

ALABAMA WORKFORCE STABILIZATION PROGRAM



ALABAMAWORKS EMPLOYER TRAINING ASSISTANCE REQUEST - Company Impacted by COVID

ALL AWSP applications must be submitted with the Employer's: W-9, Disclosure Statement, Beason-Hammon, Worker's Comp Declaration Page, and E-Verify MOU. All documents must match the Employer W-9

Application Date _____ Company Name, Address _____

Parent Company Name, Address _____ County **Choose One** FEIN _____

Company Contact Name _____ Email _____

Office Number _____ Cell Number _____ Description/Type of Business **Choose One or Type**

Number Full-Time Employees _____ **Company has been informed of MHFA/Vital.** YES NO

Company wage for Occupational Title(s) is \$12.00 per hour or more: YES NO

**Minimum required wage paid to an employee must be \$12 per hour or more. Wages cannot be averaged. Wages and benefits cannot be combined.

Company Provides Benefits YES NO

Company subject to Collective Union Bargaining? YES NO

Employer has valid Worker's Comp Coverage YES NO

Do you have Non-English speaking employees? YES NO

AWSP JOB POSITION AND COST OUTLINE

Training Occupational Title	Type of Training	Requested Start Date	# of Trainees	OJT Hours per Trainee	Total OJT Hours	Hourly Trainee's Pay	Total Cost	Reimbursed Cost
	New Hire				0		\$ 0.00	\$ 0.00
	New Hire				0		\$ 0.00	\$ 0.00
	New Hire				0		\$ 0.00	\$ 0.00
OJT reimbursement rate \$ 9.00							\$ 0.00	\$ 0.00

Training Occupational Title	Type of Training	Requested Start Date	# of Trainees	OJT Hours per Trainee	Total OJT Hours	Hourly Trainee's Pay	Total Cost	Reimbursed Cost
Medication Assistant	IWT							
	IWT							
	IWT							
							\$ 0.00	

Total AWSP Reimbursement = \$ 0.00

AGREEMENT TO PARTICIPATE

Name & Title of Employer Representative _____ Signature _____ Date _____

THIS AREA TO BE COMPLETED BY REGIONAL REP

Training Provider _____ Contact Name _____

Phone Number _____ Email _____

Location of TABE _____ Location of Training _____

BSR Case Manager _____ Phone Number _____ Email _____

NAICS Code(s) Assigned to Company: _____
(6 Digit North American Industry Classification System)

Certificate/Credential Achieved from Training **Choose One** _____ Company E-Verify Completed YES NO

NAME & TITLE OF TRAINING REPRESENTATIVE _____ SIGNATURE _____ DATE _____

NAME & TITLE OF REGIONAL REPRESENTATIVE _____ SIGNATURE _____ DATE _____

APPROVED BY 3 Member Panel

Application has a 45 day Enrollment period.

INSTRUCTIONS

This is a fillable PDF form available at www.alabamaworks.com/awsp.

The area at the bottom of page 1 is to be completed by the Regional Representative.

The Employer and/or its representative that electronically signs this document has the authority to sign and enter into this participation agreement if approved. Submit Completed Form To:

A copy of the final application will be provided to the Alabama company participating in the training.

GUIDELINES

Targeted Employer Participants of the AWSP:

- Businesses needing assistance to avoid lay-offs
- Businesses needing upskilling of current employees
- Businesses seeking assistance to develop new employee talent pipelines
- Employer selections are based on:
 1. Projects focused on business recovery from Covid-19.
 2. Workforce development projects that demonstrate a measurable impact on one more of the long-range goals of the state workforce plan (layoff aversion/upskilling).
 3. Projects serving existing workers in existing businesses inclusive of consortium-based projects serving multiple businesses.
 4. Projects targeted toward training for those businesses and industries previously identified as training providers by the ACCCP.
 5. Priority will be given to Alabama-based small businesses with less than 500 employees located in rural areas and Alabama Opportunity Zones.
 6. Provides short term education and training targeting the high-demand sectors of Construction, Healthcare, IT, Manufacturing, & Transportation-Distribution-Logistics.

LEVELS OF PARTICIPATION IN TRAINING ACTIVITIES:

- New Hire - An individual that is not currently employed by the applicant company but being considered for a position.
- Incumbent Worker-An individual that is currently employed by the applicant company.

CONDITIONS

- At a minimum, employees must remain on the job for the same number of hours for which the training took place, classroom or technical training.
(if training was 225 hours, employee must remain on the job for 225 hours)
- Employers must provide an explanation/justification for individuals who do not remain on the job for the required minimum number of hours
- Employers must maintain an Employment Retention Rate of 70%, of those individuals who participated in the requested training

DEFINITIONS

ACCPCP - Alabama Committee on Credentialing and Career Pathways

Alabama Citizen - an individual that is born or naturalized in the United States of America and residing in the state of Alabama

AWSP - Alabama Workforce Stabilization Program

BSR - Business Services Representative

CTE - Career and Technical Education

E-Verify - employers verify the identity and employment eligibility of newly hired employees by electronically matching information provided by employees on the Form I-9, Employment Eligibility Verification, against records available to the Social Security Administration (SSA) and the Department of Homeland Security (DHS)

GED - General Equivalency Degree or General Educational Diploma

NAICS - NAICS Code is a classification within the North American Industry Classification System developed for use by Federal Statistical Agencies for the collection, analysis and publication of statistical data related to the US Economy

TABE - Test of Adult Basic Education

WIOA - Workforce Innovation & Opportunity Act

Training breakdown:

--