ALABAMA WORKFORCE INVESTMENT SYSTEM

Department of Economic and Community Affairs
Workforce Development Division
401 Adams Avenue
Post Office 5690
Montgomery, Alabama 36103-5690

GOVERNOR'S WORKFORCE INNOVATION DIRECTIVE NO. PY2014-17

SUBJECT: Incumbent Worker Training Program

1. <u>Purpose.</u> To issue the Incumbent Worker Training Program Guidelines under the Workforce Innovation and Opportunity Act (WIOA) and the required forms for the Incumbent Worker Training Program authorized in Section 134(a)(3)(A)(i) of the WIOA as administered by the Alabama Department of Commerce, Workforce Development Division. This Directive rescinds Governor's Workforce Development Directive Number PY2013-04 as of July 1, 2015.

2. <u>Discussion.</u> The Workforce Innovation and Opportunity Act (WIOA), Incumbent Worker Training Program is funded through funds provided by the United States Department of Labor and administered by the Alabama Department of Commerce, Workforce Development Division. The program is designed to provide new or upgraded skills training to full-time, permanent employees.

Incumbent workers are currently-employed workers (who have been employed by the employer for six months or more) whose employers have determined that the workers require training in order to help keep their businesses competitive and the subject workers employed, avert layoffs, upgrade workers' skills, increase wages earned by employees, and/or keep workers' skills competitive. This training must support further job retention and career development for improved economic self-sufficiency for employed workers, especially those most vulnerable to job loss, and increase the capability of the employing business to access and retain skilled workers. Incumbent worker training programs may only be established for employers, which have operated in Alabama for at least two consecutive years. The training shall not be used to supplant current company training.

Incumbent worker training should be designed to meet the special requirements of an employer (including a group of employers) to retain a skilled workforce or avert the need to lay off employees by assisting the workers in obtaining the skills necessary to retain employment. The training is conducted with a commitment by the employer to retain or

avert the layoffs of incumbent workers trained through the Incumbent Worker Training Program (**NPRM**) (20 CFR680.790 (a) and (b)).

The attached guidelines and application apply to state level Incumbent Worker Training Programs. Since the local workforce investment areas are given the option (per Section 134 (d)(4) of the Act) to fund Incumbent Worker Training programs, they will develop their own procedures as local workforce development area programs must be designed to meet the WIOA requirements at Section 134 (d)(4) regarding local board requirements, required non-Federal share of training costs, etc.

3. Action.

Please read and adhere to the current *Incumbent Worker Training Program Guidelines and Application,* attached. This information is also to be made available to all interested Program applicants. Access to the Guidelines and Application are available through the ADECA Workforce Development Division website: www.adeca.alabama.gov through September 30, 2015: After October 1, 2015, the Guidelines and Application may be accessed via the Alabama Department of Commerce's website: www.madeinalabama.com.

Archive and cease to use all previously released IWTP Program Guidelines and Applications (January 2001 – January 2014) as they are no longer valid due to the Workforce Investment Act (WIA) ending on June 30, 2015.

4. Contact.

Questions regarding the IWTP or this Directive should be directed to Lorilei Sanders, Workforce Development Division at lorilei.sanders@adeca.alabama.gov or via phone at (334) 353-1632. After September 30, 2015, the e-mail address will be lorilei.sanders@commerce.alabama.gov.

Steve Walkley, Division Chief
ADECA, Workforce Development Division

7/15/2015
Date

Attachments

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)

ALABAMA INCUMBENT WORKER TRAINING PROGRAM

PROGRAM GUIDELINES – GOVERNOR'S WIOA SET-ASIDE FUNDS

A proud partner of the
American Job Center Network

Alabama Department of Commerce

Revised: 07/15

Robert Bentley, Governor

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)
ALABAMA INCUMBENT WORKER TRAINING PROGRAM
GOVERNOR'S WIOA SET ASIDE FUNDS
PROGRAM GUIDELINES AND FREQUENTLY ASKED QUESTIONS & ANSWERS

The Workforce Innovation and Opportunity Act (WIOA), Incumbent Worker Training Program (IWTP) is funded through funds provided by the United States Department of Labor (USDOL)/Employment and Training Administration and administered by the Workforce Development Division of the Alabama Department of Commerce. The purpose of the program is to provide assistance to Alabama employers to help with certain expenses associated with new or upgraded skills training of full-time, permanent company employees.

- Training project applications are reviewed on a first-in/first-funded basis, with priority given to companies that have not previously received IWTP funding assistance, until the budgeted funds are awarded.
- The WIOA funds budgeted for each program year (July 1 – June 30) has declined in recent years due to the decisions of Congress.
- The maximum funding award for training projects is $30,000.00 and the initial agreement duration may not exceed twelve months. (If multiple business locations apply for funding, each location's workforce must generate a product or service that is unique to that site and/or that site must be located beyond a normal commuting distance of a seventy-five (75) mile radius from the other applying locations.)
- Each business location must provide evidence of matching contributions, at least dollar-for-dollar, for the requested Federal funds.
- With high demand and limited funding available, all applications will be evaluated to leverage other state, federal, and private funds with IWTP funds.
- The Workforce Development Division reserves the right to request follow-up information pertaining to the realized results of the funded training projects.

PROGRAM GUIDELINES

All Alabama companies (that meet the requirements outlined on the following pages) are eligible to apply for the WIOA IWTP.

■ BUSINESS APPLYING FOR FUNDS MUST:

- Be "for-profit" and have been in operation in Alabama for a minimum of two (2) years before the application date.
- Have at least one full-time, permanent employee, other than the owner of the business.
- Demonstrate financial viability and be current on all state and federal tax obligations.

new employees, employee pay raises and/or promotions, sales increases, etc.) as outlined in the subrecipient agreement.

- Entering into a written agreement with the Alabama Department of Commerce/Workforce Development Division, which commits the business to complete the training project as approved in the subrecipient agreement.
- Requesting in writing, and receiving approval from the Alabama Department of Commerce/Workforce Development Division, modifications to the approved training activities prior to implementing changes. No increase in funds can be approved after the subrecipient agreement is fully executed by all parties.
- Providing sufficient enrollment documentation to the Alabama Career Center System's local Business Services Representative for identification of all IWTP participants, as required, and any additional information deemed pertinent to the agreement administrator.
- Maintaining accurate records of the project's implementation process and certifying that all information provided for reimbursement requests and training activities is accurately reported to the ADECA, Workforce Development Division through September 30, 2015 and to the Alabama Department of Commerce/Workforce Development Division as of October 1, 2015 and thereafter.
- Submitting reimbursement requests with required support documentation, including evidence that the employer has paid the training expenses in accordance with the terms of the agreement prior to requesting reimbursement of allowable training costs.
- Submitting the final reimbursement request forms within 30 days of the end of the agreement or the end of the formal training, whichever is the earliest ending date of program activity.
- Submitting a certified copy of all final employer (non-Federal) expenditures by expenditure category as noted in the Non-Federal Employer Contribution in the approved budget related to the training project with the final reimbursement request referenced above.
- Notifying the Business Services Representative when all training activities have been completed by the trainer.

■ PARTICIPANT (INCUMBENT WORKER TRAINEE) REQUIREMENTS INCLUDE:

- Employment in a full-time position with the Alabama location of the company for which the training is being provided. (Co-op or intern employees may be considered for program participation on a case-by-case basis.)
- Employees must agree to cooperate with data collection requirements to participate in the IWTP.
- Labor unions must endorse the training and data collection requirements for employees represented by labor unions prior to receiving funding approval and documentation of such endorsement must accompany the IWTP application.

■ TRAINING PROGRAM ASSESSMENT:

- Reviews will help to gauge the progress of the training and will also serve to address any concerns, which may have occurred since the origination of the training program.

■ **REIMBURSABLE TRAINING EXPENSES (WITH PROPER DOCUMENTATION):**

- Primarily non-company, professional instructors'/trainers' fees.
- Tuition costs for training courses or programs.
- Textbooks/manuals directly related to training.
- Expendable materials and supplies directly related to training.
- Computer software that is used 100% for training activities only.
- Curriculum development expenses.

■ **NON-REIMBURSABLE EXPENSES:**

- Trainee (employee) wages.
- Travel, food, or lodging expenses related to program participants and/or trainers.
- Purchases of capital equipment or other durable (long lasting/reusable) training materials/equipment.
- Capital improvements and purchase of real estate, to include the construction or renovation of facilities.
- Purchase of any item or service that may be used outside of the training project.
- Any training-related expenses incurred before project approval or beyond the ending date of the agreement.
- Any training currently being offered by the employer.
- Business-related expenses.
- Training in sectarian activities.
- Training costs associated with professional fields in which continuous education is necessary to retain professional certification, such as Certified Public Accountants, degreed medical professionals, insurance providers, attorneys, etc.
- Training which would result in advanced degrees such as associate, bachelor, master, or doctorate.
- Any costs not approved in the final subrecipient agreement.

■ **BUSINESS COMMITMENTS (IF FUNDS ARE AWARDED) INCLUDE:**

- Completion of all WIOA enrollment forms (with the assistance of the local One-Stop Career Center's Business Services Representative (BSR)) prior to training start dates. Social security numbers for all employees (who are to receive training) are a required part of the enrollment process. Companies whose employees do not wish to complete the enrollment requirements or provide the identification documents needed for verification should not apply for IWTP funds.
  - √ Employees, including union-represented employees, need to be made aware of the data collection requirements prior to a company's submission of an application request.
- Participation in up to two (2) program assessments by the Workforce Development Division to evaluate the anticipated measurable results (projected return on investment, reductions in production costs, number of jobs saved (layoff aversion), number of expected

new employees, employee pay raises and/or promotions, sales increases, etc.) as outlined in the subrecipient agreement.

- Entering into a written agreement with the Alabama Department of Commerce/Workforce Development Division, which commits the business to complete the training project as approved in the subrecipient agreement.
- Requesting in writing, and receiving approval from the Alabama Department of Commerce/Workforce Development Division, modifications to the approved training activities prior to implementing changes. No increase in funds can be approved after the subrecipient agreement is fully executed by all parties.
- Providing sufficient enrollment documentation to the Alabama Career Center System's local Business Services Representative for identification of all IWTP participants, as required, and any additional information deemed pertinent to the agreement administrator.
- Maintaining accurate records of the project's implementation process and certifying that all information provided for reimbursement requests and training activities is accurately reported to the ADECA, Workforce Development Division.
- Submitting reimbursement requests with required support documentation, including evidence that the employer has paid the training expenses in accordance with the terms of the agreement prior to requesting reimbursement of allowable training costs.
- Submitting the final reimbursement request forms within 30 days of the end of the agreement or the end of the formal training, whichever is the earliest ending date of program activity.
- Submitting a certified copy of all final employer (non-Federal) expenditures by expenditure category as noted in the Non-Federal Employer Contribution in the approved budget related to the training project with the final reimbursement request referenced above.
- Notifying the Business Services Representative when all training activities have been completed by the trainer.

■ PARTICIPANT (INCUMBENT WORKER TRAINEE) REQUIREMENTS INCLUDE:

- Employment in a full-time position with the Alabama location of the company for which the training is being provided. (Co-op or intern employees may be considered for program participation on a case-by-case basis.)
- Employees must agree to cooperate with data collection requirements to participate in the IWTP.
- Labor unions must endorse the training and data collection requirements for employees represented by labor unions prior to receiving funding approval and documentation of such endorsement must accompany the IWTP application.

■ TRAINING PROGRAM ASSESSMENT:

- Reviews will help to gauge the progress of the training and will also serve to address any concerns, which may have occurred since the origination of the training program.

(Confidentiality Notice: No proprietary or individually identifiable information will be shared publicly without prior written permission from the business.) The program reviews will also help to demonstrate training results in relation to expected outcomes identified by the company on the initial application. The reviews will include the following:

√ Business growth or expansion as a result of the training,
√ Productivity and efficiency improvements as a result of the training,
√ Improved turnover to include layoff aversion and wage status of employees as a result of the training,
√ Description of how the training has allowed the use of new technology to improve current production practices, if applicable, and
√ Return on investment of federal funds and employer matching contributions relevant to the outcomes achieved from the newly acquired skills obtained from the training activities.

- Training outcomes (program performance) for each participant will be recorded for federal training statistics. This information will be submitted to the State Office for data entry. *Confidentiality Notice: No personally identifiable information (social security numbers, home addresses, etc.) will be shared publicly.* Relevant information collected will be used to determine if the participants have completed their training activities. This information will be used for statistical purposes only.

■ AVAILABILITY OF PROJECT APPLICATIONS AND GUIDELINES:

The Workforce Development Division will use the resources available through the Alabama Department of Commerce to publicize the availability of the funds. The standard project application and guidelines are available at www.adeca.alabama.gov through September 30, 2015: After October 1, 2015, the Guidelines and Application may be accessed via the Alabama Department of Commerce's website: www.madeinalabama.com. Additionally, these documents are available from the local Alabama Career Centers.

FREQUENTLY ASKED QUESTIONS & ANSWERS

➢**What is the Incumbent Worker Training Program?**

Funded by the U.S. Department of Labor (USDOL) and administered by the Workforce Development Division of the Alabama Department of Commerce, the Workforce Innovation and Opportunity Act (WIOA) Incumbent Worker Training Program (IWTP) is designed to provide funding assistance to qualifying Alabama for-profit businesses to provide skills training to full-time, permanent company workers. The training must be a business necessity that will enhance companies' abilities to compete in global economies, expand present markets, and help ensure the permanency (layoff aversion) of businesses in Alabama. For the workers, the training will upgrade present work skills, heighten job security, provide marketable skills, and increase the possibilities for higher wages and promotional opportunities. The Workforce Development Division staff members administer, monitor, and evaluate the training program. They also provide fiscal and subrecipient agreement compliance assistance during the training process.

➢**What is Incumbent Worker Training?**

Incumbent Worker Training (for purpose of the Workforce Innovation and Opportunity Act from which the funds are provided to states) is training designed to meet the special requirements of an employer (including a group of employers) to retain a skilled workforce or avert the need to lay off employees by assisting the workers in obtaining the skills necessary to retain employment.

➢**What Commitment is required of the employer?**

The training may be approved and conducted after a commitment by the employer to retain or avert the layoffs of the incumbent workers trained in the approved project.

➢**What is an Incumbent Worker?**

An incumbent worker is an employee of the business, employed under the Fair Labor Standards Act requirements for an employer-employee relationship and must have an established employment history with the employer for six months or more.

➢**What kind of training can be funded by the WIOA Incumbent Worker Training Program?**

Training can include, but is not limited to, industry or company-specific work skills, basic job skills, technical computer skills, new manufacturing technologies, equipment operation training, changes in production processes, and "soft skills", such as leadership, teamwork, communication, and management skills. The Workforce Development Division does not maintain a list of approved training providers for the WIOA IWTP. Companies will select the type(s) of training and training provider(s) that meet their business and training requirements before submitting an application for consideration.

√ Please note. Because of high demand and limited funds for the program, funding of training projects that provide the greatest potential for impacting the company's competitiveness and employee retention (layoff aversion) will receive the highest consideration.

➢Which companies are eligible to apply?

For-profit companies that have been in business in Alabama for a minimum of two (2) consecutive years immediately prior to submitting an application are eligible to apply. Applying companies must also have at least one full-time, permanent worker (other than the owner), be financially viable, and be current on all state and federal tax obligations.

➢What information is required for the "Employer Contribution" portion of the program budget?

The company must identify, in their WIOA IWTP application, its contribution (company match) to the training program. The company contributions must equal at least a dollar-for-dollar match of the total requested funds, up to the maximum funding request of $30,000. Company contributions may be comprised of trainee wages and benefits paid during the training period, equipment purchased for training, training materials and supplies, training curriculum development expenses, and travel and lodging costs. Documentation of matching expenditures must be provided by employers with certain funding sources, which will be clarified as appropriate in the individual IWTP sub-recipient agreements. Also, some fund sources do not allow employee benefits to be used as part of the matching requirement.

➢What information will the company need to maintain for the Training Program Assessment reviews?

Once training begins, the company should maintain adequate records of the costs associated with the training, information about the training provider, a detailed description of training, and benefits the training activities have provided to the company and to the employees. This information will be used to document the impact the training has had on morale, retention, wages, promotions, efficiency, and profit improvements. A Workforce Development Division employee may meet (or work via telephone and e-mail) with the company's contact person to review and evaluate the training program outcomes.

➢What does "performance-based" mean?

A company is awarded training funds to provide skills training to an agreed-upon number of workers. If the company does not train the agreed-upon number of workers by the end of the agreement period, the final reimbursement may be pro-rated to bring the total project costs in line with the actual number of trained employees. If the company provides training to less than the planned number of employees or the projected training

is not completed, then the cost of the training may be pro-rated. Therefore, employers should be "realistic" in the completion of the IWTP application to include the number of planned employees to be trained in the project.

➢**What training costs will not be reimbursed under the WIOA Incumbent Worker Training Program?**

Program funding cannot be used to pay for trainees' wages and benefits during the training, travel expenses, training equipment, administrative costs, catering of training events, and costs outside the subrecipient agreement period (effective beginning and ending dates of the subrecipient agreement). However, these types of training expenses, incurred within the approved agreement period, may be included as part of the "Employer Contribution" to the project. However, employee benefits are not an allowable match for some funding sources, as noted above.

➢**What if an employee that has been determined ineligible by WIOA regulations is trained?**

Any costs associated with participants deemed ineligible by WIOA regulations will not be reimbursed. Whether the trainer charges a flat fee or a per participant fee, the invoice will be pro-rated to exclude ineligible participants.

➢**What training costs can be reimbursed under the WIOA Incumbent Worker Training Program?**

Training expenses may include non-company professional instructors' fees, trainee(s') tuition, required textbooks, manuals, curriculum development, and required expendable training supplies and materials. Necessary computer software that is used 100% for training purposes only, may also be considered for reimbursement.

➢**How should the budget reflect the proposed training costs and the employer contributions?**

An example of training costs and employer contributions can be found in the "Sample Budget" on page 11 of these guidelines. The sample budget illustrates the various options for employer matching funds against the WIOA IWTP reimbursable training costs.

➢**How are companies reimbursed for approved training expenses?**

The Workforce Development Division will provide approved companies with the required forms to complete for expense reimbursements. Companies should submit the reimbursement requests after the completion of each training module. Final expenses must be reported within thirty (30) days after training activities are complete or the agreement end date, whichever is the earliest end date of program activity.

➢**What information is required for reimbursement of expenditures covered in the agreement?**

Before an invoice can be paid, all training participants' names, social security numbers, and other required data must be entered into the state's participant information system. It is the

responsibility of the Alabama Career Center System Business Services Representative to secure all eligibility, enrollment forms, etc. It is the responsibility of the employer to ensure that the employees (to receive training) are available to meet with the Alabama Career Center System Business Services Representative in order to complete the necessary WIOA participant enrollment paperwork as required. The employer must also ensure the cooperation of the trainees to provide the necessary information (social security numbers, etc.) to the Business Services Representative. (This is a federally-funded program and certain data is required for receipt of training services.) A submitted reimbursement form must include:

- √ Copy of paid trainer (college, private vendor, etc.) invoice. The invoice should include the date(s) and type(s) of training that was provided to the company.
- √ Copy of the check with which the invoice was paid or other financial documentation as evidence of payment.
- √ For each training session, a copy of the roster, which includes trainees' names and last four (4) digits of social security numbers, is required. The date(s) and type(s) of training should be noted on each roster. In addition, this roster should include the signature of the trainer or employer certifying that the listed employees did participate in the training.
- √ Documentation of matching expenditures (non-Federal share of training costs) such as payroll registers, copies of paid travel costs, etc. as required in Section 134 (d)(4)(D). The State's policy is a 100 percent matching requirement.

➢**Where may the training take place?**

Training may be conducted at the business's own facility, at a public or private training provider's facility, or at a combination of sites that best meet the needs of the business.

➢**Who selects the training providers?**

The company selects the (outside) training provider that best suits their training needs. Trainers may be public or private professional trainers, equipment vendors, or subject matter experts.

➢**Who provides technical assistance?**

The Workforce Development Division staff and the local career center Business Services Representatives are available to provide technical assistance throughout the training project – from the application stage through project completion.

➢**What happens after a training project is approved for funding?**

Written notification of funding assistance approval will be provided to the company. The Workforce Development Division staff will send a letter of notification (Governor's award letter) and a written agreement to the company. The company representative(s) must review the written agreement and return the signed copies, as instructed, to the Workforce Development Division before the training can begin. Also, the Business Services Representative at the local One-Stop Career Center is provided notification of the approved project. The Department of Commerce will also issue a press release for each approved program, which may run in local area newspapers. You may view posted news releases at www.adeca.alabama.gov through September 30, 2015 and thereafter at www.madeinalabama.com.

➢**What is the Beason-Hammon Alabama Taxpayer and Citizen Protection Act (Protection Act)?**

The Protection Act is an anti-illegal immigration bill, signed into law in the State of Alabama in June 2011. The portion of the law pertaining to the IWTP imposes conditions of the award of state contracts, which must be satisfied before payment can be made on those transactions. As a condition for the award of any contract, the business entity shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien and shall attest to such, by completing and signing the Certificate of Compliance Form, which is included as part of the IWT Program Application. Additionally, conditions of the contract for a business entity also require the entity to be enrolled in the E-Verify program maintained by the United States Department of Homeland Security. The Certificate of Compliance Form may be located within the IWTP page at www.adeca.alabama.gov through September 30, 2015 and then at www.madeinalabama.com; the E-Verify program website is located at http://www.dhs.gov/e-verify.

Sample Training Budget
Budget For Proposed Training Project

A.	BUDGET CATEGORY	B.	FUNDS REQUESTED FEDERAL	C.	EMPLOYER CONTRIBUTION NON-FEDERAL	D.	SUB-TOTAL (B.+ C.)
NON-COMPANY INSTRUCTOR FEES/TUITION (THIS INFORMATION SHOULD BE RECONCILED WITH SECTION 4. OF THE IWTP APPLICATION.)							
1	Rapid Management 101: $1,750 x 2 (8 hr) classes = $3,500 (flat fee)	**1**	$ 3,500.00	**1**			
2	Industrial Streamline 102: $45.00/training hr x 32 trainees x 10 training hrs = $14,400	**2**	$ 14,400.00	**2**			$ 17,900.00
3		**3**		**3**			
4		**4**		**4**			
CURRICULUM DEVELOPMENT							
1	Rapid Management Manuals @ $15.90 each x 10 = $159.00	**1**		**1**	$ 159.00		
2		**2**		**2**			$ 159.00
3		**3**		**3**			
MATERIALS/SUPPLIES/TEXTBOOKS							
1		**1**		**1**			
2		**2**		**2**			
3		**3**		**3**			
TRAINING EQUIPMENT PURCHASE							
1		IWTP FUNDS CANNOT BE USED.		**1**			
2				**2**			
3				**3**			
OTHER COSTS (DESCRIBE)							
1		**1**		**1**			
2		**2**		**2**			
3		**3**		**3**			
TRAVEL, FOOD, LODGING							
	Travel: $.56/mile x 1,000 miles = $560.00	IWTP FUNDS CANNOT BE USED.			$ 560.00		
	Lodging: $65/night x 6 nights = $390.00				$ 390.00		$ 1,160.00
	Food: $30/day x 7 days = $210.00				$ 210.00		
TRAINEE WAGES (INCLUDING BENEFITS)							
1	Rapid Management: 24 trainees x $24.35/avgerage hourly Wage x 16 training hrs = $9,350.40	IWTP FUNDS CANNOT BE USED.		**1**	$ 9,350.00		
2	Industrial Streamline 102: 32 trainees x $23.55/average hourly Wage x 10 training hrs = $7,536.00			**2**	$ 7,536.00		$ 16,886.00
3				**3**			
4				**4**			
	TOTALS*	**$**	**17,900.00**	**$**	**18,205.00**	**$**	**36,105.00**

* Column C & D grand totals have been rounded to the nearest dollar.

- The maximum amount of funding assistance awarded will not exceed $30,000.
- Training funds cannot be used to reimburse any training costs incurred <u>before</u> the effective date of the approved agreement. Please consider this when developing your budget and timeline.
- The employer must show a matching contribution, at least dollar-for-dollar, of the requested funds to be considered for IWTP funding. Examples of employer contributions include expenses associated with: 1) instruction/tuition; 2) curriculum development; 3) materials/supplies; 4) training equipment; 5) travel, food, or lodging; and 6) trainee wages (including benefits) of employees paid during training. (Some funding sources exclude employee benefits as an allowable part of the matching requirement.)

Sample

Sample Training Project

√ Example: The project reporting format used below is a sample guide for detailing your company's proposed training project activities. Please note that it is not essential to use this format as long as the necessary information is provided.

1. (a) Company XYZ has been experiencing a 20% reduction in profits due to high employee turnover and poor customer satisfaction ratings. It is expected that the training will improve our employees' skills in employee and customer service relations, leading to an improvement in our customer base and avoid layoffs if this trend continues.

   (b-c) Job Titles: (24) Electricians (Average wage/benefits: $24.35/hour)

   (d) Department: Plastic Manufacturing Department

   (e-f) Type of Training: Rapid Management - 16 Training Hours Each

   (g) Training Provider: University of Slippery Rock, Workforce Training Department

   (h) Cost: $1,750 per 8-hour class of less than 30 (2 classes total)

   (i) No certificate will be awarded for this training program.

   (j) The employees will receive specialized training in Rapid Management that will enable them to react to project manipulations, job site decisions, and employee protocol issues more effectively and efficiently.

   (k) The company will benefit with an improved employee skill base, better project management techniques, and fewer difficulties with employee relations. These will all help the company to remain productive in the marketplace while helping to sustain permanency in our community.

2. (a) Company XYZ is facing an 8% reduction in our employee base due to lost contracts. It is anticipated that this training will result in layoff aversion and will produce an improved production process, which will lead to increased productionnumbers, reduced waste activities, and increased customer contracts.

   (b-c) Job Titles: (32) Assembly Associates (Average wage/benefits: $23.55/hour)

   (d) Department: Main Frame Assembly Department

   (e-f) Type of Training: Industrial Streamline 102 - 10 Training Hours Each

   (g) Training Provider: University of Slippery Rock, Workforce Training Department

   (h) Cost: $45 per trainee, per hour

   (i) The employees will receive a certificate of completion for this training program, which will be maintained in their personnel files and a copy provided to the Business Services Representatives.

   (j) The employees will receive training in Industrial Streamline 102, which will enable them to visualize more efficient parts layout and help to improve the production sequencing involved with our products. This training is not department specific, so the training could be utilized throughout the facility in several departments as well as with other similar employers.

   (k) The company will benefit with the improved and more efficient parts layout and industrial design, which will improve production and enable the company to serve a larger number of customers.

Sample

Workforce Innovation and Opportunity Act --- Alabama Incumbent Worker Training Program
Program Application

■ Section 1: Company Information

Parent or corporate name of applying company (must agree with name listed on IRS W9 Form and on the e-verify MOU):			
Physical address:	City:	State:	Zip:
P.O. Box address:	City:	State:	Zip:
Company name, if different:		County:	
Physical address:	City:	State:	Zip:
P.O. Box address:	City:	State:	Zip:
Company contact:	Phone:	Ext:	Fax:
Title:	E-mail:	Website:	
No. of full-time workers:	Date business began in AL:	Federal I.D. No.:	
AL Sales Tax Reg. No.:	Unemploy. Comp. I.D. No.:	Primary NAICS No.:	

Tax status of business: ☐ For-Profit ☐ Not-For-Profit (Designation) ☐ Other:

Legal structure of business: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation

Is your company current on all Federal, State of Alabama, County, City, and Local tax obligations? ☐ Yes ☐ No

Is your company receiving and/or applying for other public training funds? ☐ Yes ☐ No

If yes, explain:

Has this facility, or any of the company's subsidiaries, been awarded IWTP funds since January 1, 2000? ☐ Yes ☐ No

If yes, explain:

Does your company have an equal opportunity/nondiscrimination policy in place? ☐ Yes ☐ No

Is your company in compliance with the Beason-Hammon Alabama Taxpayer and Citizen Protection Act? ☐ Yes ☐ No

Is your company subject to a collective bargaining agreement? ☐ Yes ☐ No

If yes and if union represented employees will be participating in the training activities of this program, it is required that consent be obtained from the representing union to collect the eligiblity data from the employees prior to funding approval.

Is your company willing to provide project outcome information to the Workforce Development Division? ☐ Yes ☐ No

Please note: Additional information can be found in the Program Guidelines.

This company is: (Check all applicable) ☐ Native-American owned ☐ Asian-American owned ☐ African-American owned ☐ Hispanic-American owned ☐ Woman owned ☐ Other minority owned (specify):

This company is located in: (Check, if aplicable) ☐ Rural area ☐ Enterprise Zone ☐ Distressed inner-city Area

Please provide a brief description of your business, product(s) and/or service(s):

■ Section 2: Training Funds Requested

Federal Training Funds Requested $_____ (Maximum Amount of $30,000 Eligible for Request)	Number of Employees to be Trained: _____ Non-Federal Employers Match: $_____
Proposed training start date: _____ (At least 45 working days after submission of application)	Anticipated training end date: _____ (Maximum of 12 months from proposed training start date)

■ Section 3: Training Provider Information (Attach additional sheets, if necessary)

The training provider(s) will be : ☐ Public training institution ☐ Private training institution ☐ Private instructor

Training will be delivered: ☐ On-site at the business ☐ At the training institution ☐ At a remote location

Training provider:	Contact:	Phone:	
Physical address:	City:	State:	Zip:
Training provider:	Contact:	Phone:	
Physical address:	City:	State:	Zip:
Training provider:	Contact:	Phone:	
Physical address:	City:	State:	Zip:

■ SECTION 4: TRAINING PROJECT INFORMATION

Please provide a description of the most pressing problems or issues your company currently faces and how the proposed training will affect those issues.

Provide a detailed description of the anticipated training project. Please be sure to include the following information in your description:

a) Description of company issues to be addressed by training
b) Number of trainees
c) Job titles and average salary or hourly wages
d) Departments to be involved
e) List each training module
f) Number of hours of training for each module
g) Training provider
h) Costs of instruction/tuition
i) Any resulting certifications, continuing education credits (CEUs), etc.
j) Outcome(s) to be achieved by participants as a result of training
k) Outcome(s) to be achieved by company as a result of training

✓ Example: The project reporting format noted on page 12 is a sample guide for detailing your company's proposed training project activities. Please note that it is not essential to use this format as long as the necessary information is provided to the ADECA.

■ SECTION 5: TRAINING PROGRAM BUDGET

This section must be completed to show use of proposed training funds and employer match contributions. **Please provide specified training information and itemize completely.**

A.	BUDGET CATEGORY	B.	REQUESTED FUNDS (FEDERAL)	C.	EMPLOYER CONTRIBUTION (NON-FEDERAL)	D.	SUB-TOTAL (B. + C.)
NON-COMPANY INSTRUCTOR FEES/TUITION (THIS INFORMATION SHOULD BE RECONCILED WITH SECTION 4.)							
1		1		1			
2		2		2		$	
3		3		3			
4		4		4			
5		5		5			
CURRICULUM DEVELOPMENT							
1		1		1			
2		2		2		$	
3		3		3			
4		4		4			
MATERIALS/SUPPLIES/TEXTBOOKS							
1		1		1			
2		2		2		$	
3		3		3			
4		4		4			
OTHER COSTS (DESCRIBE)							
1		1		1			
2		2		2		$	
3		3		3			
TRAINING EQUIPMENT PURCHASE							
1		1	IWTP FUNDS CANNOT BE USED.	1			
2		2		2		$	
3		3		3			
TRAVEL/FOOD/LODGING							
			IWTP FUNDS CANNOT BE USED.				
						$	
TRAINEE WAGES (INCLUDING BENEFITS)*							
1		1		1			
2		2		2			
3		3	IWTP FUNDS CANNOT BE USED.	3		$	
4		4		4			
5		5		5			
	TOTALS	$		$		$	

A Microsoft Excel version of this form may be obtained by contacting the Workforce Development Division at (334) 353-1632 or by visiting www.adeca.alabama.gov.

*Note the employee benefits are not an allowable part of the required matching requirements for some Federal funding sources. Allowability will be addressed at the time of notice of fund availability for the IWT Program.

■ SECTION 6. ANTICIPATED OUTCOMES OF THE TRAINING PROJECT

Please check the boxes that apply to the anticipated outcomes of the proposed training project. This section must be completed in order to help measure final performance of the training impact on the employees and the company.

√ **For each checked box, attach a brief statement to the application explaining "how" and/or "why" this training would result in the particular outcome.**

√ **Please note that no proprietary or individually identifiable information will be shared publicly without prior written permission from the business.**

Anticipated outcomes resulting from the proposed training	
☐ Will help prevent possible relocation of operations (layoff aversion)	☐ Will make this location more competitive
☐ Will assist in the training of veterans	☐ Will assist in the training of minorities
☐ Will assist in training of the disabled	☐ Important to the stated mission of our company
☐ Will contribute to the long-term viability of our company	☐ Will contribute to the short-term viability of our company
☐ Will be an important component of our company's overall workforce development efforts	☐ Will assist in the improvement of international trade opportunities

Anticipated Measurable Outcomes **At least 7 of the 10 items listed below must be anticipated to be considered for training funds.**	
☐ Will save _____ jobs within the company	☐ Will create _____ openings in entry-level positions
☐ Will create _____ new jobs within our company	☐ Will improve the unit/labor costs by _____ percent
☐ Will improve the long-term wage levels of trainees by _____ percent	☐ Will improve the short-term wage levels of trainees by _____ percent
☐ Will lower employee turnover in our company by _____ percent	☐ Will increase overall efficiency of the company by _____ percent
☐ Increase profit margin by _____ percent over the next _____ months	☐ Increase/retain sales by _____ percent over the next _____ months

Return-On-Investment Information **This information will be assessed during the Project Outcome Review** (For additional information see the section relating to Training Program Assessment on page 4 of the Program Guidelines)
☐ Planned Return-On-Investment is expected to be _____ percentage (or ratio _____ to_____) within _____ months following training completion for the total amount of dollars invested in training.

■ SECTION 7. CERTIFICATION BY AUTHORIZED COMPANY REPRESENTATIVE

The following should be completed by an executive of the company authorized to enter into agreements on behalf of the company. (Example: President, Vice President, CEO, Director, Owner)

As an authorized representative of the applying company, I hereby certify that the information listed in and attached to this application is true and accurate. I am aware that any false information or intended omissions may subject me to civil or criminal penalties for filing or falsifying public records and/or forfeiture of any training funding awards approved through this program.

_____ _____

Authorized Company Representative's Printed Name Title

_____ _____

Authorized Company Representative's Signature Date

■ SECTION 8. DESIGNATION OF AN ALTERNATE AUTHORIZED COMPANY REPRESENTATIVE

Should the authorized company representative wish to approve an alternate as the signature authority for any/all future program documents the following should be completed. Please Note: The authorized company representative named above must sign in the area indicated below, acknowledging this designation.

_____ _____

Alternate Authorized Company Representative's Printed Name Title

_____ _____

Alternate Authorized Company Representative's Signature Date

Approval Acknowledgement for Alternate:

_____ _____

Authorized Company Representative's Signature Date

■ SECTION 9. INSTRUCTIONS FOR APPLICATION SUBMISSION:

The Incumbent Worker Training Program Guidelines and Application may be found at www.adeca.alabama.gov through September 30, 2015 and at www.madeinalabama.com after September 30, 2015. Any information or documentation that cannot be supplied in the spaces provided on the application should be identified by the relevant question number on additional pages and attached to the back of the application form.

- Please include the following four forms with your application:
  - **State of Alabama Disclosure Statement**, required by Executive Order No. 55. This form can be found at the following website: www.ago.state.al.us/documents/vendor_dislcose.pdf. Note: This form must be notarized.
  - **W-9 Tax I.D. Form** located at www.irs.gov/pub/irs-pdf/fw9.pdf. Note: Any discrepancy with the company name and Employer Identification Number (EIN) will impede the application review process. If a discrepancy is found, additional information may be required. (Please note that the company name on the IWT Application, W-9, and E-Verify MOU must be the same name with no discrepancies. Also, the FEIN on the E-Verify document should agree with the FEIN provided on the completed W-9.)
  - Per requirements of the Beason-Hammon Alabama Taxpayer and Citizen Protection Act (Act 2011-535 as amended by Act 2012-491), an original signed copy of the **Certificate of Compliance with the Beason-Hammon Alabama Taxpayer and Citizen Protection Act** is required by §31-13-9(k). This form can be found at the following website: www.adeca.alabama.gov, Workforce Development Division, Incumbent Worker Training Program through September 30, 2015 and then at www.madeinalabama.com, Workforce Development section of the website there after.
  - A complete copy of the **E-Verify Memorandum of Understanding (MOU)**, which is generated when the company enrolls into the E-Verify program, bearing the number assigned to that MOU by Homeland Security. Please visit the E-Verify website to complete your enrollment or to obtain copies of your documentation: http://www.dhs.gov/e-verify.
- The above-referenced application and forms may be obtained at the websites provided or by contacting the Workforce Development Division (contact information below).
- Submit one (1) original and one (1) copy of the signed, completed application, one (1) original of the State of Alabama Disclosure Statement, the W-9 Tax I.D. Form, the Protection Act Certificate of Compliance, and the E-Verify MOU to:

Through 09/30/2015

Incumbent Worker Training Program
Alabama Department of Economic and Community Affairs
Workforce Development Division
401 Adams Avenue
Post Office Box 5690
Montgomery, Alabama 36103-5690

After 09/30/2015

Incumbent Worker Training Program
Alabama Department of Commerce
Workforce Development Division
401 Adams Avenue
Post Office Box 304106
Montgomery, Alabama 36130-4106

- **NOTE:** It is recommended that the application be submitted **at least 45 working days** before the planned start date of training.
- Upon receipt of the application confirmation and any relevant program information will be provided to the applying company's contact person.
- Submission of a completed application does not constitute approval of IWTP funding. Approval of the application and Grant Award letter from the Governor must be obtained before the start of any training. No costs will be eligible for reimbursements without a fully executed agreement being in effect.
- Funding limitations may delay or prevent approval as funds are limited and demand may exceed the budget for the IWT Program.
- If you have any questions or need assistance in completing the application, please contact: Lorilei Sanders at (334) 353-1632 or via e-mail: lorilei.sanders@adeca.alabama.gov through September 30, 2015 and lorilei.sanders@commerce.alabama.gov thereafter.

The Alabama Department of Commerce's WIOA Incumbent Worker Training Program is an equal opportunity employer program.

Required Forms to Accompany the IWT Program Application

- State of Alabama Disclosure Statement
- Request for Taxpayer Identification Number and Certification (Form W-9)
- Certificate of Compliance with the Beason-Hammon Alabama Taxpayer and Citizen Protection Act
- E-Verify Memorandum of Understanding (Electronically) Signed by the Department of Homeland Security

Note: The Taxpayer Identification Number (TIN) on the W-9 must be the same TIN as on the E-Verify MOU. Also, the company name on the W-9 form must be the same as on the E-Verify MOU. If there are <u>any</u> differences in the company name among any of the forms, your application will not be processed until the differences are resolved. A complete and electronically signed copy of the E-Verify MOU is required for an application to be considered for funding.

State of Alabama
Disclosure Statement

Required by Article 3B of Title 41, Code of Alabama 1975

ENTITY COMPLETING FORM

ADDRESS

CITY, STATE, ZIP TELEPHONE NUMBER

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

ADDRESS

CITY, STATE, ZIP TELEPHONE NUMBER

This form is provided with:

☐ Contract ☐ Proposal ☐ Request for Proposal ☐ Invitation to Bid ☐ Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

☐ Yes ☐ No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

☐ Yes ☐ No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT

1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	STATE DEPARTMENT/AGENCY

2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF FAMILY MEMBER	ADDRESS	NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE	STATE DEPARTMENT/ AGENCY WHERE EMPLOYED

If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal:

NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS

By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed $10,000.00, is applied for knowingly providing incorrect or misleading information.

Signature Date

Notary's Signature Date Date Notary Expires

Article 3B of Title 41, Code of Alabama 1975 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of $5,000.

Revised: 09/2013

Vendor Disclosure Statement Information and Instructions

Act 2001-955 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of $5,000. The disclosure statement is not required for contracts for gas, water, and electric services where no competition exits, or where rates are fixed by law or ordinance. In circumstances where a contract is awarded by competitive bid, the disclosure statement shall be required only from the person receiving the contract and shall be submitted within ten (10) days of the award.

A copy of the disclosure statement shall be filed with the awarding entity and the Department of Examiners of Public Accounts and if it pertains to a state contract, a copy shall be submitted to the Contract Review Permanent Legislative Oversight Committee. The address for the Department of Examiners of Public Accounts is as follows: 50 N. Ripley Street, Room 3201, Montgomery, Alabama 36130-2101. If the disclosure statement is filed with a contract, the awarding entity should include a copy with the contract when it is presented to the Contract Review Permanent Legislative Oversight Committee.

The State of Alabama shall not enter into any contract or appropriate any public funds with any person who refuses to provide information required by Act 2001-955.

Pursuant to Act 2001-955, any person who knowingly provides misleading or incorrect information on the disclosure statement shall be subject to a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed $10,000.00. Also, the contract or grant shall be voidable by the awarding entity.

Definitions as Provided in Act 2001-955

Family Member of a Public Employee - The spouse or a dependent of the public employee.

Family Member of a Public Official - The spouse, a dependent, an adult child and his or her spouse, a parent, a spouse's parents, a sibling and his or her spouse, of the public official.

Family Relationship - A person has a family relationship with a public official or public employee if the person is a family member of the public official or public employee.

Person - An individual, firm, partnership, association, joint venture, cooperative, or corporation, or any other group or combination acting in concert.

Public Official and Public Employee - These terms shall have the same meanings ascribed to them in Sections 36-25-1(23) and 36-25-1(24), Code of Alabama 1975, (see below) except for the purposes of the disclosure requirements of this act, the terms shall only include persons in a position to influence the awarding of a grant or contract who are affiliated with the awarding entity. Notwithstanding the foregoing, these terms shall also include the Governor, Lieutenant Governor, members of the cabinet of the Governor, and members of the Legislature.

Section 36-25-1(23), Code of Alabama 1975, defines a public employee as any person employed at the state, county or municipal level of government or their instrumentalities, including governmental corporations and authorities, but excluding employees of hospitals or other health care corporations including contract employees of those hospitals or other health care corporations, who is paid in whole or in part from state, county, or municipal funds. For purposes of this chapter, a public employee does not include a person employed on a part-time basis whose employment is limited to providing professional services other than lobbying, the compensation for which constitutes less than 50 percent of the part-time employee's income.

Section 36-25-1(24), Code of Alabama 1975, defines a public official as any person elected to public office, whether or not that person has taken office, by the vote of the people at state, county, or municipal level of government or their instrumentalities, including governmental corporations, and any person appointed to a position at the state, county, or municipal level of government or their instrumentalities, including governmental corporations. For purposes of this chapter, a public official includes the chairs and vice-chairs or the equivalent offices of each state political party as defined in Section 17-16-2, Code of Alabama 1975.

Instructions

Complete all lines as indicated. If an item does not apply, denote N/A (not applicable). If you cannot include required information in the space provided, attach additional sheets as necessary.

The form must be signed, dated, and notarized prior to submission.

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See **Specific Instructions** on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number
☐☐ – ☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here **Signature of U.S. person ▶** **Date ▶**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5[2]
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.ssa.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor[2]
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee[1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner[1]
5. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	**Give name and EIN of:**
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity[4]
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

***Note.** Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov.* You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.ftc.gov/idtheft* or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

State of _____)

County of _____)

CERTIFICATE OF COMPLIANCE WITH THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535, as amended by Act 2012-491)

DATE: _____

RE: Contract/Grant/Incentive (*describe by number or subject):*

_____ by and between

_____ (Contractor/Grantee) and

_____ (State Agency, Department, or Public Entity

The undersigned hereby certifies to the State of Alabama as follows:

1. The undersigned holds the position of _____ with the Contractor/Grantee named above, and is authorized to provide representations set out in this Certificate as the official binding act of that entity, and has knowledge of the provisions of THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535 of the Alabama Legislature, as amended by Act 2012-491) which is described herein as "the Act".

2. Using the following definitions from Section 3 of the Act, select and initial either (a) or (b), below, to describe the Contractor/Grantee's business structure.

BUSINESS ENTITY

Any person or group of persons employing one or more persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood, whether for profit or not for profit. "Business Entity" shall include, but not be limited to the following:

a. Self-employed individuals, business entities filing articles of incorporation, partnerships, limited partnerships, limited liability companies, foreign corporations, foreign limited partnerships, foreign limited liability companies authorized to transact business in this state, business trusts, and any business entity that registers with the Secretary of State.

b. Any business entity that possesses a business license, permit, certificate, approval, registration, charter, or similar form of authorization issued by the state, any business entity that is exempt by law from obtaining such a business license, and any business entity that is operating unlawfully without a business license.

EMPLOYER

Any person, firm, corporation, partnership, joint stock association, agent, manager, representative, foreman, or other person having control or custody of any employment, place of employment, or of any employee, including any person or entity employing any person for hire within the State of Alabama, including a public employer. This term shall not include the occupant of a household contracting with another person to perform casual domestic labor within the household.

_____ (a) The Contractor/Grantee is a business entity or employer as those terms are defined in Section 3 of the Act.

_____ (b) The Contractor/Grantee is not a business entity or employer as those terms are defined in Section 3 of the Act.

3. As of the date of this Certificate, Contractor/Grantee does not knowingly employ an unauthorized alien within the State of Alabama and hereafter it will not knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama;

4. Contractor/Grantee is enrolled in E-Verify unless it is not eligible to enroll because of the rules of that program or other factors beyond its control.

Certified this _____ day of _____ 20 .

_____

Name of Contractor/Grantee/Recipient

By: _____

Its _____

The above Certification was signed in my presence by the person whose name appears above, on this

_____ day of _____ 20 .

WITNESS: _____

_____

Printed Name of Witness

U.S. Citizenship and Immigration Services

E-Verify

U.S. law requires companies to employ only individuals who may legally work in the United States – either U.S. citizens, or foreign citizens who have the necessary authorization. This diverse workforce contributes greatly to the vibrancy and strength of our economy, but that same strength also attracts unauthorized employment.

E-Verify is an Internet-based system that allows businesses to determine the eligibility of their employees to work in the United States. E-Verify is fast, free and easy to use – and it's the best way employers can ensure a legal workforce.

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Enroll in E-Verify

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Read the latest news about E-Verify and Form I-9

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Employees

Information and resources for Employees

Federal Contractors

Federal Contractors

Information and resources for Federal Contractors

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Publications

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Multimedia

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Attachment A

PARTICIPANT DATA REQUIREMENTS
INCUMBENT WORKER TRAINING
PROGRAM ONLY

Complete the following items on the Incumbent Eligibility Form

Comments

1. Social Security Number..... No copy required. If card is not available, use other acceptable documentation as listed on the WIOA Eligibility Documentation Checklist.
2. Name (First, Middle, Last)
3. Address
4. City
5. State
6. Zip Code
7. County Name
8. Area Code and Phone Number
9. Date of Birth..... Use acceptable documentation from the WIOA Eligibility Documentation Checklist.
10. Age..... Use acceptable documentation from the WIOA Eligibility Documentation Checklist.
11. Gender
12. Citizenship..... Use acceptable documentation from the WIOA Eligibility Documentation Checklist.
13. Ethnicity
14. Race
15. Selective Service..... Use acceptable documentation from the WIOA Eligibility Documentation Checklist.
16. Disability (1, 2, 3, 4, 5 - Select appropriate response)
17. Veteran Status (1, 2, 3, 4, 5 - Select appropriate response; if 1 or 2, complete items A-F)
18. Eligible for Incumbent Worker

The application must be signed and dated by the participant and the individual determining eligibility as well as signed and dated by the person reviewing the form.

NOTE: There is no requirement to use the Customer Information Form No. WDD 121. If it is used, don't collect any data beyond that noted above for the Incumbent Worker Eligibility Form. Also, no copy of driver's license is required.

Revised 07/15

INCUMBENT WORKER ELIGIBILITY FORM

Attachment B
(IWT Use ONLY)

Agency Name:		Expiration Date:		Application Date:	

1. Social Security Number	2. Name (First, space, MI, space, Last)		

3. Address	4. City	5. State

6. Zip Code	7. County Name	8. Area Code and Phone Number

9. Date of Birth MM/DD/YY	10. Age	11. Gender 1=Male 2=Female	12. Citizenship 1=US Citizen 2=Eligible Non-Citizen

If 2 then need: Alien Registration Number _____
or I-94 Number _____

(I-94 Form must have a red stamp or the specific employer must be named on form.)

13. Ethnicity 1=Yes 2=No		14. Race (1= Yes for all that apply or 2=No)			
	Hispanic or Latino		American Indian or Alaska Nat.		White
			Black or African American		Asian
			Hawaiian Native/Pacifica Islander		
			Does not declare a race		

15. Selective Service 1=Yes 2=No

16. Disability	17. Veteran Status	18. Eligible for Incumbent Worker
1=Yes, Physical 2=Yes, Mental 3=Yes, Both 4=Not Disclosed 5=No	1=Yes, 180 days or less 2=Yes, Eligible Veteran 3=Yes, Other Eligible Person 4=No 5=Did Not Disclose	1=Yes 2=No

If Number 17 = 1 or 2 Complete A - F Below and Provide Date of Separation (DOS)

	A - Campaign Veteran 1=Yes 2= No		<(DOS)		D - Transitioning Service Member 1=Yes 2=No
	B - Disabled Veteran 1=Yes 2= No		<(DOS)		E - Covered Person Entry Date
	C - Recently Separated Veteran 1=Yes 2=No				F - TAP Workshop within 3 years 1=Yes 2=No

CERTIFICATION: I attest that the information stated above is true and accurate and understand that the above information, if misrepresented or incomplete, may be grounds for penalties as specified by law. I grant permission for any information on this form to be verified for eligibility determination.

Applicant/Registrants Signature: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____

Eligibility determination made by:

Printed Name: _____

Signature: _____ **Date:** _____

Reviewed By Printed Name: _____

Signature: _____ **Date:** _____

Attachment C

INCUMBENT WORKER ACTIVITY/SERVICE RECORD
AND
INCUMBENT WORKER EXIT FORM

Part I. Incumbent Worker Activity/Service Record:

1. Social Security Number	2. Name (First, space, MI, space, Last)		

3. Participation Date (Enter as MM/DD/YY

4. Training Service

Service	FUND (Prog. Type)	Project Number	ONET
Incumbent Worker Training	I.W.		

Occupational Title	Start Date MM/DD/YY	End Date MM/DD/YY

Printed Name:

Signature: _____ **Date:** _____

Agency/Career Center: **Phone #:**

Reviewed By Printed Name:

Signature: _____ **Date:** _____

Part II. Incumbent Worker Exit Form:

1. Social Security Number	2. Name (First, space, MI, space, Last)		

3. Exit Date (Enter as MM/DD/YY	4. Reason for Exit
	1. Completed program objective - I.W. Only 2. Services not completed - I.W. Only

Printed Name:

Signature: _____ **Date:** _____

Agency/Career Center:

Reviewed By Printed Name:

Signature: _____ **Date:** _____

Revised 07/2015

CUSTOMER AGREEMENT FORM

Workforce Innovation and Opportunity Act (WIOA)
Drug Policy

The following drug policy is applicable to all Incumbent Worker Training Program participants:

1. The State WIOA Program reserves the right to require participants to take a drug test.
2. A participant who is found to have used illegal drugs will be suspended from participation until such time as he/she can demonstrate that he/she is drug-free or has entered a drug treatment or counseling program before he/she is considered for re-enrollment.
3. A participant who has been refused employment based on failure of a drug test or refusal to take a drug test will be suspended from participation until such time as he/she can demonstrate that he/she is drug-free or has entered a drug treatment or counseling program before he/she is considered for re-enrollment.
4. Participants who exhibit the use of alcohol while participating in an AWIA program will be suspended from participation.
5. A participant may appeal an order for a drug test and/or sanctions imposed as a result of a drug test in writing to the Division Director, Workforce Development Division, Alabama Department of Economic and Community Affairs, Post Office Box 5690, Montgomery, Alabama 36103-5690 through September 30, 2015. Thereafter the mailing address is Alabama Department of Commerce, Post Office Box 304106, Montgomery, Alabama 36130-4106.

I have read and understand the above statement.

_____ _____

Signature Date

WORKFORCE INNOVATION AND OPPORTUNITY ACT

PARTICIPANT INFORMATION RELEASE FORM

I, the undersigned, do hereby authorize the Alabama Career Center staff and any training facility attended to release any and all information regarding my test scores, grades, progress, or other pertinent information for the purpose of Workforce Innovation and Opportunity Act reporting requirements.

_____ _____

Participant Signature Date

_____ _____

Witness Signature Date

ALABAMA DEPARTMENT OF ECONOMIC AND COMMUNITY AFFAIRS
WORKFORCE DEVELOPMENT DIVISION

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)
GRIEVANCE AND COMPLAINT PROCEDURES

The Workforce Innovation and Opportunity Act (WIOA) is a federal law that provides for state programs, services, and activities to increase job opportunities, the length of time people stay in jobs, and the amount of money working people earn. The Alabama Department of Economic and Community Affairs (ADECA), Workforce Development Division (WDD), receives money from the U.S. Department of Labor to provide WIOA programs, services, and activities. The ADECA WDD is a partner in the Alabama Workforce Development System and in the Alabama Career Centers located throughout the State, except those in Jefferson and Mobile Counties.

Who may use these grievance and complaint procedures?

These grievance and complaint procedures apply to WIOA programs, services, and activities in the Alabama Workforce Investment Area (all Alabama counties except Jefferson and Mobile) and Statewide programs, services, and activities run or paid for directly by the ADECA WDD. The procedures may be used by any person who believes the Workforce Investment Act, or any rules or agreements under the WIOA, have been violated (not obeyed) in any ADECA WDD WIOA program or activity.

How much time do I have to file a grievance or complaint?

Discrimination complaints must be filed within 180 days (within about six months) of the date you believe the discrimination happened. Other WIOA grievances and complaints about programs and activities must be filed within one (1) year of the date you believe a violation happened.

How do I file a grievance or complaint?

If your complaint is about a WIOA program or activity, but you are not claiming discrimination, first discuss the grievance or complaint with your supervisor, a counselor at a training location, a human resources or personnel manager where you work, or a person who is responsible for helping people with complaints in the Career Center where you received services to try to settle the complaint locally. If your complaint is not settled in a way that satisfies you within ten (10) days, you may send a written complaint within five (5) days (after the 10 days are over) to Ms. Lillian Patterson, Equal Opportunity/Grievance Officer; Alabama Department of Economic and Community Affairs; Workforce Development Division; 401 Adams Avenue; PO Box 5690; Montgomery, Alabama 36103-5690. Include your name, address, telephone number, and the name and address of the person(s) you believe did something wrong.

An investigation may be conducted, a hearing may be held, or other action may be taken by the WDD to settle the complaint within sixty (60) days. If you are complaining about a program or activity of the Alabama Workforce Investment Area and you do not get a decision about your complaint within sixty (60) days, or if you are not satisfied with the decision, you may appeal by writing to Mr. Steve Walkley, Director, at the same address as the Equal Opportunity/Grievance Officer (see above) within ten (10) days after you either get the decision or should have gotten the decision.

If you are complaining of labor standards violations (e.g., An employer disobeyed a law or rule about working conditions, wages and benefits, health and safety standards), and you and the employer you are complaining about are covered by a collective bargaining agreement (i.e., an agreement between an employer and a union about wage rates, hours of labor and working conditions), you may choose to file your grievance through what is called a *binding arbitration procedure.* Contact your supervisor, personnel manager, or union representative for information about whether this applies to you and the steps you should follow.

Equal Opportunity is the Law

It is against the law for the Alabama Department of Economic and Community Affairs (ADECA), Workforce Development Division (WDD), or any person, agency, organization, employer, or training provider who/that receives WIOA money from the ADECA WDD to discriminate against any person in the United States on the basis of race, color, religion, sex, national origin, age, disability, political relationship or belief; and against any person who benefits from a WIOA program because of the person's citizenship, because the person is a legal immigrant, or because the person is a WIOA participant.

The ADECA WDD and agencies, organizations, employers, and training providers that receive WIOA money must not discriminate in any of the following ways:

- Deciding who will be admitted or have access to a WIOA program or activity;
- Providing opportunities or treatment in a WIOA program or activity; or
- Making employment (job) decisions related to a WIOA program or activity.

If you think someone discriminated against you because of your race, color, religion, sex, national origin, age, disability, political relationships or beliefs; or, if you are a WIOA participant and you think someone discriminated against you because of your citizenship, because you are a legal immigrant, or because you participate in a WIOA program, you may file a complaint within 180 days of the date you think the discrimination happened with either Ms. Lillian Patterson, Equal Opportunity/Grievance Officer, at the same address given above or the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, D.C. 20210.

If you file your complaint with the Equal Opportunity/Grievance Officer at the ADECA WDD, you must wait either until the ADECA WDD issues a written *Notice of Final Action*, or until 90 days have passed (whichever comes first) before filing with the Civil Rights Center (see address above).

If the ADECA WDD does not give you a written *Notice of Final Action* within 90 days after you file your complaint, you do not have to wait for the ADECA WDD to issue the *Notice* before filing a complaint with the CRC. But you must file your CRC complaint within 30 days after the 90-day deadline (in other words, within 120 days after the day you filed your complaint with the ADECA/WDD).

If the ADECA WDD gives you a written *Notice of Final Action* on your complaint, but you are dissatisfied with the decision or result, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date you received the *Notice of Final Action*.

Grievance and complaint procedures were explained to me.

By: _____ _____

Employee's Name Title

_____ _____

Agency Date

_____

Applicant's/Registrant's/Participant's Signature