

**Application for**

**2025-2026 Incumbent Worker Training Grants**

V.5 10-25

**Application Period:**

Open

**Workforce Solutions Rural Capital Area 701 E**. **Whitestone Blvd., Suite 200 Cedar Park, TX 78613**

**(512) 244-7966**

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

Business Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The Texas Workforce Commission in partnership with 28 local workforce development boards form Texas Workforce Solutions*

Workforce Solutions Rural Capital Area is an Equal Opportunity Employer/Program Auxiliary Aids and Services are available upon request to individuals with disabilities.

Relay TX: 711 or 1-800-735-2988 (Voice) or 1-800-735-2989 (TDD)

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### SECTION I - GENERAL INFORMATION

BACKGROUND

The Workforce Solutions Rural Capital Area (WSRCA)Board serves as the leadership and governing body for the nine-county rural workforce system, serving Blanco, Bastrop, Burnet, Caldwell, Fayette, Hays, Lee, Llano and Williamson counties. WSRCA is a public/private partnership, with its Directors representing business, education, labor, economic development, community-based organizations, and public entities. WSRCA is organized as a non-profit corporation in the State of Texas, with tax-exempt status under IRS code 501(c)(3). It is part of the Texas Workforce Solutions Network - comprised of the Texas Workforce Commission (TWC) and twenty-eight (28) local workforce boards.

**PURPOSE OF APPLICATION**

Incumbent Worker Training (IWT) is designed to provide funding assistance to qualifying employers to provide skills training to full-time, permanent employees. The training must be necessary for employers to retain a skilled workforce, improve the skills of employees, increase the competitiveness of the employee and the employer or retain or avert layoffs of the incumbent workers trained.

**GENERAL INFORMATION**

For purposes of this application, the words "Bidder", "Proposer," "Applicant," and "Respondent" are interchangeable and refer to an entity submitting an application.

The words "Workforce", "Workforce Solutions Rural Capital Area", and "WSRCA" are interchangeable and refer to the Workforce Solutions Rural Capital Area Workforce Board, the issuer of this application.

**QUALIFICATIONS**

Respondents to the application must have the following qualifications:

1. The company must have a Texas Workforce Commission (TWC) Tax Account Number with a status of active and liable and must have/create an employer account in WorklnTexas.com with the same TWC Tax Account Number.
2. The company makes a commitment to retain or avert the layoffs of incumbent worker trainees.
3. The company agrees to reporting requirements that includes employee information.
4. Companies participating in incumbent worker training are required to pay the non-Federal share of the cost of providing training to their incumbent workers.
   1. 20 percent of the cost, for employers with 50 or fewer employees;
   2. 35 percent of the cost, for employers with 51-100 employees; and
   3. 60 percent of the cost, for employers with more than 100 employees o Companies must be aware of the following:
   4. The non-Federal share provided by an employer may include the amount of the wages paid by the employer to a worker while the worker is attending incumbent worker training.
   5. The employer may provide the share in cash or in-kind, based on a fair evaluation of the value of the in-kind contribution.
   6. WFS must evaluate the fairness of the in-kind valuation using the standards in 0MB Uniform Guidance, the state's Uniform Grant Management Standards, and TWC's Financial Manual for Grants and Contracts.
5. To qualify as an incumbent worker, the incumbent worker must:
   1. be employed;
   2. meet the Fair Labor Standards Act requirements for an employer-employee relationship; and
   3. have an established employment history with the employer for six months or more; however, exceptions apply when training is provided to two or more employees in the same cohort.

### SECTION II-CONTRACT INFORMATION

AWARD

Any organization or company that has demonstrated competency, knowledge, qualifications, and reasonableness of cost are invited to respond to the application. The budget for any proposed projects shall not exceed $50,000 unless prior authorization has been received from WSRCA.

Receipt of one or more responses to the application does not commit WSRCA to the award of a contract, neither will WSRCA pay any costs incurred in responding to the application. WSRCA reserves the right to accept or reject any or all quotations received, to negotiate/contact with all qualified sources, or to cancel the application in whole or in part, if it is in the best interests of WSRCA.

**CONTRACT PERIOD**

WSRCA expects to offer at least 4 awards throughout the application period. The selected companies will be expected to enter into a written **contract ending no later than September 30, 2025,** for a 12-month period maximum. We are not required to execute a contract with any applicant if either funding or the quality of applications is insufficient. The budget for any proposed projects shall not exceed $50,000 unless prior authorization is received from WSRCA.

### SECTION Ill -SUBMISSION INFORMATION

**SUBMISSION**

Please submit an electronic copy of your response for this application to [traci.slaughter@ruralcapital.net.](mailto:traci.slaughter@ruralcapital.net) Applications should be submitted at least 60 days prior to the start date of the desired Incumbent Worker Training. Applications will **be accepted until funding is fully obligated**

**APPLICATION INSTRUCTIONS**

Please provide the application information beginning in Section VI in your submission.

### SECTION IV- APPL/CATION CONDITIONS

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1. WSRCA reserves the right to accept or reject any or all applications submitted. WSRCA also reserves the right to make no award because of this application.
2. WSRCA is exempt from payment of Texas Sales Tax and Federal Excise Tax.
3. This application does not commit WSRCA to pay for any cost incurred prior to the execution of any grant or contract. All grants and contracts are contingent upon availability of funds.
4. WSRCA specifically reserves the right to vary the provisions set herein any time prior to the execution of the grant where such variance is deemed to be in its best interest.
5. WSRCA reserves the right to increase or decrease the quantities or magnitude of this application at the time of award and/or throughout the term of this grant.
6. All applications and their accompanying attachments will become the property of WSRCA after submission and materials will not be returned. All applications and written communications with WSRCA are subject to Open Records Requests per the Texas Public Information Act.
7. The contents of a successful application may become contractual obligations, if a grant is awarded. Failure of the proposer to accept those obligations may result in the cancellation of the application from the selection process. The contents and requirements of this application may be incorporated into any legally binding and duly negotiated contract between Capital Area and the selected vendor(s).
8. A designated contact person for the applicant(s) must be established. This person will be contacted in the event of inadequate service or problems with compliance.
9. WSRCA reserves the right to cancel the contract if the applicant fails to perform as agreed, or for convenience if it is in the best interest of WSRCA.

***SECTION V- APPLICATION REVIEW AND SELECTION PROCESS***

1. **EVALUATION PROCESS**

The evaluation process will consist of:

* 1. An initial review of responsiveness, compliance with the technical specifications and other criteria specified in the application, and completeness by WSRCA staff.
  2. All responsive, compliant, and complete applications will be evaluated and scored by an internal team of reviewers. Applications will be evaluated on specific criteria by reviewers using a standardized instrument based on the criteria below. **Applicants must score 70 or higher using the evaluation criteria listed below:**

1. **APPLICATION EVALUATION CRITERIA**

Grants will be awarded based on the following general criteria and each is scored on a scale from 0-20 points:

|  |  |
| --- | --- |
| Company and Project Information | 0-20 points |
| Anticipated Outcomes of Training Project - Data | 0-20 points |
| Anticipated Outcomes of Training Project - Narrative | 0-20 points |
| Trainee Information | 0-20 points |
| Training Course and Budget Costs | 0-20 points |
| Bonus- Historically Underutilized Business | 0-5 points |
| **TOTAL** | Max 105 points |

1. **HISTORICALLY UNDERUTILIZED BUSINESS**

A "Historically Underutilized Business" is an entity with its principal place of business in Texas, and is at least 51% owned by an Asian Pacific American, Black American, Hispanic American, Native American and/or American woman who reside in Texas and have a proportionate interest and demonstrate active participation in the control, operations and management of the entity's affairs.

Five (5) bonus points will be awarded to responsive proposals submitted by a HUB certified by the Texas Comptroller of Public Accounts, or other bona fide certifying agency. HUBs must identify their certifying agency on the cover sheet, and attach a copy of the notice of certification to be eligible for points awarded under this section. Certifications that are expired or do not meet the criteria specified shall not be considered for the five additional points.

1. **APPROVAL PROCESS**

Once the applicant has received approval from the Board, the following steps are required:

* 1. Board send Notification Form for Incumbent Worker Training to TWC.
  2. Memorandum of Understandings (MOU) are developed by the Board and signed by the applicant.
  3. Incumbent Worker Training Tool is completed by the applicant quarterly and submitted by the Board to TWC.

**SECTION VI -APPLICATION INFORMATION**

## Company Information:

1. Complete the chart below by providing the information requested.

|  |  |  |
| --- | --- | --- |
| **COMPANY INFORMATION** | | |
| Company Name: |  | |
| Contact Name: |  | |
| Job Title: |  | |
| Contact Email: |  | |
| Contact Phone: |  | |
| Company Street Address (physical location required): |  | |
| City, State: |  | |
| County: |  | |
| Zip Code: |  | |
| Company Size/ Total Number of Employees Corporatewide: |  | |
| Are you a Historically Underutilized Business (HUB)? Must attach copy of certification. |  | |
| TWC Account Number (Account # under which business partner reports employee wages to TWC Tax Department): | |  |
| 4-Digit NAICS Code that Identifies Industry (You can find these codes here: <https://www.census.gov/naics> | |  |

## Employment Benefit Information:

1. Indicate which of the following employment benefits the private partner will provide for employees who participate in the proposed training by placing an "X" in the appropriate boxes:

- - - --

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **COMPANY EMPLOYMENT BENEFITS** | | | | | |
|  | Medical Insurance |  | Prescriptions |  | Educational Assistance |
|  | Workers' Compensation |  | Vacation |  | 401K/Pension Plan |
|  | Dental Insurance |  | Holidays |  | Profit Sharing |
|  | Life Insurance |  | Sick Days |  | Other: |

## Additional Company Information:

1. Indicate which of the following apply by placing an "X" in the appropriate boxes:

Union Affiliation:  □No □Yes (specify):

Public - Sector:

□No □Yes

Meets Americans with Disabilities Act Requirements**:**

**□**No **□**Yes

Meets the Fair Labor Standards Act requirements for employer-employee relationship:

**□**No **□**Yes

Any layoffs occurred within your company in the last 120 days **□**No  **□** Yes

Is your company current on all State of Texas Tax obligations?

**□**No  **□** Yes

Has your company received a federal debarment notice?

**□**No Yes

Do you have an employer account in WorkInTexas.com?

**□**No Yes

Is your company receiving/applying for any other federal training funds?

**□**No Yes

If yes, please list the names of the program or type of grant:

|  |  |  |
| --- | --- | --- |
| **PROJECT INFORMATION** | | |
| **Project Description**:  *Please provide a brief description of the training needs and high level goals* | | - -- |
| Expected Start Date: | |  |
| Expected End Date: | |  |
| Total Number of Employees to be Trained: | |  |
| How many employees have been with the company for 6 or more months? | |  |
| How is this training relevant to retain employment or overt employee layoff? | |  |
| Types of Credentials Received (check all that apply): | | |
|  | Secondary School Diploma/or equivalency | |
|  | AA or AS Diploma/Degree | |
|  | BA or BS Diploma/Degree | |
|  | Occupational Licensure | |
|  | Occupational Certificate | |
|  | Occupational Certification | |
|  | Other Recognized Diploma, Degree, or Certificate (specify): | |
|  | No recognized credential | |

|  |  |  |
| --- | --- | --- |
| **ANTICIPATED OUTCOMES OF TRAINING PROJECT- DATA**  (Check all that apply and insert number in blanks) | |  |
|  | Will create \_\_\_\_\_\_\_ new jobs within our company **(must be filled out)** |
|  | Will create \_\_\_\_\_\_\_\_ openings in entry-level positions **(must be filled out)** | |
|  | Will save \_\_\_\_\_\_\_\_ jobs within our company **(must be filled out)** | |
|  | Will lower employee turnover at our company and retain \_\_\_\_\_ jobs | |
|  | Will promote \_\_\_\_\_ employee(s) within our company | |
|  | Will enable \_\_\_\_\_ employees to receive certifications or credentials | |
|  | Will improve the short-term or long-term wage levels of trainees | |
|  | Critical to the long-term viability of our company | |
|  | Will be an important component of our company's overall workforce employee development efforts | |
|  | Employee(s) will maintain employment during training and at least 90 days post training | |

**ANTICIPATED OUTCOMES OF TRAINING PROJECT- NARRATIVE**

|  |
| --- |
| 1.Briefly describe your training needs and explain how funding will assist in achieving the company's  high priority occupation goals**.** 2. Please provide an explanation on how the training contributes to employee overall workforce development efforts. |
|  |
| Without compromising individual confidentiality, briefly describe the characteristics of any training participants with historical barriers to employment that are represented *(i.e., Individuals with Disabilities, English Language Limited, Ex-Offenders, Low-income Individuals, Single Parent, Older Worker, etc.).* |
|  |
| Briefly describe your process for selecting the Training Provider. |
|  |

# Trainee Information:

1. In the chart below, please provide the following:
   * + - 1. The job title of each position for which training is being requested.
         2. The number of employees to receive training and skill upgrading through the proposed project.
         3. The hourly wage range to be provided to the employee upon the successful completion of training. (The minimum wage is the current minimum hourly wage that a trainee is paid, and the maximum wage is the highest hourly wage that a trainee can be paid.) Only include hourly wages of those workers who will be participating in training.
         4. The average percentage increase in wages that will be paid to trainees in upgraded jobs upon the successful completion of training.
         5. **Please provide an explanation below of how this training course is integrated into workforce initiatives under this project?**

**Answer:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job Title** | # **of Employees in this Occupation**  **Receiving Training** | **Hourly Wage Range Minimum**  **Wage** | **Hourly Wage Range Maximum**  **Wage** | % **Wage Increase Post Training (required)** |
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## Table of Training Courses and Costs to Be Provided:

1. In the chart below, please provide training information and budget details. (Insert rows as needed)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Training Provider** | **Training Course Name** | **Number of Trainees** | **Course Training Hours** | **Cost per Trainee** | **Total Course**  **Cost** | **Employer Contribution Amt (required Cash or In-Kind)** | **Method of Delivery (In- person, Online,**  **Other)** |
|  |  |  |  | $ | $ | $ | Onsite or in-person |
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| **TOTAL TRAINING COSTS** |  |  |  |  |  |  |  |

# CERTIFICATION OF LEGAL AND SIGNATORY AUTHORITY

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First and Last Name typed or printed name) certify that I am the

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Job Title typed or printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

of the eligible entity named as bidder and respondent herein, and I am legally authorized to sign and submit this proposal to Workforce Solutions Rural Capital Area (WSRCA) on behalf of said organization by authority of its governing body.

I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(typed or printed name) who signed the cover sheet of this proposal has the legal authority to enter into and execute a contract with WSRCA to provide the services and activities authorized and detailed in this proposal. I

agree to submit upon request by WSRCA such information and documentation as may be necessary to verify the certification contained herein.

I further certify that the information contained in this proposal and all attachments is true and correct. I acknowledge that I have read and understand the requirement and provisions of this application and that this organization will comply with all applicable federal, state, and local laws, rules, regulations, polices and directives in the implementation of this proposal. I certify that I have read and understand the governing provisions, limitations and administrative requirements of this application and will comply with all terms and conditions.

Name of Organization (Proposer)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Representative Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed/Printed Name and Title of Company Authorized Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Workforce Solutions Rural Capital Area Date

Paul Fletcher, Chief Executive Officer

Typed Name and Title