



**EXHIBIT A
Incumbent Training Funds**

(Application Form MAY NOT EXCEED a Total of 3 Pages-not including Budget)

Project Name:	Date Submitting Form:
Project Start Date:	Project End Date:
Business Name(s):	Total # of Employees at Business:
Business Representative Name:	
Address:	
County:	
Phone:	Employer Tax ID Number:
Fax:	
E-mail:	
Total Amount of Grant Funds Requested:	Planned Amount of Match:

Please provide a summary of the training project to include the following deliverables:

- Unduplicated number of participants;
- Number of jobs created as a result of the training;
- Number of jobs retained as a result of the training;
- Percent of participants promoted upon completion of this training project.

Proposals should address business strategies in their projects that may include:

1. The businesses current circumstances. How the proposed incumbent worker training will enhance the businesses ability to move into new markets, become more efficient, more competitive while retaining its workforce.
2. Description of the kinds of skills that will be gained by those who participate in the training. Will the training result in an industry recognized certification/credential?
3. Sustainability plan for the project once the grant has ended.
4. How the successes and challenges learned from the project will be shared with other businesses or consortia.



EXHIBIT B

BUDGET CONSIDERATIONS (Budget Description MAY NOT EXCEED one page):

If project is funded, the proposed budget will become part of the final contract; it is important that it contain sufficient detail to fully describe and substantiate all costs, match, etc.

- **Expenses must be reasonable, necessary, and reflect current cost trends to complete the proposed scope of work.**
- **Expenditures and match must be clearly described and reflect all project activities.**
- **Budget must clearly identify a 100% match in cash and/or in-kind contributions to project.**
 - **Eligible Match must consist of project-related costs covered by the applicant which are not funded with local, state, or federal governmental resources.**
 - **Examples: value of salaries/fringe benefits of trainees while participating in project activities, donated employee time or volunteer services, donated property including equipment, space, loaned equipment not to exceed fair rental value, etc.**
 - **Costs reported as match must be directly related to project implementation, be reasonable and verifiable.**
- **Budgets may not include costs incurred prior to the award of the contract, costs for completing this application form, or costs for training already in process.**

Use this template and additional space (up to a total of one page) to describe each expenditure and match category listed in the budget format.

Budget Description Format

Costs (list all project related costs in the following categories)		Source of funding	
		Funds requested by applicant	Value of match contributed*
Training costs	- Tuition/training costs		
	- Training materials & supplies		
	- Other		
Match	- Staff time in training		
	- Supervisory staff time		
	- Training materials		
	- Facilities costs		
	- Equipment usage		
	- Other		
Total funds requested for project			
Total match			
Total project value (funds requested + match)			



EXHIBIT C

Signature of Authorized Representative of Fiscal Agent and Assurances

My signature below indicates I am authorized to sign this proposal on behalf of the fiscal agent for this project, and I understand that if my organization is awarded funds under this application it:

1. Has conducted operations for 120 days or more in Linn, Marion, Polk and/or Yamhill counties.
2. Has not laid off workers at current site or another site in the U.S. within the last 120 days due to an expansion or relocation at this site.
3. Will provide a dollar-for-dollar private sector match to 100% of the grant funds.
4. Agrees to provide all necessary documentation for performance and anecdotal reporting including demographic data of training participants and a testimonial regarding training (including photos).
5. Will track all expenditures related to this project separately from other company funds, and provide detailed invoices, including copies of receipts for training related expenses and progress reports at regular intervals agreed upon during contract negotiation.
6. Will abide by non-discrimination laws in determining who is eligible to receive this training and in the delivery of training (federal non-discrimination laws apply to this funding).
7. Has enough resources on hand to cover project costs in-between invoices. Invoices may be submitted no more often than once each month.
8. Agrees that these funds will not displace routine, on-going, regularly scheduled training.
9. Assures appropriate employment documentation including social security number, legal status to work of each employee trained with grant funds.

Signature

Date

Printed Name and Title



EXHIBIT D

Request for Taxpayer Identification and Certification (W-9) INSTRUCTIONS FOR COMPLETION AND RETURN

Insert Form W-9 into RFP Packet



EXHIBIT E
RFP Evaluation Tool
 (For information only, does not need to be part of application)

Applicant: _____

Reviewer: _____ **Date:** _____

	Points 0-4	Weight: 25	Score
1. Training that results in or leads to industry recognized certification/ credential or can clearly demonstrate a relevant skill upgrade for incumbent workers.			
	Points 0-4	Weight: 25	Score
2. Project clearly describes the kind of skills gained by those who participate in the proposed training.			
	Points 0-4	Weight: 25	Score
3. Project describes how it will sustain project efforts once the grant has ended.			
	Points 0-4	Weight: 15	Score
4. Project describes how it will share learned successes and challenges to other businesses or consortia.			
	Points 0-4	Weight: 5	Score
5. Project demonstrates a reasonable cost budget.			

Total Score of Proposer: _____

Total Score available: 400

