



Incumbent Worker Training [IWT] Agreement



This Incumbent Worker Training (IWT) agreement is between _____ (Employer) and _____ County Department of Job & Family Services (OMJ). Partial funding is made available to assist businesses in training and retaining a skilled, productive workforce, if employer is in good standing, as documented in agreement. Funding is provided through the Workforce Innovation and Opportunity Act (WIOA).

This agreement is effective on _____, training will be completed on _____.

NOTE: The employer has 30 days from the above training completion date to provide documentation and request payment. Completed requests for reimbursement will NOT be accepted beyond 30 days of above training completion date.

This agreement is governed by State policy WIOAPL 15-23 (Incumbent Worker Training [IWT] Guidelines). It can be referenced at: <http://emanuals.ifs.ohio.gov/Workforce/WIOA/WIOAPL/WIOAPL-15-23.stm> Should an updated version be available at time of agreement, it will supersede and govern this agreement.

Training to be provided: _____

Industry recognized credential or occupation-specific skills/basic skills credential/certificate to be awarded upon successful completion: (You will need to provide copies of this cred/cert)

Total cost of training: _____ (This must be from the Pre-Agreement budget.)
of employees to be trained: _____ (if group, majority must be employed at least 6 months prior to training)
Cost per trainee: _____ (Total cost divided by # to be trained)

Eligible reimbursement percentage: _____ % *See below

Total reimbursement requested: _____ (Cost per trainee*Eligible reimbursement %)

*Total # of employees at time of agreement: _____ **(All employees total, not just those trained)**

The non-federal share (Employer's responsibility) shall not be less than:
1) 10 percent of the cost, for employers with not more than 50 employees;
2) 25 percent of the cost, " " more than 50 but not more than 100 employees; and
3) 50 percent of the cost, for employers with more than 100 employees.
These are the most advantageous percentages allowed by the state of Ohio.

Should the training content or number of employees change, the change must be presented as a modification and signed by all three parties.

State procurement rules, as identified in State policy WIOAPL 15-23 (Incumbent Worker Training [IWT] Guidelines) require reimbursement of the Employer
A reimbursement basis requires proof of initial payment.

IWT rules, Employer Eligibility and Budget Outlines are included as an attachment (10 pages) to this agreement.

_____(**Employer initials**) The above attachment (10 pages) are the basis for the reimbursement identified in this agreement and have been answered fully and accurately.

This agreement may be modified, in writing, at any time but must be acknowledged in writing by both parties to be valid. Material deviations from this agreement including the attachment (pages 1-10) and/or IWT rules may void the right to reimbursement.

Both parties agree to all terms in this IWT agreement by signing below.

FOR THE EMPLOYER:

FOR: OhioMeansJobs, _____ County

Name: _____

Name: _____

Address: _____

Address: _____

Authorized Signature

Date

Authorized Signature

Date

Printed Name and Title

Printed Name and Title

Contact Person and E-mail Address

Contact Person and E-mail Address

Phone # _____

Phone # _____

OhioMeansJobs

IWT INVOICE

INVOICE MUST BE RECEIVED WITHIN 30 DAYS OF SCHEDULED TRAINING COMPLETION

Employer's Name: _____

Address: _____

Training: _____

Training Period: Begin Date _____ End Date _____

Training Payment:

Total cost of training: _____ (This must be from the Pre-Agreement budget.)

of employees agreed to: _____ (from agreement)

of employees ACTUALLY SUCCESSFULLY completed trained: _____ *if
different explain why (Attach copy of credential/certificate for those claimed above)

Cost per trainee: _____ (from agreement)

Eligible reimbursement percentage: _____ (from agreement)

Total reimbursement requested: _____

All costs MUST have supporting documentation of payment attached.

Employer:

Signature: _____ Name: _____

Date: _____

IWT – MODIFICATION

This modification is effective on _____ and changes the terms of the _____ IWT agreement as follows:

The Training Period is extended to: _____ Because of the reason listed below

The original training content is changed, as follows:

The number or specific individuals to be trained has changed, as follows:

Identify any cost changes caused by above modification, in detail:

Agreed to by signing below, not valid till signed by all three parties.

Submitted by the Employer:

Approved by OhioMeansJobs

Authorized Signature & Date:

Authorized Signature & Date:

Printed Name:

Printed Name:
