</b>	<b>105</b>

### HISTORICALLY UNDERUTILIZED BUSINESS

A "Historically Underutilized Business" is an entity with its principal place of business in Texas, and is at least 51% owned by an Asian Pacific American, Black American, Hispanic American, Native American and/or American woman who reside in Texas and have a proportionate interest and demonstrate active participation in the control, operations and management of the entity's affairs.

Five (5) bonus points will be awarded to responsive proposals submitted by a HUB certified by the Texas Comptroller of Public Accounts, or other bona fide certifying agency. HUBs must identify their certifying agency on the cover sheet, and attach a copy of the notice of certification to be eligible for points awarded under this section. Certifications that are expired or do not meet the criteria specified shall not be considered for the five additional points.



# WORKFORCE SOLUTIONS CAPITAL AREA APPLICATION FOR FUNDING INCUMBENT WORKER TRAINING FY 2023

## SECTION VI – APPLICATION INFORMATION

### Company Information:

- Complete the chart below by providing the information requested.

COMPANY INFORMATION	
<b>Company Name:</b>	
<b>Contact Name:</b>	
<b>Job Title:</b>	
<b>Contact Email:</b>	
<b>Contact Phone:</b>	
<b>Company Street Address (physical location required):</b>	
<b>City, State:</b>	
<b>County:</b>	
<b>Zip Code:</b>	
<b>Total Number of Employees Corporatewide:</b>	
<b>TWC Account Number (Account # under which business partner reports employee wages to <a href="#">TWC Tax Department</a>):</b>	
<b>4-Digit NAICS Code that Identifies Industry (You can find these codes here: <a href="http://www.census.gov/eos/www/naics">http://www.census.gov/eos/www/naics</a>):</b>	

### Employment Benefit Information:

- Indicate which of the following employment benefits the private partner will provide for employees who participate in the proposed training by placing an “X” in the appropriate boxes:

COMPANY EMPLOYMENT BENEFITS				
	<b>Medical Insurance</b>		<b>Prescriptions</b>	<b>Educational Assistance</b>
	<b>Workers’ Compensation</b>		<b>Vacation</b>	<b>401K/Pension Plan</b>
	<b>Dental Insurance</b>		<b>Holidays</b>	<b>Profit Sharing</b>
	<b>Life Insurance</b>		<b>Sick Days</b>	<b>Other:</b>

**Additional Company Information:**

3. Indicate which of the following apply by placing an "X" in the appropriate boxes:

Union Affiliation:  No  Yes (specify):

Public – Sector:  No  Yes (NOTE: public-sector employers cannot qualify)

Meets Americans with Disabilities Act Requirements:  
 No  Yes

Meets the Fair Labor Standards Act requirements for employer-employee relationship:  
 No  Yes

Have layoffs occurred within the last 120 days?  
 No  Yes

Is your company current on all State of Texas tax obligations?  
 No  Yes

I or this company certify having NOT received a federal debarment notice:  
 No  Yes

Do you have an employer account in WorkInTexas.com?  
 No  Yes

Is your company receiving/applying for any other federal training funds?  
 No  Yes

If yes, please list the names of the program or type of grant:

PROJECT INFORMATION	
<b>Project Description:</b> <i>Please provide a brief description of the training needs and high level goals</i>	
<b>Expected Start Date:</b>	
<b>Expected End Date:</b>	
<b>Total Number of Employees to be Trained:</b>	
<b>How many have been with the company for 6 or more months?</b>	
<b>Types of Credentials Received (check all that apply):</b>	
<input type="checkbox"/>	Secondary School Diploma/or equivalency
<input type="checkbox"/>	AA or AS Diploma/Degree
<input type="checkbox"/>	BA or BS Diploma/Degree
<input type="checkbox"/>	Occupational Licensure
<input type="checkbox"/>	Occupational Certificate
<input type="checkbox"/>	Occupational Certification
<input type="checkbox"/>	Other Recognized Diploma, Degree, or Certificate (specify): _____
<input type="checkbox"/>	No recognized credential

<b>ANTICIPATED OUTCOMES OF TRAINING PROJECT</b> (Check all that apply and insert number in blanks)	
	Will create _____ new jobs within our company
	Will create _____ openings in entry-level positions
	Will save _____ jobs within our company
	Will lower employee turnover at our company and retain _____ jobs
	Will promote _____ employee(s) within our company
	Will enable _____ employees to receive certifications or credentials
	Will improve the short-term or long-term wage levels of trainees
	Critical to the long-term viability of our company
	Will be an important component of our company's overall workforce employee development efforts
	Employee(s) will maintain employment during training and at least 90 days post training

**Briefly describe your training needs and explain how funding will assist in achieving the company's high priority occupation goals:**

**Without compromising individual confidentiality, briefly describe the characteristics of any training participants with historical barriers to employment that are represented (*i.e., Individuals with Disabilities, English Language Limited, Ex-Offenders, Low-income Individuals, Single Parent, Older Worker, etc.*).**



**Trainee Information:**

4. In the chart below, please provide the following:
  - The job title of each position for which training is being requested.
  - The number of employees to receive training and skill upgrading through the proposed project.
  - The hourly wage range to be provided to the employee upon the successful completion of training. (The minimum wage is the current minimum hourly wage that a trainee is paid, and the maximum wage is the highest hourly wage that a trainee can be paid.) Only include hourly wages of those workers who will be participating in training.
  - **(Important: It is a statutory requirement that the wages for each occupation must be equal to or greater than the prevailing wage for that occupation in the local labor market. For further information, see the Frequently Asked Questions document on TWC's [Skills Development Fund website](#).)**
  - The average percentage increase in wages that will be paid to trainees in upgraded jobs upon the successful completion of training.

Job Title	# of Employees in this Occupation Receiving Training	Hourly Wage Range Minimum Wage	Hourly Wage Range Maximum Wage	% Wage Increase Post Training

**Table of Training Courses to Be Provided:**

5. In the chart below, please provide training information and budget details.  
 (Insert rows as needed)

Name of Training Provider	Training Course Name	Number of Trainees	Course Training Hours	Cost per Trainee	Total Course Cost	Employer Contribution (Cash or In-Kind)	Method of Delivery (In-person, Online, Other)

**CERTIFICATION OF LEGAL AND SIGNATORY AUTHORITY**

I, \_\_\_\_\_ (typed or printed name) certify that I am the  
\_\_\_\_\_ (typed or printed title) of the eligible  
entity named as bidder and respondent herein, and I am legally authorized to sign and submit  
this proposal to Workforce Solutions Capital Area (WFS) on behalf of said organization by  
authority of its governing body.

I certify that \_\_\_\_\_ (typed or printed name) who signed  
the cover sheet of this proposal has the legal authority to enter into and execute a contract  
with WFS to provide the services and activities authorized and detailed in this proposal. I agree  
to submit upon request by WFS such information and documentation as may be necessary to  
verify the certification contained herein.

I further certify that the information contained in this proposal and all attachments is true and  
correct. I acknowledge that I have read and understand the requirement and provisions of this  
application and that this organization will comply with all applicable federal, state, and local  
laws, rules, regulations, polices and directives in the implementation of this proposal. I certify  
that I have reach and understand the governing provisions, limitations and administrative  
requirements of this application and will comply with all terms and conditions.

\_\_\_\_\_  
Name of Organization (Proposer)

\_\_\_\_\_  
Signature of Authorized Representative Date

\_\_\_\_\_  
Typed/Printed Name and Title of Authorized Representative