Portsmouth, Ready, Set, Grow!
INCUMBENT WORKER TRAINING (IWT)
EMPLOYER APPLICATION/PRE-AWARD REVIEW FORM

EMPLOYER INFORMATION

Employer: _____

Address: _____

Contact Person: _____ Title: _____

Telephone: _____ Fax: _____ Email: _____

Year Established: _____ Total Company Employees: _____ (**Provide Verification Documentation if 100 or less employees**)

FEIN/IRS Identification Number: _____ City Business License: ___ Yes ___ No

Primary Business: _____

Industry/ Occupational Area: _____

IWT APPLICATION

Employee Name(s), Position(s), Hourly Rate(s)

_____
_____
_____
_____
_____
_____

Full-Time/ Non-Temporary: ____ Yes ____ No   Benefits w/Medical: ____ Yes ___ No

Training: _____ Credential: _____ Yes _____ No

Type of Credential: _____

Training Provider: _____

Need for IWT funding: _____

_____

Employer has operated in Portsmouth during the entire 12-month period prior to the IWT Application date: _____ Yes _____ No

Is the Employer currently listed on any federal, State and/or local Debarment List? ____ Yes ___No …. If Yes, Explain:
_____

Training will be for Employees within the Hampton Roads Region: ____ Yes ____ No

Is there a direct relationship of the training to the competitiveness of the Employee(s) and the Employer: _____ Yes _____ No

If Yes, explain how the Employee and Employer competitiveness will be increased/enhanced:
_____

PRE-AWARD REVIEW

Is the Employer current on all Virginia tax obligations, including all applicable county, city and local taxes? _____ Yes _____ No

Is the training related to demand occupations and or targeted industries within the Hampton Roads Region? ____ Yes ____ No

AUTHORIZED EMPLOYER REPRESENTATIVE ATTESTATION

I attest that the above information is true and correct to the best of my knowledge and I am an Authorized Representative for the Employer:

_____   _____ _____
         Signature   Title   Date

HAMPTON ROADS WORKFORCE COUNCIL REVIEW

Based on the results of the IWT Application, Pre-Award Review and related internet search, the above Employer meets the requirements for IWT funds from Hampton Roads Workforce Council, pending the development and execution of a formal IWT Contract: _____ Yes _____ No …. If No, Provide the reason(s): _____

_____
_____   _____ _____
         Signature   Title   Date

11/21/2024