

February 2008

Dear Logistics & Transportation Industry Leaders:

In response to Governor Rendell's JOB READY PENNSYLVANIA, the Luzerne/Schuylkill Workforce Investment Board, Inc. (L/S WIB) in partnership with the Lackawanna, Northern Tier and Pocono Workforce Investment Boards, Luzerne County Workforce Investment Development Agency, The ReDCo Group Workforce Investment Networks, Greater Wilkes-Barre Chamber of Business and Industry, Penn State Wilkes-Barre, Hazleton and Schuylkill, Luzerne County Community College, PA CareerLinks and many other community partners applied for and received a continuation grant in the amount of **\$396,375.00** from the Department of Labor & Industry for Industry Partnership Development and Training Grant for the Logistics & Transportation Industry in Northeast PA. To-date, the L/S WIB has secured approximately **1.5 million** in education and training grant dollars geared towards new hires and incumbent workers dollars to generate cutting edge skills needed by employers while promoting opportunities and advancement for workers and job seekers. **We invite your company to inquire about and/or apply for funding.**

HOW TO APPLY:

- 1) Logistics & Transportation firms are eligible to apply for funding.
- 2) Fill out the attached **Application for Funding and Training Roster**. Applications for grant funds are due **electronically** on or before **March 14, 2008**. Applications for **new** training initiatives (non-basic skills) will be given priority on a first-come, first-serve basis with a **maximum subsidy of up to \$25,000**. **Funding is retroactive to July 1, 2007**. In the event that funding is still available, additional training applications may be accepted up to June 2008.
- 3) Types of training eligible for funding include **but not limited to**:
 - Career ladder advancement
 - Process improvement
 - Technical innovation (RFID, ERP, etc.)
 - High performance organizations
 - Mechanical and maintenance technicians
 - Truck driving
 - Supply chain management
- 4) **Submit completed application electronically** to: Jane Ashton @ jashton@wilkes-barre.org and Patti Lenahan at patricia.lenahan@luzernecounty.org. Application must include a copy of your Training Contract from your training provider.
- 5) Firms approved for funding are required to pay a **35% cash match** of the total training cost upon official approval of the training application and prior to the start of training payable to: L/S WIB, Inc., c/o Northeast PA Logistics & Transportation Industry Partnership, ATTN: Patti Lenahan, 22 East Union Street, Suite 115, Wilkes-Barre, PA 18701.
- 6) **Training must be completed by June 13, 2008**. Invoices from the Training Provider must be received on or before June 13, 2008.

If you have any questions or comments, please contact Jane Ashton, L&T IP Project Manager at (570) 823-2101 or Patti Lenahan, Planner at the L/SWIB, Inc. at (570) 822-1101.

Sincerely,
Paul E. O'Malia, Executive Director
Luzerne/Schuylkill Workforce Investment Board, Inc.

APPLICATION FOR **LOGISTICS & TRANSPORTATION INDUSTRY PARTNERSHIP** WORKER TRAINING GRANT

Last updated: 2 /20/08

APPLICANT DATA

Company Name:

Contact Person:

Contact Person's Title:

Address:

Phone:

Fax:

Email:

Company Website:

COMPANY DATA

Size of Company:

#Employees at Location: _____

#Employees Worldwide: _____

Type of Company Ownership:

Union Affiliation:

Location of other Division, Facilities or Headquarters:

Federal Employer Identification Number (FEIN):

Product/Service Description:

Industry Code (NAIC):

(North American Industry Classification Code)

Peak Production Period:

TRAINING DATA

What type of training are you applying for?(describe briefly)

Is this consortium training? YES NO

Is this company specific training? YES NO

Is this third party vendor training? YES NO

Is this In-House training? YES NO

Briefly describe your training needs and the impact of this training initiative - (wage increases, job creation, employee skill enhancement or advancement, process improvement, etc.)

Identify the training provider(s) or education institution(s) that will provide this training: **Note: A copy of the training contract should be included with this application.**

Trainer Provider: _____ Training Provider Contact: _____

Title of Training: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

NOTE: A training roster listing employee names and their Social Security Number Must be submitted for all training projects subject to this application. Social Security numbers are required by the PA Department of Labor and Industry.

PLEASE SEE ATTACHED TRAINING ROSTER EXCEL DOCUMENT.

INFORMATION TO BE COMPLETED AND RETURNED WITH APPLICATION. ALL FIELDS REQUIRED.

TRAINING COST BREAKDOWN

Total Training Cost = _____

Grant Subsidy Request

100% of Total Cost = _____

Company Match

Cash Contribution (35%) = _____

In Kind Contribution = _____

Please detail employee costs (wages/benefits) to attend training, computer and equipment usage, use of facilities, etc. that will represent an in-kind contribution:

TOTAL GRANT REQUEST:

\$ _____

TOTAL COMPANY MATCH:

\$ _____

*“Company Match” must equal the “Total Grant Request”.
See Company Match Example located on the back page.*

PROJECT DATA

Projected Start Date: _____

Projected Completion Date: _____

Total # of employees to be trained: _____

Total # of Males to be trained: _____ **Total # of Females to be trained:** _____

Total # of Minorities by EEOC Classification: _____

Total # of training program hours per day (e.g. 4 hours a day): _____

Total # of training days (e.g. 2 days): _____

Total Project Cost: \$ _____ **NOTE: Grant will not pay for wages of trainees while in training.**

Please check all which applies:

- CEU's (Continuing Education Units) for credit free training**
 a certificate of completion (credit-free)
 a college credit, certificate, or degree. If so, how many credits _____
 no formal CEU's, certificate, or credits

Name of Certificate, Credential, License obtained upon completion:

Name: _____

Date obtained: _____

Proposal Submitted by:

Name: _____

Company Name: _____

I acknowledge that receipt of this funding for incumbent worker training will have no bearing/impact on the need to lay off employees.

I acknowledge that receipt of this funding for incumbent worker training my **firm** and my **Training Provider** will become an active member of the Northeast PA Logistics & Transportation Industry Partnership and agree to, i.e. participate in meetings and surveys, and provide supporting data.

Company Official's Signature: _____

ALL COMPANIES THAT RECEIVE GRANT MONEY MUST COMMIT TO FILL OUT AN IMPACT SURVEY AND PROVIDE TRAINEE'S SOCIAL SECURITY NUMBERS. SOCIAL SECURITY NUMBERS FOR ALL TRAINEES MUST BE PROVIDED BEFORE TRAINING APPLICATION IS APPROVED.

Submit Applications Electronically to:

Jane Ashton @ jashton@wilkes-barre.org
and Patti Lenahan at patricia.lenahan@luzernecounty.org

COMPANY MATCH EXAMPLE (Must Demonstrate a 1:1 Match Ratio)

Total Training Cost = \$10,000

Grant Subsidy Request	Company Match
<p>100% of Total Cost = *\$10,000</p> <p>* The Training Provider will invoice the L/S WIB, Inc., c/o Northeast PA Logistics & Transportation Industry Partnership for 100% of the training cost at the completion of the training. Invoices from the Training Provider must be received on or before June 13, 2008.</p>	<p>Cash Contribution (35%) = *\$3,500</p> <p>In Kind Contribution = \$6,500 <i>Please detail employee costs (wages/benefits) to attend training, computer and equipment usage, use of facilities, etc. that will represent an in-kind contribution:</i></p> <p>*The 35% cash match is payable upon official approval of training application and is required prior to the start date of the training payable to the L/S WIB, Inc., c/o Northeast PA Logistics & Transportation Industry Partnership,</p> <p>Monies collected will support ongoing activities of the Northeast PA Logistics & Transportation Industry Partnership.</p>
<p>TOTAL GRANT = \$10,000</p>	<p>TOTAL MATCH = \$10,000</p>