



Region 11 Workforce Response Team – EWTF WRT Application Form

Please use this form for submitting / reporting Project Description, Revisions and Project Final Report.

Please check the appropriate box:

- WRT Project Description Form due prior to project beginning
- WRT Project Description Form Revision due with any changes or if project is cancelled.
- WRT Project Final Report Form due 30 days after project ends

(WRT Project Description Form information plus Green Shaded Areas)

Date Submitted:

Project Name:	WRT Grant Contract Year: 2006-2008
Workforce Response Team Region:	Project Subgrant Start Date: (day/month/year)
WRT Representative Name:	Project Subgrant End Date: (day/month/year)
Company Name(s):	Total # of Employees at Company:
Company Representative Name:	Employer Tax ID Number:
Do you anticipate this Project will result in a wage increase for participating employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Program Income Amount Generated	Expended as
Program Income Amount Expended	
Planned WRT Funding Amount:	Planned Match Amount:
Final WRT Funding Amount:	Final Match Amount:

For consortia / multi-company training projects: (add pages, if needed)

1.	Company Name(s):	Total # of Employees at Company:
	Company Representative Name:	Employer Tax ID Number:
2.	Company Name(s):	Total # of Employees at Company:
	Company Representative Name:	Employer Tax ID Number:
3.	Company Name(s):	Total # of Employees at Company:
	Company Representative Name:	Employer Tax ID Number:
4.	Company Name(s):	Total # of Employees at Company:
	Company Representative Name:	Employer Tax ID Number:

Industry Cluster(s) Affiliation:

- | | | |
|---|---|--|
| <input type="checkbox"/> High Tech/Software | <input type="checkbox"/> Forest/Wood/Paper Products | <input type="checkbox"/> Food Processing/Agriculture |
| <input type="checkbox"/> Apparel/Sporting Goods | <input type="checkbox"/> Transportation Equipment | <input type="checkbox"/> Creative Services |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Metals | <input type="checkbox"/> Nursery Products |
| <input type="checkbox"/> Professional Services | <input type="checkbox"/> Biomedical/Health | <input type="checkbox"/> Financial Services |
| <input type="checkbox"/> Other (please identify): | | |

Training Outcomes	Planned	Final
Number of Workers Trained		
Number of Jobs Created <i>(Number of full-time Jobs created at your facility during the contracted length of the project. Full time means 40 hours per week.)</i>		
Number of Jobs Retained <i>(Among workers who received training, how many are still employed.)</i>		
Number Receiving Certifications <i>(Certification means that participants completed a curriculum of defined skills and were tested on or demonstrated competency at the end of training. This does NOT refer to a certificate of attendance.)</i>		
Number of Wage Gains <i>(Among workers who received training, how many received a raise during the contracted length of the project.)</i>		
Number of Promotions <i>(Among workers who received training, how many were promoted during the contracted length of the project.)</i>		
Curriculum Developed/Revised	<input type="checkbox"/> No <input type="checkbox"/> Yes, with WRT funds	<input type="checkbox"/> If yes, curriculum is attached
If this is a capacity building activity, please describe how (now or in the future) it is anticipated the capacity - building project will be linked to a training project that will address EWTF Policy Attachment G:		

	Type of Training Provided	Type of Vendor: Community College, Outside Vendor, OMEP, In House, University or IB provider
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Yes, Social Security Numbers have been reported. Number of Trainees providing SSN:

Project Summary Planned:

1. Please provide a description of the training project.
2. What is your definition of project success?

Project Summary Final:

Please provide a final summary of the training project and lessons learned.

Project Outcomes

It is understood that not all project outcomes listed below will apply to every project. Please check below all boxes that apply and fill in amounts, explanations and descriptions. Answer box will expand as you type.

<input type="checkbox"/>	Planned increase in productivity by %. During the contracted length of the project, do you expect an increase in the productivity (Sales Dollars divided by Number of Employees) at your facility? This is the percentage increase in productivity from the beginning of the grant to the end. Productivity will be defined as sales dollars divided by the number of employees.	
	Planned: Explain how or why this training will result in an increase in productivity:	
	Final: What was your final increase in productivity? Describe if this outcome was met or the anticipated timeline.	
<input type="checkbox"/>	Planned savings of \$ in operating costs . This refers not only to reducing the cost of business but also refers to cost avoidance.	
	Planned: Explain how and why this training will save operating costs:	
	Final: What was your final savings in operating costs? Describe if this outcome was met or the anticipated timeline.	
<input type="checkbox"/>	Planned reduction of rework or production waste gained by %.	
	Planned: Explain how or why this training will decrease rework or production waste:	
	Final: What was your final decrease in rework or production waste? Describe if this outcome was met or the anticipated timeline.	
<input type="checkbox"/>	Planned savings in warranty by %. By warranty, we mean product that goes out to the customer and is found to be defective and must therefore be replaced or reimbursed.	
	Planned: Explain how or why this training will lead to savings in warranty:	
	Final: What was your final savings in warranty? Describe if this outcome was met or the anticipated timeline.	
<input type="checkbox"/>	Planned decrease in product cycle time by %. Cycle time is the number of days from when an order is received to the time of shipment.	
	Planned: Explain how and why the product cycle time will be decreased:	
	Final: What was your final decrease in product cycle time? Describe if this outcome was met or the anticipated timeline.	

	Curriculum shared or training replicated _____ times. This is the number of additional workers trained at your facility that did not directly participate in the grant training.	
<input type="checkbox"/>	Planned: Explain how the curriculum will be shared or training replicated:	
	Final: How many additional workers were trained that did not directly participate in the grant training? Describe if the planned outcome was met or the anticipated timeline.	
	Planned increase of company competitiveness by _____ %. This is the percentage increase in profit from the beginning of the grant to the end.	
<input type="checkbox"/>	Planned: Explain how and why the training will increase the competitiveness of the company:	
	Final: What was your final increase in profit? Describe if this outcome was met or the anticipated timeline.	
	Planned Increase in capital investment by \$ _____ This refers to new investment in equipment or facilities.	
<input type="checkbox"/>	Planned: Explain how and why the training will increase the capital investment:	
	Final: What was your final capital investment? Describe if this outcome was met or the anticipated timeline.	

Project Feedback Final:	
1.	What is the total amount that your company spent on training this past year in addition to what was spent on this grant?
2.	Did your company receive any additional grants this past year in addition to the EWTF grant?
3.	In general, what were some successes that you had at your company this past year?

Data by Project

Complete Only for Project Final Report

Please provide the data for the following reporting elements:

Demographic Information

Age: 14 - 17 18 19 – 21 22 – 54 55 – 65 66 +

Gender: Male Female

Individuals with a Disability:

Ethnicity Hispanic / Latino:

Race:

American Indian or Alaska Native:

Asian:

Black or African American:

Hawaiian Native or other Pacific Islander:

White:

Other Race:

Information Not Voluntarily Reported:

Social Security Number Reporting Instructions

Each individual participating in WRT training must sign a Social Security Number Release Authorization Form indicating whether they chose to volunteer their SSN.

All Social Security Numbers obtained must be reported by project title in a spreadsheet format to CCWD at the end of each project. (Due 30 days after end of project)

Spreadsheet Must Include:

1. Region
2. Project Name
3. Project Start Date
4. Project End Date
5. Social Security Numbers listed in a single column without dashes (e.g., 000000000), and the column must be formatted as text; this allows any SSN that begins with a zero (0) to display and import properly.

Please do not email files containing SSNs; to ensure privacy, please have your MIS person submit these files via the FTP site that is used for the WIA IB data collection.

My signature below indicates that I understand that if my organization is awarded funds under this application I must:

- Request trainees to provide social security numbers for project data collection and reporting purposes. All trainees will be provided with a consent form for this purpose, explaining that their SSN numbers will be used only for aggregate data tracking related to this project.
- Track all expenditures related to this project separately from other company funds, and provide detailed invoices, including copies of receipts for training related expenses.
- Complete quarterly reports and a final report at the end of the project providing both anecdotal information and data on the project's outcomes. Final payment will not be made until the final report is accepted by Region 11 Workforce Response Team, c/o Klamath Community College.
- Abide by non-discrimination laws in determining who is eligible to receive this training and in the delivery of training (federal non-discrimination laws apply to this funding).
- Have enough cash flow resources on hand to cover project costs in between invoices. Invoices may be submitted no more than once each month.
- Have the authority to sign this application on behalf of my organization.
- Agree that these funds will not displace routine, on-going, regularly scheduled training.
- Comply with the terms and conditions of the contract boilerplate and sign a contract before services begin.

Signature

Typed Name and Title

Date

Deliver and Mail to:
Region 11 Workforce Response Team
c/o Klamath Community College
7390 South Sixth Street
Klamath Falls, OR 97603
ATTN: Dawn McLing

e-mail "Word" Format Document to ewtf@klamathcc.edu