

NORTHEAST REGIONAL HEALTHCARE INDUSTRY PARTNERSHIP

Northern Tier * Lackawanna * Pocono * Luzerne/Schuylkill

Workforce Investment Boards

A Regional Joint Partnership for the Healthcare Sector

Underwritten by the Pennsylvania Department of Labor and Industry

Dear Northeast PA Healthcare Industry Leaders:

I am pleased to inform you that the Northern Tier Workforce Investment Board has received notification of funding for the 2011-2012 program year for the Northeast Regional Healthcare Industry Partnership. These funds are dedicated to improving the skill levels of incumbent workers while promoting advancement opportunities for healthcare workers in the Northern Tier, Lackawanna, Luzerne/Schuylkill, and Pocono counties.

To apply for funding, complete the attached Healthcare Worker Training application in its entirety, providing all requested information and documentation. Applications can also be found at www.northerntier.org. Submit completed application to: **Sherry Felten at NTRPDC, 312 Main Street, Towanda, PA, 18848 or fax to 570-265-1533.**

Applications may also be sent electronically to felten@northerntier.org.

Training applications for consortia-based or multiple employer training programs will be given first consideration.

Funds will be awarded for training that moves trainees up a career ladder or places trainees into high-priority occupation that will enable them to earn a family sustaining wage and provide for career advancement opportunities in the future.

Non-eligible trainings include:

- Basic skills or entry level training that does not result in higher skill levels
- Literacy Training
- Reimbursement of training costs that were not determined by assessment through the Industry Partnership
- Training supported by existing programs i.e. WIA, TANF, CJT, WEDNet and PA CareerLink® Services
- Articulation Agreements
- Proprietary training owned by a single business
- Training provided by the lead applicant and any person or organization involved in partnership management and/or coordination
- Training for any occupation not listed on the 2011 High-Priority Occupations List
- Training for any occupation that has historically shown unusually high turnover rates or does not provide a family-sustaining wage, as outlined by the High-Priority Occupation guidelines
- Basic health and safety training (OSHA-10)
- Tuition assistance or reimbursement for programs in excess of 6 months
- Training that can be supported by existing programs such as WIA, TANF, CJT, WEDnet and services provided through PA CareerLinks®

Employers approved for funding are required to forward a signed MOA and a check for 30% of the total training cost within 30 days of notification of award AND prior to the start of training to the Northern Tier Regional Planning & Development Commission. Failure to do so will result in the cancellation of the funding award and the applicant will be responsible for covering the costs of the training in its entirety.

Training must be completed by June 30, 2012.

If you have any questions, comments or would like assistance in this process, please Sherry Felten, at (570) 265-1516 or e-mail felten@northerntier.org

Sincerely,



Frank Thompson
Workforce Director

Health Care Industry Partnership Worker Training

Last updated: 9/20/11

APPLICANT DATA

Company legal name: _____

Doing business as name: _____ same as legal name check here: _____

Contact Person:

Contact Person's Title:

Branch/Name (ex. Towanda Office):

Mailing Address: Same as Location Address _____

Location Address:

Phone:

Fax:

Email:

Company Website:

COMPANY DATA

Size of Company:

#Employees at Location: _____

#Employees Worldwide: _____

Type of Company Ownership:

Union Affiliation:

Location of Headquarters:

Federal Employer Identification Number (FEIN):

Meets ADA Requirements: Yes or No Affirmative Action Employer: Yes or No

Federal Contracting Job Listing Employer: Yes or No

Business Description:

Industry Code (NAIC):

(North American Industry Classification Code)

Interested in Partnership member activities (Check all that apply):

Employer Meeting Host, Employer Panel, Employer Tour, Youth Activities

Resources utilized for recruiting:

PA Career Link, Newspaper only, Temp. Agencies, H.R. Firms Other

Have you applied for or received WEDnet funding? Yes No (www.wedpa.com)

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

Is this consortium training? YES NO

Is this company specific training? YES NO

Is this third party vendor training? YES NO

Number of Employees to be Trained _____

Training Begin Date _____

Training End Date _____

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 or training syllabus must be included with this application)

Trainer Provider: _____

Training Provider Contact: _____

Title of Training: _____

Address: _____

Phone: _____ **Fax:** _____

Email: _____

Training Grants are required to provide documentation of a “1 to 1” match. For each dollar of training funds requested, 30% will be a cash contribution on your part (your company pays 30% of the total training costs) and the remaining 70% will be in-kind contribution (resources your company expended to have employees attend the training). Below is an example:

TRAINING COST BREAKDOWN EXAMPLE:	
Total Training Cost = \$ <u>10,000</u>	
Grant Subsidy Request	Company Match
100% of Total Cost = <u>\$10,000</u>	Cash Contribution (30%) = <u>\$3,000</u> In Kind Contribution = <u>\$7,000</u> <i>Employee costs (wages/benefits) to attend training, computer and equipment usage, use of facilities, etc. represents in-kind contributions.</i>
TOTAL GRANT REQUEST: \$10,000	TOTAL COMPANY MATCH: <u>\$10,000</u> <i>“Company Match” must <u>equal OR exceed</u> the “Total Grant Request”.</i>

TRAINING COST BREAKDOWN (Please Complete)	
Total Training Cost = \$ <input style="width: 100px;" type="text"/>	
Grant Subsidy Request	Company Match
100% of Total Cost = <input style="width: 60px;" type="text"/>	Cash Contribution (30%) = <input style="width: 60px;" type="text"/> In Kind Contribution = <input style="width: 60px;" type="text"/> <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. In-kind contributions must equal or EXCEED the total Grant Request.</i>
TOTAL GRANT REQUEST: \$ <input style="width: 60px;" type="text"/>	TOTAL COMPANY MATCH: \$ <input style="width: 60px;" type="text"/> <i>“Company Match” must <u>equal OR exceed</u> the “Total Grant Request”.</i>

TRAINING ROSTER: All fields are required to be completed for each employee. Social Security Numbers are required by the PA Department of Labor and Industry. Social Security Numbers must be provided before training funds are released.

Company Name:

Title of Training:

Signature of Authorized Representative:

Mandatory Info:	Trainee #1	Trainee #2	Trainee #3	Trainee #4	Trainee #5	Trainee #6
Name (first & last)						
SS#						
Current Occupational Title						
Occupational Title After Completion of the Training						
Trainee Wage Gain Immediately After the Completion of Training? Answer Y/N. If YES, List increase amount per hour.						
Trainee Wage Gain 6-12 Months After the Completion of the Training? Answer Y/N. If YES, list increase amount per hour.						
Skill Enhancement? Answer Y/N – if YES, briefly explain.						
Career Advancement? Answer Y/N – If YES, briefly explain.						
List Certificate, Degree or Credential Received						

Optional Info:

Male or Female						
Ethnicity: 1.) Hispanic or Latino 2.) Not Hispanic or Latino						
Race: See legend below						

1) American Indian

2) Asian

3) Black/African American

4) Native Hawaiian or Pacific Islander

5) White

6) Two or more

Mandatory Info:	Trainee #7	Trainee #8	Trainee #9	Trainee #10	Trainee #11	Trainee #12
Name (first & last)						
SS#						
Current Occupational Title						
Occupational Title After Completion of the Training						
Trainee Wage Gain Immediately After the Completion of Training? Answer Y/N. If YES, List increase amount per hour.						
Trainee Wage Gain 6-12 Months After the Completion of the Training? Answer Y/N. If YES, list increase amount per hour.						
Skill Enhancement? Answer Y/N – if YES, briefly explain.						
Career Advancement? Answer Y/N – If YES, briefly explain.						
List Certificate, Degree or Credential Received						

Optional Info:

Male or Female						
Ethnicity: 1.) Hispanic or Latino 2.) Not Hispanic or Latino						
Race: See legend below						

- | | | |
|---------------------------|--|----------------|
| 1) American Indian | 4) Native Hawaiian or Pacific Islander | 6) Two or more |
| 2) Asian | 5) White | |
| 3) Black/African American | | |

**ALL HEALTH CARE APPLICATIONS FOR TRAINING GRANT
SUBSIDY
MUST BE FORWARDED TO:**

**Northern Tier Regional Planning & Development Commission
Attn: Sherry Felten
312 Main Street
Towanda, PA 18848
570-265-1533 (fax)**

**ALL HEALTH CARE CHECKS (30% COST OF TRAINING)
ARE PAYABLE TO:**

Northern Tier Regional Planning & Development Commission