

*Region C Workforce  
Development Board*

[www.regioncwdb.com](http://www.regioncwdb.com)

## Upskill Training Grants



*Upskill Training Grants are an initiative of the Region C Workforce Development Board which offers competitive training grants to businesses in addressing employees' skill gaps, improving employee retention, helping stabilize the business, and increasing the competitiveness of the employee and business.*

**Businesses can:**

- ⇒ *Improve Productivity*
- ⇒ *Increase Competitiveness*
- ⇒ *Retain Key Talent; and*
- ⇒ *Reduce Employee Turnover*



**Region C Workforce Development  
Board**

111 W Court St,  
Rutherfordton, NC 28139  
828-287-2281  
Monday - Friday  
8:30 a.m. - 5:00 p.m.

*Region C Workforce  
Development Board  
[www.regioncwdb.com](http://www.regioncwdb.com)*

*For more information,  
contact Patricia Thompson,  
Business Services Repre-  
sentative at 828-475-2384  
or [pthompson@regionc.org](mailto:pthompson@regionc.org)*

Grants of up to \$10,000 may be awarded to eligible businesses in the service region for training of their current workforce in areas including, but not limited to:

- ⇒ Technical Training
- ⇒ Certifications

Funding is available for up to 12 months from the time of the award notification. Businesses may reapply in subsequent years. A lifetime maximum of \$40,000 may be awarded to any individual business.

Focus and Priority will be given for the following areas:

#### **1. Business and Employee Development**

- ◆ Deployment of new technologies
- ◆ Retention or diversification of business to strengthen competitive position
- ◆ Retain critical talent
- ◆ Process improvement to business operations
- ◆ Averting layoffs

#### **2. High Growth and In-demand Industry Sectors**

- ◆ Advance Manufacturing
- ◆ Health Care and Allied Health
- ◆ Biotechnology
- ◆ Hospitality

#### → **Training Providers and Delivery Methods**

Businesses select their training provider of choice. Region C WDB may provide training provider recommendations and resources for business to evaluate.

Delivery methods may include classroom instruction (onsite or at provider's location) and web-based learning. Business and training provider will determine best training delivery method.

#### → **Application Process**

Interested business must complete and submit the Upskill Region C Pre-Award Questionnaire prior to receiving the Application.

Completed Application must be submitted to the Region C Workforce Development Board for consideration.

Notification of decision will be sent to applicant within 14 days of the application submission date. If approved for training, Region C WDB will work with the business to complete all required documentation.

#### → **Reimbursement Process**

Business will submit invoice to Region C WDB for review and processing. Reimbursements are processed and issued on a monthly invoicing cycle. Grant must be used within 12 months from the date of the Contract Date.

#### → **Eligibility Requirements**

##### **Business**

- ⇒ Be a North Carolina for-profit or not-for-profit
- ⇒ Have operations located in the Region C WDB service area
- ⇒ Has operated in the Region C WDB service area for the last 12 months
- ⇒ Has an employer-employee relationship with at least 5 employees
- ⇒ Be current on all federal, state, and local tax obligations
- ⇒ Meet non-federal share requirements

##### **Trainees**

- ⇒ Be at least 18 years of age
- ⇒ Be a current employee of the business
- ⇒ Have established/ documented employment with employer for 6 months or more prior to application
- ⇒ Be a citizen of the United States or a non-citizen whose status permits employment in the United States

**Employee Training Grant Program  
Region C Workforce Development Board  
Pre-Award Questionnaire**

Business: <a href="#">Click here to enter text.</a> Date: <a href="#">Click here to enter text</a>	Name: <a href="#">Click here to enter text.</a> Phone: <a href="#">Click here to enter text.</a> Email: <a href="#">Click here to enter text.</a>
What type(s) of training are you interested in for your employees? <i>(List all)</i>	<a href="#">Click here to enter text.</a>
Do you need assistance from REGION C WDB in exploring training topics, finding a training provider, etc.? <i>(If yes, REGION C WDB contact information below)</i> <b>Patty Thompson, Business Service Representative</b> Isothermal Planning and Development Commission 828/475-2483 <a href="mailto:pthompson@regionc.org">pthompson@regionc.org</a>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Approximately how many employees would participate in the training(s)?	<a href="#">Click here to enter text.</a>
Have the above employees been employed with your business for at least 6 months prior to this submission?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the company been in operation in NC for 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What's your estimated timeline for the training(s) to occur?	<a href="#">Click here to enter text.</a>
Please indicate location of business (Must be in the REGION C which includes the counties of: Cleveland, McDowell, Polk, and Rutherford)	<a href="#">Click here to enter text.</a>
Have you contacted the Small Business and Technology Development Center at Western Carolina University regarding the availability of free training programs, related to the training you're interested in through this grant, for your employees? <u>Contact Information:</u> Sandra Dennison, Director Small Business and Technology Development Center: WCU <a href="mailto:sdennison@sbtdc.org">sdennison@sbtdc.org</a> 828-251-6025 ext. 24 (McDowell, Polk, and Rutherford Counties)  Byron Hicks, Center Director Small Business and Technology Development Center: Hickory <a href="mailto:bhicks@sbtdc.org">bhicks@sbtdc.org</a> 828-345-1110 (Cleveland County) <a href="http://www.sbtdc.org">www.sbtdc.org</a>	<input type="checkbox"/> Yes, but there are no trainings available to meet my needs. <input type="checkbox"/> Yes, there are trainings available to meet my needs. <input type="checkbox"/> No Comments: <a href="#">Click here to enter text.</a>

<p>Have you contacted the appropriate NC Community College’s Customized Training department regarding the availability of free training programs, related to the training you’re interested in through this grant, for your employees?</p> <p><u>Contact information for Cleveland Community College:</u>  Kris Xaypanga, Customized Training Program Coordinator  704-669-4182  <a href="mailto:xaypangnk173@clevelandcc.edu">xaypangnk173@clevelandcc.edu</a></p> <p><u>Contact information for McDowell Community College:</u>  Eddie Shuford, Director of Industry Training  828-652-0652  <a href="mailto:eddieshuford@mcdowelltech.edu">eddieshuford@mcdowelltech.edu</a></p> <p><u>Contact information for Isothermal Community College:</u>  Mark Franklin, Director of Customized Training and Development  828-395-1677  <a href="mailto:mfranklin@isothermal.edu">mfranklin@isothermal.edu</a></p>	<input type="checkbox"/> Yes, but there are no trainings available to meet my needs. <input type="checkbox"/> Yes, there are trainings available to meet my needs. <input type="checkbox"/> No Comments: <a href="#">Click here to enter text.</a>
<p>Is your company current on all federal, state, and local taxes? <i>(If No, your application is not disqualified but you will need to provide documentation of your payment plan agreement in your application)</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Has your company previously received an NCWorks Employee Training Grant Program?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Other Comments: [Click here to enter text.](#)

Submit Completed Pre-Award Questionnaire to:

**Patty Thompson, Business Service Representative**

Isothermal Planning and Development Commission

PO Box 841

Rutherfordton, NC 28139

[pthompson@regionc.org](mailto:pthompson@regionc.org)



**Employee Training Grant Program**  
**Region C Workforce Development Board**  
**Business Application**

**SECTION I: BUSINESS INFORMATION**

Business Name: <a href="#">Click here to enter text.</a>		
Street/Mailing Address: <a href="#">Click here to enter text.</a>		
City/State: <a href="#">Click here to enter text.</a>	Zip: <a href="#">Click here to enter text.</a>	County: <a href="#">Click here to enter text.</a>
Company Contact Person & Title: <a href="#">Click here to enter text.</a>	Email: <a href="#">Click here to enter text.</a> Phone: <a href="#">Click here to enter text.</a> Fax: <a href="#">Click here to enter text.</a>	
Description of Business Product(s) or Services (3-5 sentences):  <a href="#">Click here to enter text.</a>		
Months/Years in business:  <a href="#">Click here to enter text.</a>	Total number of paid employees at this location: <a href="#">Click here to enter text.</a>	<u>Legal Structure of Business:</u> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other: <a href="#">Click here to enter text.</a>
Tax Status of Business: <input type="checkbox"/> For-profit <input type="checkbox"/> Not-for-profit	Employer's Federal ID #: <a href="#">Click here to enter text.</a> Unemployment Insurance ID#: <a href="#">Click here to enter text.</a>	
Parent Company? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please indicate business names in space provided.)</i>	Parent Company Name: <a href="#">Click here to enter text.</a> Representative: <a href="#">Click here to enter text.</a> Contact Phone & Email: <a href="#">Click here to enter text.</a>	

Is this a collaborative program?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please indicate business name in space provided.)</i>	Business: <a href="#">Click here to enter text.</a> Representative: <a href="#">Click here to enter text.</a> Contact Phone & Email: <a href="#">Click here to enter text.</a>

**SECTION II: TRAINING SUMMARY (IF APPLYING FOR MORE THAN ONE TRAINING, PLEASE ATTACH A SEPARATE PAGE FOR SUBSEQUENT TRAININGS, IN THE FORMAT PROVIDED BELOW.)**

Training Topic/Course Title: <a href="#">Click here to enter text.</a>	
Course Description and/or Objectives: <a href="#">Click here to enter text.</a>	
Estimated Training Date(s): <a href="#">Click here to enter text.</a>	
Number of Trainees: <a href="#">Click here to enter text.</a>	Training Location: <a href="#">Click here to enter text.</a>
Name of Training Provider (Organization - if applicable): <a href="#">Click here to enter text.</a>	
Name of Trainer/Instructor: <a href="#">Click here to enter text.</a>	
Address, City, State, Zip: <a href="#">Click here to enter text.</a>	
E-Mail Address: <a href="#">Click here to enter text.</a>	Phone: <a href="#">Click here to enter text.</a>
Qualifications of Trainer/Instructor to Teach Component (2-3 sentences): <a href="#">Click here to enter text.</a>	

SECTION III: **BUDGET** (IF APPLYING FOR MORE THAN ONE TRAINING, PLEASE ATTACH A SEPARATE PAGE FOR SUBSEQUENT TRAININGS, IN THE FORMAT PROVIDED BELOW.)

Category	Grant Funds Requested	Explanation/Detail:
Training/Course Registration	\$ <a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Manuals/Textbooks	\$ <a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Training Certifications, Certificates, Credentials, Licenses	\$ <a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Materials and Supplies	\$ <a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Total Amount Requested: \$ <a href="#">Click here to enter text.</a>		

**Employer's Non-Federal Share (Indicate only one with information in corresponding table)**

My business has **less than 50 employees**, a 10% non-federal share is required for this program award

Wages: \$ <a href="#">Click here to enter text.</a>	Facility Fee: \$ <a href="#">Click here to enter text.</a>	Meals/Travel: \$ <a href="#">Click here to enter text.</a>	Training Equipment Purchase: \$ <a href="#">Click here to enter text.</a>
Total Non-federal share: \$ <a href="#">Click here to enter text.</a> ≥10% of the above total amount requested			

My business **has between 50-100 employees**, a 25% non-federal share is required for this program award

Wages: \$ <a href="#">Click here to enter text.</a>	Facility Fee: \$ <a href="#">Click here to enter text.</a>	Meals/Travel: \$ <a href="#">Click here to enter text.</a>	Training Equipment Purchase: \$ <a href="#">Click here to enter text.</a>
Total Non-federal share: \$ <a href="#">Click here to enter text.</a> ≥25% of the above total amount requested			

My business **has more than 100 employees**, a 50% non-federal share is required for this program award

Wages: \$ <a href="#">Click here to enter text.</a>	Facility Fee: \$ <a href="#">Click here to enter text.</a>	Meals/Travel: \$ <a href="#">Click here to enter text.</a>	Training Equipment Purchase: \$ <a href="#">Click here to enter text.</a>
Total Non-federal share: \$ <a href="#">Click here to enter text.</a> ≥50% of the above total amount requested			

**SECTION IV: TRAINING ABSTRACT** (PLEASE PROVIDE ALL OF THE FOLLOWING INFORMATION ON A SEPARATE DOCUMENT)

1. Background information on the company;
2. Overview of the training and information to support the request and need for training;
3. Description of how the requested training will address the identified skills gaps, improve employee retention, impact company stability, and increase the competitiveness of the employee and employer;
4. Reason for requesting financial assistance to conduct the training.

**SECTION V: AUTHORIZATION AND CERTIFICATION**

As authorized representative of the Business submitting this application, I hereby certify that:

- I have read the Incumbent Workforce Development Training Program Guidelines and coordinated this application with the Region C Workforce Development Board;
- The Business meets the requirements and is eligible to submit this application;
- The information contained in this application is true and accurate and reflects the intentions of the Incumbent Workforce Development Training Program;
- I am aware that any false information, intentional omissions, or misrepresentations may result in rejection of the application and possible disqualification for future funding;
- I am aware that any false information, intentional omissions, or misrepresentations may subject the Business to civil or criminal penalties;
- I understand that training materials purchased with funds awarded under this project will be in the public domain and will be available for use by other eligible entities at no costs;
- The Business agrees to adhere to all reporting requirements: and to respond to a Customer Satisfaction Survey(s), if asked; and
- The Business agrees to provide all requested data elements as required for federal reporting.

Further, this business shall not discriminate against any employee, applicant for employment, applicant or Workforce Innovation and Opportunity Act participant, subcontractor or potential beneficiaries of employment and training programs or projects because of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief.

Employer Representative Print Name: [Click here to enter text.](#)

Employer Representative Signature: \_\_\_\_\_

Date: [Click here to enter text.](#)

**Submit application to:**

Steve Lockett, Director of Economic and Workforce Development  
Isothermal Planning and Development Commission  
PO Box 841  
Rutherfordton, NC 28139