

Boulder County Workforce Center IWT Package (Foothills Energy Partnership)



Foothills Energy Partnership Grant Information

The Foothills Energy Partnership (FEP) grant is a regional collaboration among Jefferson County Workforce Center, Broomfield Workforce Center and Workforce Boulder County as well as economic development and community college partners. One of the goals of this partnership is to bring together resources to provide the renewable energy business community with customized training services for new or existing employees. It is our intention to create tools and processes to both develop a green collar workforce within the participating regions and to increase business capacity to evaluate, place, and train existing renewable energy workforce.

Eligible Training

Training eligible for grant funds includes any course or program deemed critical for employee professional development and the sustainability of the company. Training categories can include, but are not limited to, the following:

IT & computer skills	Quality & Process Improvement
Management Development	Manufacturing Technology
Technical Skills	Professional Development

Grant Funds Available

The Foothills Energy Partnership grant program provides grant funds for 100% of the tuition cost of eligible training. The business participating must make an in-kind contribution by providing paid time for employees to participate in the selected training.

Documentation

Businesses approved to receive FEP grant funds for their training will utilize the following forms to track and document related information.

1. Grant Report form (1) - Define the expected benefits to both the employee and the employer upon successful completion of the training. Projected benefits may include eligibility for promotions, increased stability in current position, wage or salary increases, productivity and efficiency gains, ROI, etc.
2. I9 Form – For participating employees – employees participating in funded training must complete this form with all required information.
3. HB1023 and proof of selective service registration.
4. FEP Training Program Application – For participating employees. All employees participating in funded training must fill out this form completely.
5. FEP Class Rosters - Track employee participation in grant funded courses.*
6. Grant Report Form (2) – Define the actual benefits realized by both the employee and the employer upon successful completion of the training. These may or may not agree with the expected benefits above.

Thank you for partnering with Workforce Boulder County and the Foothills Energy Partnership. We look forward to working with you!

* All personal information collected will be used for tracking/reporting purposes only. Access to your personal information is restricted to WfBC staff and training providers. WfBC maintains physical, electronic and procedural safeguards that comply with federal regulations to protect the security of your personal information.



Required Paperwork/Documents

Below is a list of the required paperwork and documentation.

___ Application

**The application must be fully completed, including your signature.

___ HB1023/ AFFIDAVIT OF IMMIGRATION STATUS

___ One of the following:

1. Colorado Drivers
2. Colorado Identification Card
3. U.S. Military Card
4. Military Dependent Identification Card
5. U.S. Coast Guard Merchant Mariner Card
6. Native American Tribal Document
7. Other State Driver's License
8. Other State Identification Card

___ Proof of Selective Service registration

**If you are under the age of 18 or were born before December 31, 1959, this is not needed.

(www.sss.gov)

___ Proof of Vet Status (if applicable)

___ Register at www.connectingcolorado.com

___ Copy of certificate at the completion of training

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Foothills Energy Partnership

Foothills Energy Partnership I9 Documentation Agreement

In accordance with the Workforce Investment Act, Foothills Energy Partnership Grant, PY 2010, _____ *[Company name]*

agrees to retain I-9s of program participants in employee files and to make these available to auditors of the State of Colorado Department of Labor and Employment, if necessary.

Signature of Company Representative

Date



Foothills Energy Partnership Training Program Application

Employee Section – Please answer the following questions. Completion of this application in no way obligates you to participate. All information given in this application will remain confidential to the partners of this program. The following information is required for record keeping purposes and to meet grant guidelines.

Employee Name:						Date:		
Home Address:						Home Phone:		
City:		State:		Zip Code:		Work Phone:		
Date of Birth: (mm/dd/yyyy)			Are you a veteran?	Yes		No		
Social Security #:								
Are you a citizen of the United States?		Yes		No				
If no, please specify immigration status:					Alien Registration #:			
What is your gender?								
If over 18 and male, are you registered with Selective Service?				Yes		No		
Education:	HS or GED			College Degree		or highest level completed:		

I acknowledge that the information I have provided to Workforce Boulder County is true and accurate.

Signature

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Foothills Energy Partnership

Foothills Energy Partnership Class Roster

Company Name: _____

Class Title: _____

Start Date: _____ End Date: _____

Class Times: _____ am/pm to _____ am/pm

	Print Name	Signature	Veteran? Y/N
1			
2			
3			
4			
5			
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Foothills Energy Partnership

Foothills Energy Partnership Expected Outcomes

Company Name:	
Training Provided:	
Date :	

Please describe below the expected outcomes and benefits of this training for both the employee and employer:

Foothills Energy Partnership Actual Outcomes

Company Name:	
Training Provided:	
Date :	

Did this training meet your expectations?

Please describe below the actual outcomes and benefits of this training for both the employee and employer:

Do you have any additional feedback regarding the training or process from this program?

I certify that the information contained in this application is true to the best of my knowledge. I am aware that this information is subject to review and verification and that I may be required to provide documentation in its support. I am also aware that I am subject to immediate termination from the program if I am found to be ineligible after enrollment and may be prosecuted if the information I have provided is false. I authorize the release of information contained in this application for use in verifying my eligibility for WIA programs; however, I understand that the information will not be released for any purpose other than to authorized state or federal personnel for monitoring purposes.

I have been informed of the appeals process I can follow if I disagree with a WIA service provider's decision, based on information contained in this application. I have read and understand Section 34.23(a)(5) of Title 29 CFR, Equal Opportunity is the Law.

Equal Opportunity Notice – As a condition to the award of financial assistance from the Department of Labor under Title 1 of WIA, the Rural Workforce Consortium assures that it will comply fully with the nondiscrimination and equal opportunity provisions of the following laws:

Section 188 of the Workforce Investment Act of 1998 (WIA), which prohibits discrimination on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIA Title 1- financially assisted program or activity;

Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color and national origin;

Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;

The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age; and, Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in the educational programs.

The Rural Consortium also assures that it will comply with 29CFR Part 37 and all other regulations implementing the laws listed above. This assurance applies to the Rural Consortium's operation of the WIA Title 1 financially assisted program or activity. The Rural Consortium understands that the United States has the right to seek judicial enforcement of this assurance.

I have also been informed that WIA is required by Public Law 107-288, section 2(a) of the Jobs for Veterans Act 38 U.S.C. 4215 (a) to give priority of service to veterans (and some spouses) "who otherwise meet the eligibility requirements for participation" in DOL training programs.

Instructions:

Please print this document on your company's letterhead, indicate the type of incumbent worker being served, and return the form to:

Date: _____

Employee Name: _____

Company Name: _____

Foothills Energy Partnership (FEP) Scholarships awarded to incumbent workers under the FEP Sector grant are reserved for specific types of employees. Please indicate below which type of employee will be participating. **Check all that apply.**

- Incumbent worker who needs skill updates in order to keep his/her job or needs additional skills for career advancement

- Incumbent worker who will enter a new position of employment (i.e., new job duties) as a result of new skills they will acquire during the training

In addition, I agree that I will provide employment status information to grant staff after the training is completed and for 2 quarters following.

And I attest that the training this employee receives through this grant is training that is not provided through training programs presented by this organization and we would not otherwise have the ability to provide this training to this employee.

Printed Name of Company Representative

Signature of Company Representative

Date