



## ALABAMA COMMUNITY COLLEGE SYSTEM

*Workforce Development Division Application*  
*for*  
*Existing Industry Training Program (EITP)*

The Workforce Development Division Application for Existing Industry Training Program (EITP), **effective March 1, 2018**, shall remain in effect until amended, revoked, or rescinded. Applicants should check the Alabama Community College System Workforce Development Division website (<https://www.accs.cc/index.cfm/workforce-development/grant-resources/>) to ensure currency of document in use.

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Mr. Jimmy H. Baker, Chancellor  
Alabama Community College System

**ALABAMA COMMUNITY COLLEGE SYSTEM**  
**EXISTING INDUSTRY TRAINING PROGRAM**  
**- GUIDELINES -**

The Alabama Community College System (ACCS) is seeking applications for projects to serve the training needs of existing industry. The following are the guidelines for the Existing Industry Training Program (EITP) in partnership with the Workforce Development Councils of Alabama (WDCA). This program is designed to provide assistance to Alabama employers for expenses associated with skills upgrade training of their full-time, permanent company employees.

**METHODS OF TRAINING:**

There are two methods in which training may be requested:

1. Standard method in which a **SPECIFIC** Company is requesting training for their employees. The maximum funding award for a training project for one specific company is \$15,000. Standard Application: Pages 5-9
2. Open Enrollment Scholarship method in which employees with **MULTIPLE** businesses are nominated to attend a training course. Open Enrollment Scholarship Application: Pages 10-15

All applicants must provide evidence of leveraged funds. **Each business location applying must show the matching dollar-for-dollar leveraged / contributions for the funds requested.** All Alabama companies that meet the following requirements may apply:

**BUSINESSES APPLYING FOR TRAINING FOR THEIR WORKERS MUST:**

- Be “for-profit” and have been in operation in Alabama for a minimum of two (2) years before the application date.
- As an exception, applications for skills upgrade training of “non-profit” hospital employees will be accepted.
- 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.
- Request a training program that provides for new and/or upgraded job skills that are necessary for the company to maintain or increase competitiveness and/or work skills for the participating employees.
- Demonstrate the benefit that the training will have for business operations and identify the skills that will be acquired by the employees.
- Include clear and measurable performance outcomes in the application.

**BUSINESSES NOT ELIGIBLE TO APPLY FOR FUNDS INCLUDE:**

- Any business that has received funds, either directly or indirectly, from the State of Alabama under any previous Incumbent Worker Training Program initiative and the terms of the agreement for training were not met or completed.
- Training Providers, Labor Unions, or Government Entities.
- Any business, or business division, that has relocated to Alabama within the past 120 days prior to application and the move resulted in any employee losing his/her job at the original location.
- Any business which has reached the award amount of \$60,000 in the last 10 years from the Incumbent Worker Training Program, regardless of which State agency awarded the funding.
- The applicant should contact the ACCS Workforce Development Division prior to submitting an application if it is unsure whether a company is eligible.

**TRAINING PROJECTS APPROVED FOR FUNDING (STANDARD TRAINING METHOD):**

- Each workforce development council will review the eligible Standard applications submitted to request a training grant. EITP grant amounts are capped at **\$15,000 per company**. The council should email the certified applications to Tara Brown ([tara.brown@accs.edu](mailto:tara.brown@accs.edu)) at the Alabama Community College System.
- Once approved through channels, official notification will be provided to the community college entity acting as fiscal agent in the form of an award letter and a grant agreement. The fiscal agent will sign the grant agreement and submit a copy with a budget to the ACCS. Upon the ACCS's receipt / approval of the budget, the training can begin.

#### **TRAINING PROJECTS APPROVED FOR FUNDING (OPEN ENROLLMENT TRAINING METHOD):**

- Each workforce development council will review the eligible Open Enrollment applications submitted to request a training grant. The council should email the certified applications to Tara Brown ([tara.brown@accs.edu](mailto:tara.brown@accs.edu)) at the Alabama Community College System.
- Once approved through channels, official notification will be provided to the community college entity acting as fiscal agent in the form of an award letter and a grant agreement.
- The fiscal agent will sign the grant agreement and submit a copy with a budget to the ACCS. Prior to the start of an open enrollment training program, the fiscal agent will provide the ACCS a roster of the names, class dates, times, places, and the required company match for each individual who will receive a scholarship. The maximum number of employees approved to attend training for each company will not exceed \$15,000 of cost. The total cost of an open enrollment training class **may** exceed \$15,000, if it involves multiple companies.

#### **TRAINING SERVICES:**

- Must be coordinated through an ACCS entity, whether training is conducted by the college institution or by a third-party training provider. The Alabama Technology Network (ATN) is considered an ACCS entity for the purposes of this grant opportunity and may act as both fiscal agent and training provider.
- Can be conducted at the business's facility, the training provider's facility, or a combination of sites.
- Can be occupational skills training designed to meet special requirements of a business or industry.
- Can be educational training, other than degreed programs, such as workplace literacy, basic skills, and "soft" skills.

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

- Non-company, professional instructor's/trainer's fees.
- Tuition costs for training courses or programs.
- Textbooks/manuals directly related to training.
- Expendable materials and supplies directly related to training.

#### **NON-REIMBURSABLE EXPENSES:**

- Trainee (employee) wages.
- Travel, food, or lodging expenses related to program participants and/or trainers.
- Purchase 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 agreement.

### **REIMBURSEMENTS, REPORTING PERFORMANCE, BUDGET AMENDMENTS AND PROGRAM MODIFICATIONS:**

- Requests to make changes to the use of funding must be in writing and approved by the awarding fiscal agent.
- Modifications to the training must be approved by the ACCS prior to implementing changes.
- Accurate records must be maintained to document the training activities and reimbursement requests.
- Reimbursement requests must be submitted with supporting documentation, including evidence that the training expenses were in accordance with the terms of the agreement.
- A final reimbursement request form should be submitted within 30 days following the end of the grant or the end of the formal training, whichever is the earliest.
- Funds not expended by the grant expiration date may be rescinded by the ACCS.
- Extension of expiration date may be requested and will be considered on a case-by-case basis.
- A submitted reimbursement request 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.
  - For each training session, a copy of the roster, which includes the trainees' names and their employer, is required. The date(s) and type(s) of training should be noted on each roster submitted. The roster should include the signature of the trainer or employer certifying that the listed employees actually participated in the training.

### **REGIONAL WORKFORCE DEVELOPMENT COUNCIL CERTIFICATION:**

- Applications must be submitted through the regional workforce development council of the region within which the proposed grant recipient is headquartered or operates. All applications that are submitted must be certified by the chair of the council or a member designated by the chair (i.e., grant committee chair) that the application addresses a priority need in the region. Ex-officio members are non-voting and, therefore, may not sign the certification statement.

### **PROPOSAL REVIEW COMMITTEE:**

- The Proposal Review Committee (PRC) for EITP grants will be comprised of the regional workforce development liaisons. In order to be responsive to the needs of business and industry, the committee will convene as needed. An appointee of the ACCS Workforce Development Division shall chair the Committee. PRC members are subject to the provisions contained in the statement of non-disclosure and conflict of interest for each application for funding that is reviewed (Appendix A).
- The PRC members will score each application and assign an overall score. The overall score is based on the percentage of the total maximum points applicable to the application as assigned by the PRC. Evaluation criteria and the maximum points possible per subcategory are listed on the Proposal Review Committee – Individual Committee Member Score Sheet score sheet (Appendix A).

### **GENERAL INFORMATION:**

Training can include, but is not limited to, industry or company-specific work skills, safety, 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 company must identify, in their 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 \$15,000 per company. Company contributions may include trainee wages and benefits paid during the training period, equipment purchased for training, training materials and supplies, training curriculum development expenses, travel, meals, and lodging costs.

The minimum company matching funds for the Open Enrollment Training Method are trainee wages, benefits, and travel and lodging costs (if travel is required).

The fiscal agent will provide a record of expenses pertinent to all training conducted using this funding to: Alabama Community College System, Attn: Tara Brown, Post Office Box 302130, Montgomery, AL 36130-2130. Final expenses must be reported within 30 days after each training activity is completed or the agreement end date, whichever is the earliest.

***BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (PROTECTION ACT)***

As a condition of any funds awarded, the grantee agrees to comply with the terms of the *Beason-Hammon Alabama Taxpayer and Citizen Protection Act* and any subsequent amendments. It is the responsibility of the fiscal agent to ensure compliance of this Act by all sub-grantees.

**ALABAMA COMMUNITY COLLEGE SYSTEM**  
**Existing Industry Training Program**  
**– Company Specific / Standard Application –**

**This Application is for the purpose of providing training for one specific company.**

*All sections must be completed prior to submitting application. Incomplete applications will be returned.*

Project Title: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ (\$15,000 max amount)

College Project Contact Name, Title, E-mail Address, Telephone #:

**Section I: Business Information**

Name and Address (include **County**) of Company Requesting Training for their Employees:

Physical Address of Training (if same as above, indicate SAME):

Parent Company Information (if company is a subsidiary of another company):

Company Contact Name, Title, E-Mail Address, Telephone #, Company Web Site:

Description of Business (products or services):

Years in Business: \_\_\_\_\_ Years in Business in Alabama: \_\_\_\_\_

Total Number of Full-Time Employees at Location of Where Training is Being Requested:

Legal Structure of Business (sole proprietor, partnership, corporation):

Tax Status of Business (for profit, not for profit, other):

Is the Company Current on all Local, State, and Federal Taxes? Yes / No (if No, please explain)

Is the Company Subject to a Collective Union Bargaining Agreement? Yes / No (if Yes, attach endorsement from Union official)

**Section II: Previously Awarded IWTP Funds**

Previously Received Training Grant(s) from State or Federal Sources: Yes / No

If Yes, Describe for Each the Following (Funding Source, Amount, Beginning Date(s), Ending Date(s), Type of Training, Summary of Outcomes, etc.):

**Section III: Training Plan for this Application:**

Training Start Date: \_\_\_\_\_ Training End Date: \_\_\_\_\_

Number of Employees to be Trained:  
(count each person one time and only those trained in the grant period using EITP grant funds)

Description of the Need for the Training Requested (indicate if this training is needed to avert a layoff):

Narrative Summary of Training (detailed course description):

Minimum and Maximum Number of Participants Needed to Make Each Class:

Training Schedule (provide number of days per week, number of hours per day, total hours per class):

If Multiple Modules, Number to be Trained in Each Module:

#### **Section IV: Training Provider**

Name and Address of Training Provider (if requesting an out-of-state provider, give justification):

Training Provider Contact Name, Title, E-mail Address, Company Web Site:

Name and Qualifications of Instructor for Each Component:

#### **Section V: Training Outcomes**

Describe in Detail the Benefit(s) that the Applicant will Realize for Each Component of Training:

Clearly Describe the Goals and Outcomes that the Employer Wishes to Achieve and how Successes will be Measured:

Describe the Effect(s) the Proposed Training will have for both the Employer and the Employees:

Will the employees who Complete the Training Receive a Pay Increase? If yes, give amount:

#### **Section VI: Regional Workforce Development Council Certification**

I certify that this application for Existing Industry Training addresses a priority need and that the Region \_\_\_\_ Workforce Development Council has reviewed the project application and recommends funding the proposed activities: **Yes or No**

NOTE: EITP Grant Applications may be submitted as needed based on the needs of Alabama employers. Applications will be reviewed and considered on a first come, first serve basis until all **current year** funds are depleted.

\_\_\_\_\_  
Printed Name and Date

\_\_\_\_\_  
Signature *Regional Workforce Development Council Chair or Designee (must be **voting member** of the regional council)*

**Section VII: Budget**

The applicant should apply only for the amount of funds needed to meet the immediate training needs. The budget must clearly support the training plan. All proposed expenses must be allowable, reasonable, and necessary. The applicant must provide a monetary value on the company/employer contributions that will be made during the training. These contributions may be in-kind, cash, etc.

<b>Budget Category</b>	<b>Requested Funds</b>	<b>Non-Requested Employer Contribution (in-kind, cash, etc., shown in \$)</b>	<b>Explanation/Description</b>
Tuition and Fees			
Instructor Wages			
Instructor Travel, Food, Lodging (non-requested, in-kind)			
Books/Manuals (itemize)			
Training Certifications, Credentials, Licenses			
Materials and Supplies			
Training Equipment Cost (non-requested, in-kind)			
On-site Facility Usage (non-requested, in-kind)			
Trainee Travel, Food, Lodging (can be company, in-kind)			
Trainee Wages (non-requested, in-kind)			
Other			
<b>Total Funds</b>	<b>\$</b>	<b>\$</b>	



**Section VIII: Budget Backup** (Use this page to explain and/or itemize entries in the preceding budget page.)

Tuition and Fees:

Instructor Wages:

Instructor Travel, Food, Lodging (non-requested, in-kind):

Books/Manuals (Itemize):

Training Certifications, Credentials, Licenses:

Materials and Supplies:

Training Equipment Cost (non-requested, in-kind):

On-site Facility Usage (non-requested, in-kind):

Trainee Travel, Food, Lodging (can be company, in-kind):

Trainee Wages (non-requested, in-kind):

Other (other items and related costs not included in the above line items that are required to implement the project included as a grant-funded item in the budget page):

**SIGNATURE PAGE**

**Section IX: Business Authentication**

As the person authorized to act on behalf of the **business requesting training**, I certify that the information submitted in this application is accurate. I also certify that if funding is approved I will ensure that the proposed activities will be carried out and agree to follow accountability and reporting requirements. Signature is for application for funds only and does not constitute an agreement of awarded funding.

\_\_\_\_\_  
Printed Name and Title of Authorized Official

\_\_\_\_\_  
Signature and Date

**Section X: Fiscal Agent for Funds (must be an Alabama Community College System (ACCS) entity)**

ACCS Entity and Mailing Address:

Project Contact Name, Title, E-mail Address, Telephone #:

**Fiscal Agent Authentication:**

As the institution President or person authorized to act on behalf of the **fiscal agent**, I certify that the information submitted in this application is accurate. I also certify that if funding is approved I will ensure that the proposed activities will be carried out and agree to follow accountability and reporting requirements. Signature is for application for funds only and does not constitute an agreement of awarded funding.

\_\_\_\_\_  
Printed Name and Title of Authorized Official

\_\_\_\_\_  
Signature and Date

**Section XI: Training Provider Authentication (if different from Fiscal Agent for Funds)**

As the person authorized to sign on behalf of the **training service provider**, I certify that the information submitted in this application is accurate. I also certify that if funding is approved I will ensure that the proposed activities as stated will be carried out and agree to follow accountability and reporting requirements. Signature is for application for funds only and does not constitute an agreement of awarded funding.

Project Contact Name, Title, E-mail Address, Telephone #:

\_\_\_\_\_  
Printed Name and Title of Authorized Official

\_\_\_\_\_  
Signature and Date

**ALABAMA COMMUNITY COLLEGE SYSTEM**  
**Existing Industry Training Program**  
**– *Open Enrollment / Scholarship Application* –**

**This Application is for the purpose of requesting training for Employees of Eligible Business or Industry in the Region for Open Enrollment Scholarships.**

**Sections I - VI (below) must be filled out by the Training Provider, one time only for each Open Enrollment course being proposed in the Region.**

**Section VII (below) must be completed by the Fiscal Agent.**

**Sections VIII - XI (below) must be filled out by each Company wishing to nominate employees for training scholarships.**

**Section I: Training Provider**

Course Title: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Name and Address of Training Provider (if requesting an out-of-state provider, give justification):

Training Provider Contact Name, Title, E-mail Address, Telephone #, Company Web Site:

Name and Qualifications of Instructor for Each Component:

**Section II: Training Component**

Course Title: \_\_\_\_\_ Cost of Each Scholarship: \$ \_\_\_\_\_

Training Start Date(s): \_\_\_\_\_ Training End Date(s): \_\_\_\_\_

Minimum and Maximum Number of Participants Needed to Make Each Class:

Training Course Description and Objectives:

Training Schedule (provide number of days per week, number of hours per day, total hours per class):

Number to be Trained Each Module:

Location(s) of Training:

**Section III: Training Component Outcomes**

Description of the Need for the Training Requested:

Narrative Summary of Training (detailed course description):

Training Schedule (provide number of days per week, number of hours per day, total hours per class):

If Multiple Modules, Number to be Trained in Each Module:

Describe in Detail the Benefit(s) that the Applicants will Realize for Each Component of Training:

Clearly Describe the Goals and Outcomes that the Employers Wish to Achieve and How Successes will be Measured:

Describe the Effect(s) the Proposed Training will have for both the Employer and the Employees (i.e., the employees will receive an increase of wages upon completing the training, etc.):

**Section IV: Regional Workforce Development Council Certification**

I certify that this application for Existing Industry Training addresses a priority need and that the Region \_\_\_\_\_ Workforce Development Council has reviewed the project application and recommends funding the proposed activities: **Yes or No**

NOTE: EITP Grant Applications may be submitted as needed based on the needs of Alabama employers. Applications will be reviewed and considered on a first come, first serve basis until all **current year** funds are depleted.

\_\_\_\_\_  
Printed Name and Date

\_\_\_\_\_  
*Signature Regional Workforce Development Council Chair or Designee (must be **voting member** of the regional council)*

**Section V: Budget (Total Cost for Operating this Course)**

The applicant should apply only for the amount of funds needed to meet the immediate training needs. The budget must clearly support the training plan. All proposed expenses must be allowable, reasonable, and necessary. The applicant must provide a monetary value on the company/employer contributions that will be made during the training. These contributions may be in-kind, cash, etc.

<b>Budget Category</b>	<b>Requested Funds</b>	<b>Non-Requested Employer Contribution (in-kind, cash, etc., shown in \$)</b>	<b>Explanation/Description</b>
Tuition and Fees			
Instructor Wages			
Instructor Travel, Food, Lodging (non-requested, in-kind)			
Books/Manuals (itemize)			
Training Certifications, Credentials, Licenses			
Materials and Supplies			
Training Equipment Cost (non-requested, in-kind)			
On-site Facility Usage (non-requested, in-kind)			
Trainee Travel, Food, Lodging (can be company, in-kind)			
Trainee Wages (non-requested, in-kind)			
Other			
<b>Total Funds</b>	<b>\$</b>	<b>\$</b>	

**Section VI: Budget Backup** (Use this page to explain and/or itemize entries in the preceding budget page.)

Tuition and Fees:

Instructor Wages:

Instructor Travel, Food, Lodging (non-requested, in-kind):

Books/Manuals (itemize):

Training Certifications, Credentials, Licenses:

Materials and Supplies:

Training Equipment Cost (non-requested, in-kind):

On-site Facility Usage (non-requested, in-kind):

Trainee Travel, Food, Lodging (can be company, in-kind):

Trainee Wages (non-requested, in-kind):

Other (other items and related costs not included in the above line items that are required to implement the project included as a grant-funded item in the budget page):

**SIGNATURE PAGE**

**Section VII: Training Provider Authentication (if different from Fiscal Agent for Funds)**

As the person authorized to sign on behalf of the **training service provider**, I certify that the information submitted in this application is accurate. I also certify that if funding is approved I will ensure that the proposed activities as stated will be carried out and agree to follow accountability and reporting requirements. Signature is for application for funds only and does not constitute an agreement of awarded funding.

\_\_\_\_\_  
Printed Name and Title of Authorized Official

\_\_\_\_\_  
Signature and Date

**Section VIII: Fiscal Agent for Funds (must be an Alabama Community College System (ACCS) entity)**

ACCS Entity and Mailing Address:

Project Contact Name, Title, E-mail Address, Telephone #:

**Fiscal Agent Authentication:**

As the institution President or person authorized to act on behalf of the **fiscal agent**, I certify that the information submitted in this application is accurate. I also certify that if funding is approved I will ensure that the proposed activities as stated will be carried out and agree to follow accountability and reporting requirements. Signature is for application for funds only and does not constitute an agreement of awarded funding.

\_\_\_\_\_  
Printed Name and Title of Authorized Official

\_\_\_\_\_  
Signature and Date

**Section IX: Business Authentication**

As the person authorized to act on behalf of the **business requesting training**, I certify that the information submitted in this application is accurate. I also certify that if funding is approved I will ensure that the proposed activities as stated will be carried out and agree to follow accountability and reporting requirements. Signature is for application for funds only and does not constitute an agreement of awarded funding.

\_\_\_\_\_  
Printed Name and Title of Authorized Official

\_\_\_\_\_  
Signature and Date

The following sections must be completed by each Company wishing to nominate employees for training scholarships:

**Section X: Admission Information for Each Company Participating**

Company Name and Address (include County) requesting training for their employees:

Parent Company Information (if Company is a subsidiary of another company):

Company Contact Name, Title, E-mail Address, Telephone #, Company Web Site:

Brief description of business (products or services):

Years in Business in Alabama:

Legal Structure (sole proprietor, corporation):

Tax Status of Business (for profit, not for profit, other):

Is the Company Current on all Local, State, and Federal Taxes? Yes / No (if No, please explain):

Is the Company Subject to a Collective Union Bargaining Agreement? Yes / No (If Yes, attach endorsement from union official):

**Section XI: Previously Awarded IWTP Funds**

Previously Received Training Grant(s) from State or Federal Sources:

If Applicable, Briefly Describe (funding source, amount, beginning date(s), ending date(s), type of training, etc.):

**Section XII: Individual Information for Proposed Trainees (List in Priority Order of Attendance, if Approved)**

Name of employee(s)	Title	Weekly Salary/Benefits	Years with Company
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Add additional lines if necessary

**NOTE: Sections IX - XII (above) must be filled out by each Company wishing to nominate employees for training scholarships prior to the start date of training.**



**APPENDIX A**  
**Proposal Review Committee – Individual Committee Member Score Sheet**  
**Existing Industry Training Program (EITP) Grant Applications**

Admin Number: \_\_\_\_\_ Open Enrollment \_\_\_\_\_ Company Specific \_\_\_\_\_

Project/Course Title: \_\_\_\_\_

Requesting Organization: \_\_\_\_\_

Service Provider (if different than above): \_\_\_\_\_

Business Name(s) Participating in Training (if known): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Proposal Review Committee (PRC) members score each item by the maximum points possible per subcategory and assign an overall score. The overall score is based on the percentage of the total maximum points applicable to the application for funds.

1. \_\_\_\_\_ Does the company demonstrate the level that the requested training will provide for new and/or upgraded skills that are necessary for the company to maintain or increase competitiveness and/or work skills for the participating employees? (Priority awarding of points in this category should be considered if the training results in an increase of employees' wages upon completion.) **(10 Points)**
2. \_\_\_\_\_ Does the grant demonstrate the level of effect that the requested training outcomes will have? (The maximum allowable points should be considered in this category if the training is for the purpose of averting layoffs or lowering turnover for the business.) **(10 Points)**
3. \_\_\_\_\_ Does the grant demonstrate the level of effect that the training outcomes will have on business operations and identify the skills that will be acquired by the employees? **(10 Points)**
4. \_\_\_\_\_ Does the grant include clear and measurable performance outcomes in the application? **(10 Points)**
5. \_\_\_\_\_ "Yes" Recommendation from council **(10 Points)**

\_\_\_\_\_ **Total Score**

Amount Requested: \$ \_\_\_\_\_ Employer Contribution Amount (100% match required): \$ \_\_\_\_\_

# of Employees to be Trained \_\_\_\_\_ Cost of Training per Employee \$ \_\_\_\_\_

PRC Recommendations (recommend one of the following to the Executive Director of Workforce and Economic Development):

\_\_\_\_\_ Fund the proposal \_\_\_\_\_ Deny funding for the proposal

Remarks:

\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**APPENDIX A (Continued)**  
**ACCS Workforce Development Division**  
**Conflict of Interest / Non-Disclosure Statement**

I acknowledge that I have been appointed to conduct reviews of proposals received under the Application for Workforce Development Funds. I have been briefed about my responsibilities relating to conflict of interest and non-disclosure of information obtained during these reviews.

I do not have any conflict of interest, personal or organizational, real or apparent, in participating in this procurement. If, during the course of review, I become aware of an actual or possible conflict of interest, I will notify the Executive Director of Workforce and Economic Development of the ACCS Workforce Development Division, and seek advice on withdrawing from participating in the review of an individual proposal or from the review group in its entirety.

Further, I will disclose no information obtained in reviewing proposals under this solicitation to anyone not also participating in this review. Specifically, I will not disclose the number of respondents to the solicitation; the names of individuals and organizations that responded; nor any information from technical or cost/pricing submissions of these applicants, except to other reviewers officially assigned to this solicitation.

Finally, if anyone outside the official review chain seeks information about the procurement, I will not supply any information but will refer him or her to the Executive Director of Workforce and Economic Development of the ACCS Workforce Development Division.

***My signature on the front side of this form verifies that I have read, understand, and agree to comply with all provisions of this conflict of interest / non-disclosure statement pertaining to this specific application for workforce development funds that I am reviewing and scoring.***