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Questions? Contact Us at IncumbentWorkforce@development.ohio.gov

Our Program Guidelines have changed, please take the time to review and agree to the new terms.

I have reviewed and understand the program changes made for this current fiscal year

- FY'16 (Round 4) awards will reimburse training that begins and is completed between January 1, 2016 and December 31, 2016.
- Tuition reimbursement is no longer an eligible training category.
- Each employer (identified by Federal Employee Identification Number/FEIN) will be eligible for up to \$100,000 in assistance.

Ohio Incumbent Workforce Training Voucher Program

Guidelines FY'16

The **Ohio Incumbent Workforce Training Voucher Program** is an employer-driven program designed to provide direct financial assistance to train workers and improve the economic competitiveness of Ohio's employers. The Voucher Program is designed to offset a portion, via reimbursement, of the employer's costs to upgrade the skills of its incumbent workforce. The Voucher Program will provide reimbursement to eligible employers for specific training costs accrued during the course of training. Eligible employers must demonstrate that by receiving funding assistance through the Voucher Program their business will not only obtain a skilled workforce, but will also improve their company processes and competitiveness.

Program Eligibility:

To be eligible for financial assistance, the following requirements must be met by both the employer and employee.

EMPLOYER ELIGIBILITY – an eligible employer must operate as a for-profit entity in a state-designated targeted industry, with a facility located in Ohio that has been in continuous operation for the 12 months immediately prior to the application submittal. The company's NAICS code (www.naics.com) will determine eligibility as to the targeted industry. **A listing of eligible NAICS codes can be found on our website.**

Targeted industries are:

I have read and understand the Ohio Incumbent Workforce Training Voucher Program Guidelines

I Understand that when requesting reimbursement, the company will be required to provide the last four digits of the trainee's Social Security Number and date of birth.



Welcome

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Application for 2016

Information on all tabs is required (*)

Training Justification

Company

Required Forms

Training

Training Summary

Signature

[HELP INSTRUCTION](#)

Training Justification

Training justification not completed yet.

Eligible employers must demonstrate that by receiving funding assistance through the Ohio Incumbent Workforce Training Voucher Program that their business will not only obtain a skilled workforce but will improve their company processes and competitiveness.

How will this training plan impact company processes? Choose at least one of the options provided.*

- Lay-off aversion through skill attainment
- Lay-off aversion through a process improvement that will contribute to the competitiveness and productivity of the business
- Mandated Skills Upgrade (federal, state, or customer requirement)
- Increase competitiveness of the business in relationship to out-of-state competition
- Secure a new domestic market
- Secure a new export market

Provide Detailed Description/Explanation:*

Save

Go Next

You must click "Save" to save your work!

Application for 2016

Information on all tabs is required (*)

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Company Information

You must complete all required (*) fields.

***Company Name:**

As registered with the Ohio Secretary of State's (SOS) office. Once you have found your company name, click on the entity # and print the report. You will be required to upload this report under the Required Forms Tab.

Doing Business As (DBA) Name (if applicable):

***I have verified this is the company name and DBA name (if applicable) as registered with the Ohio Secretary of State's (SOS) Office:**

***Federal Tax ID:**

(Only one application per FEIN/FTI is eligible.)

(for ex: 31-1234567)

***Ohio Employer Withholding Account#:**

(This account number must be at least 8 characters.)

***Ohio Charter Number:**

(The Ohio Charter number is 7 digits long. Please put a 0 in initially if you have a 6 digit charter number.)

***Address:**

Address 2:

***City:**

***ZIP Code:**

***County:**

***NAICS Code:**

Eligible NAICS codes. (Must be at least four digits).

***Company's Industry:**

***Description of business products/services:**

*State of Corporation:

As registered with the Ohio Secretary of State's (SOS)office.

*For Profit? Yes No
(Non-profits are not eligible for this program.)

*Date of establishment in Ohio:
(mm/dd/yyyy)

*Has the company been in continuous operation in the state of Ohio during the 12 month period preceding the proposed training?
(Your application will be denied if you select 'No'.)
 Yes No

*Number of Full-Time Employees in Ohio:
(Number of Employees in Ohio must be greater than 0.)

*Total Number of Distinct Individuals Being Trained in this Request:
(Cannot be greater than number of full-time employees in Ohio.)

*Company Website:
If company does not have a website, please enter N/A.

Project Location (if different from the above):

Does this application include more than one project location? Yes No

Add project location(s) here:

*Address:
Address 2:
*City:
*State/Province:
*ZIP Code:
*Ohio County of Project Location:

<input type="button" value="Refresh"/>						
Address	Address2	City	State	Zip Code	County	Remove
No records to display.						
Totals on grid:						

Company Contact Information

(This is the person who will be listed on the Voucher Agreement and who will receive any announcements and/or notifications)

Mr. Mrs. Ms.

*First Name:

*Last Name:

*Job Title:

*Phone Number:

 () _ - _ Ext.

Fax Number:

 () _ - _

*E-mail Address:

Person Completing Application if different than Company Contact:

Business/Organization:

First Name:

Last Name:

Phone Number:

 () _ - _ Ext.

E-mail Address:

Go Back

Save

Go Next

Questions? [Contact Us Online](#)

Application Screenshots

Application for 2016

Information on all tabs is required (*)

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[HELP INSTRUCTION](#)

Required Forms

File uploads not completed yet.

The following **four forms are required** and must be completed, signed, and uploaded before you will be permitted to move on to the next tab. **Incomplete forms or forms from last year will not be accepted.**

To assist you with this process, the forms (other than the Ohio Secretary of State Report) will be automatically pre-populated with the company's legal name, address, and Federal Employee Identification Number as entered on the Company tab. A [sample packet](#) of forms that highlights each section that must be completed is also being included.

Getting started: Click on the link for each form's title below and follow the instructions. Please make sure to complete each form in its entirety, sign, scan, save to your computer, and upload into the table below. Make sure each document is saved as a PDF, JPEG, or GIF file.

To upload your forms, scroll down to the table and click on the "Edit" button to the left of the form in the column titled "Description". Next, click "select" which will allow you to browse to where you have saved your completed and signed form on your computer. Once you see a **green** dot, click "Update". At that time you will see your form in the column titled Uploaded File. Please note that once you select your document, if you see a **red** dot, you will not be permitted to "Update" the document. Reasons for the red dot may be because the document is not a PDF, JPEG, or GIF file.

1. [Ohio Secretary of State's \(SOS\) Office Business Filing Report](#)

- Click on the link above to go to the Ohio Secretary of State's website,
- Enter your company name and click on search,
- Select your company name by clicking on the appropriate "entity number",
- Click the "Printer Friendly Report" button at the bottom of the screen,
- Click the "Print this report" button,
- Scan and save the printed report to your computer, and
- Upload into the "Uploaded File" column below.

2. [W-9 Request for Taxpayer Identification Number and Certification](#) (Rev. 12-2014) – Please note that portions of this form have been pre-populated for you.

- Click on the link above to open the document,
- Print the document,
- Select the appropriate box for federal tax classification,
- Sign and date the form,
- Scan and save the signed form to your computer, and
- Upload into the "Uploaded File" column below.

3. [Vendor Information Form](#) (Rev. 11/05/2014) – Please note that portions of this form have been pre-populated for you.

- Click on the link above to open the document,
- Print the document,
- In Section 1, select “new” to be added to the state’s accounting system, or
- To update existing information on the state’s accounting system, select the appropriate box,
- If you are not adding or updating your information, we still require an updated form for our file, so please select “add”
- Section 4 is only necessary if you have more than one address listed on your check; enter the second address,
- In Section 5, enter the name of the company person to be contacted if there are questions about the form,
- Section 6 is not required,
- Section 7 defaults to Net 30,
- Section 8 is not required,
- In Section 9, print name, sign, and date the form,
- Section 10 will be IncumbentWorkforce@development.ohio.gov,
- Scan and save the signed form to your computer, and
- Upload into the “Uploaded File” column below.

4. [Authorization Agreement for Direct Deposit of EFT \(Electronic Funds Transfer\) Payments](#) (REV 1/14/2014) - Please note that portions of this form have been pre-populated for you.

- Click on the link above to open the document,
- Print the document,
- In Section 1, select “add” under the “Type of Transaction” box to add your bank account information to the state accounting system,
- To change or update your existing bank information select “Changed/Update” under the “Type of Transaction” box,
- If you are not adding or updating your bank information, we still require an updated form for our file, so please select “add” under the “Type of Transaction” box,
- In Section 2, please make sure the bank information listed in this section matches EXACTLY as the information provided on your voided check or bank letter,
- Section 3 does not need to be filled out unless you are changing or updating an existing account,
- In Section 4, sign and date the form,
- Scan and save the signed form to your computer, and
- Upload into the “Uploaded File” column below.

Please note that a voided check or a bank letter signed by a bank representative is also required to ensure proper processing of the request (see [sample packet](#)).

Refresh		
Description	Comments	Uploaded File
Edit	Secretary of State Verification	
Edit	W-9 Form	
Edit	Vendor Information	
Edit	Authorization Agreement for Direct Deposit of EFT Payments	
Edit	Other documents (may include bank letter or cancelled check.)	

pdf, jp(e)g , gif file only.

Application submissions will be accepted on October 14, 2016 beginning at 10:00 a.m

Application Screenshots

Application for 2016

Information on all tabs is required (*)

- Training Justification
- Company
- Required Forms
- Training**
- Training Summary
- Signature

[HELP INSTRUCTION](#)

Training Information

Select Original Application or Amendment Number to View:

<input type="button" value="Refresh"/>									
Course Title	Provider Name	# trainees per course	Course Hours	Total Costs Per Course	Estimated Reimbursement Amount	Amount Paid	Start	End	Applicat
No records to display.									
Totals:									

TRAINING DETAILS

* - required fields

[Hide](#)

PROVIDER INFORMATION

* Full Legal Name of Training Provider:

* Type of Provider:

* Training Location:

COURSE INFORMATION

* Training Category:

* Course Title:

* Course Description:

To avoid delay in the approval process, the course description must be detailed (no acronyms) and not a repeat of the course title.

Seminars/Workshops/Webinars are eligible but must have a test or exam tied to it in order for it to be eligible for this program. Please indicate in the course description if there is a test or exam as part of the course.

* Training Start:

* Training End:

* Total Training Hours:

* This Training Will Result In:

* Is this course required to maintain a certification or equivalent? Yes No

* Employee Training Outcomes (Choose all that apply):

- Creates a career path for future advancement (at least one is required)
- Employee retention (layoff aversion)
- New skill for current position

Training Costs Per Employee (Each employer is eligible for up to \$100,000 or up to \$4,000 per employee whichever is less.

For example, if you have 20 employees, the maximum amount you are eligible for will be \$80,000.)

Note: Once you have completed Fields A and B and E and F (if applicable), click "Calculate Totals" and the system will calculate the Estimated Reimbursable Amount. Please note that all costs should be per employee and should not include wages of the trainee nor any travel costs (i.e., hotel, mileage, per diem).

*A. Number of People to be Trained:

*B. Instructor Cost Per Employee:

C. Total Instructor Fee/Tuition (A*B):

D. Reimbursement @ 50% (C*50%):

E. Materials Per Employee:

Materials are capped at 25% of Instructor Fee/Tuition.

F. Describe Materials:

If Materials Per Employee is greater than 0, you must provide materials description.

G. Total Material Cost (A*E or 25% of C whichever is less):

H. Estimated Reimbursable Amount (D+G):

Calculate Totals

Save

Select Original Application or Amendment Number to View:

Add Course

Refresh

Course Title	Provider Name	# trainees per course	Course Hours	Total Costs Per Course	Estimated Reimbursement Amount	Amount Paid	Start	End	Applicat
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No records to display.

Totals:

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Application Screenshots**Application for 2016****Information on all tabs is required (*)**

Training Justification

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[HELP INSTRUCTION](#)**Training Cost Summary**

The following table lists the training vouchers you have requested. The Status of each request is "Not Reviewed" until the program administrator approves or denies the request. If a request is denied, the Reason column provides the explanation.

If a course title(s) does not appear in your training summary, please review/edit the course on the training tab to ensure that you have added employees to the course. At least one employee must be added to the course before that course will appear in the training summary.

						 Refresh
Course Title	Number of Employees	Course Start to End	Estimated Reimbursable Amount	Status	Reason	
No records to display.						

Eligible Awarded Amount: \$0.00

Go Back

Go Next

Export To Excel

Please note that the Eligible Amount is the award amount that the company is eligible for based upon the Total Number of Distinct Individuals Being Trained and/or the total Estimated Reimbursable Amount, whichever is less (i.e., You have entered \$100,000 in estimated reimbursable costs, however, you are only training 10 distinct individuals which are capped at \$4,000 each per program guidelines. Therefore, your eligible amount will be \$40,000).

Application Screenshots

Application for 2016

Information on all tabs is required (*)

Training Justification	Company	Required Forms	Training	Training Summary	Signature
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[HELP INSTRUCTION](#)

Application Submission

Completed applications may be submitted beginning October 14, 2015 at 10:00 a.m.

A company will submit the application by clicking on the eight checkboxes below, confirming that they have reviewed and accepted the Terms and Conditions, the Program Guidelines, the Liabilities, the Confidentiality Statement, the Incurring Costs Prior to Written Agreement statement, the Tuition Reimbursement statement, the Reimbursement Requests statement, and the Certification before clicking on the "Submit" button.

Terms and Conditions

I have read and accept these [Terms and Conditions](#).

Program Guidelines

I have read and understand the [Program Guidelines](#).

Liabilities

I understand that the Ohio Development Services Agency reserves the right to hold any pending applications due to the applicant being delinquent or non-complaint under any other agreement with the Ohio DSA, or has any outstanding tax or EPA liabilities with the State of Ohio.

Confidentiality

Grantor must maintain the confidentiality of the social security numbers and individual employee payroll data submitted by the Applicant as part of this Application pursuant to O.R.C. 1347.15(H) and/or other governing statutory authority or provisions with respect to this Application and subsequent Agreement.

Incurring Costs Prior to Written Agreement

This grant is subject to execution of an Agreement, in form and substance, mutually agreeable to the Applicant and the State of Ohio. While the effective date of the Agreement will be the Application approval date, any costs incurred or monies expended by the Applicant on the Project prior to final approval and the execution of the written Agreement, is done at the Applicant's own risk. Applicant's decision to go forward does not obligate the State of Ohio to provide state assistance that has not received all required approvals or has not been memorialized in a written Agreement between the Applicant and the State of Ohio.

Tuition Reimbursement

I understand that tuition reimbursement is no longer an eligible training category.

Reimbursement Requests

I understand that when requesting reimbursement, the company will be required to provide the trainees last four digits of their SSN and date of birth.

Certification

I, , certify that all the information contained in this application is a true and accurate representation of the proposed training project(s).

When your application is complete, you must click the Submit button in order for your application to be reviewed.

Upon submitting, you will no longer be able to make changes to your application.

To ensure our emails continue to reach your inbox, please add the following email addresses to your contacts list: noreply@salesforce.com, IncumbentWorkforce@development.ohio.gov, Shannon.Vanderpool@development.ohio.gov and Jennifer.Spoehr@development.ohio.gov.

Questions? [Contact Us Online](#)