



Business | Ohio Incumbent Workforce Training Voucher Program

[\[Log In \]](#)

[Create a New Account](#)

[Change Password?](#)

Use the form below to create a new account.

Register As:

From the drop down menu, register as an employer or individual. Please note that if you are applying as an individual you will need pre-approval from your employer.

Passwords are required to be a minimum of 6 characters in length.

Account Information

User Name:	<input type="text"/>	User Name: This cannot contain spaces or punctuation. A-Z and numbers only.
E-mail:	<input type="text"/>	Email Address: This should be an address in which the person submitting the application may be notified.
Password:	<input type="text"/>	Password: Enter and confirm password. <i>Password is case sensitive.</i>
Confirm Password:	<input type="text"/>	Click "Create User" to begin the application.

Incumbent Workforce Training Voucher Program



Development Services Agency



Welcome ScreenShot ! [[Log Out](#)]

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Application

Information on all tabs is required (*)

Training Justification

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Training Justification

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
- 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!

Company Information

Note: You must complete the Company Federal Tax ID number before entering employee(s)

Company information not completed.

Full Legal
Company Name:

Address:

Address 2:

City:

State/Province:

ZIP Code:

Ohio County:

[NAICS Code:](#)

Federal Tax ID:

Company's Industry:

Description of business
products/services:

Date of establishment in
Ohio:

 * (mm/dd/yyyy)

Number of Full-Time
Employees in Ohio:

Has the company been in continuous operation in the state of Ohio during the 12 month period preceding the proposed training?

Yes No * Your application will be denied if you select 'No'.

Project Location (if different from the above):

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

Project Location same as above

Address:

Address 2:

City:

State/Province:

ZIP Code:

Ohio County of Project
Location:

Company Contact Information:

Mr. Mrs. Ms.

First Name:

Last Name:

Job Title:

Phone Number:

Fax Number:

E-mail Address:

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Spell Check

Save

Go Next

You must click "Save" to save your work!

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Employee Information

Note: Employee(s) last four digits of Social Security Number and Birth Date must be completed before entering training course(s).

You must enter the Federal Tax ID Number on the Company tab before entering employee information.

Mr. Mrs. Ms.

First Name: *

Last Name: *

Last four digits of SSN: *

Date of Birth: * (mm/dd/yyyy)

Is the employee an Ohio resident? Yes No *

Work Address: *

City: *

Zip: *

Phone Number:

Email Address:

Work Function: *

Current Hourly Wage Rate: *

You must click "Save" to save your work!

<input type="button" value="Refresh"/>				
Employee Name	Work Function	Wage Rate	Completed	Remove
No records to display.				
Totals:				

Training Information

You must enter the last 4 digits of SSNs on the employee tab before entering training information.

Edit course Add new course

Save

* - required fields

Provider Information:

Full Legal Name of Training Provider: *

Address: *

City: *

State/Province: *

Zip Code: *

Phone: *

Type of Provider: *

Training Location: *

Course Information:

Course Title: *

Course Description:

Training Start: * (mm/dd/yyyy)

Training End: * (mm/dd/yyyy)

Total Training Hours: *

This Training Will Result In: *

Training Costs Per Employee:

Note: At least one of the boxes (Instructor Fee, Tuition, or Materials) must have a dollar amount. Click "Calculate Totals" and the system will calculate the Reimbursable Amount and Non-Reimbursed Amount. Please note that all costs should be per employee and should not include wages of the trainee nor any travel costs.

Instructor Fee:	<input type="text" value="0"/>	
Tuition:	<input type="text" value="0"/>	
Materials:	<input type="text" value="0"/>	
Total Training Costs:	<input type="text"/>	<input type="button" value="Calculate Totals"/>
Reimbursable Amount:	<input type="text"/>	
Non-Reimbursed Amount:	<input type="text"/>	

You must click "Save" to save your work!

Note: To assign employees to a training course, click on select to the left of the course title. Scroll down until you see your list of employees. Highlight each person that will be assigned to that training course and then click on the "add >" button.

<input type="button" value="Refresh"/>							
Course Title	Provider Name	Course Hours	Course Costs	Start	End	Completed	Status
No records to display.							
Totals:							

Assign Employees to the course:

Use the "add >" button to indicate the employees who will take this course.

All Employees:

Employees taking this course:

Information on all tabs is required (*)

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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
Employee Name	Course Title	Employee Training Outcomes *	Total Cost	Reimbursable Amount	Status	Reason	
No records to display.							
Totals:							

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Export To Excel

Information on all tabs is required (*)

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Required Forms

The following forms are **required** and must be completed and submitted within five business days of your application submission. Please note that a Voucher Agreement will not be drafted until these forms are received.

[Authorization to Release Tax Information](#)

[Vendor Information](#)

[W-9 Form](#)

[Authorization Agreement for Direct Deposit of EFT Payments](#)

(A voided check is also required to ensure proper processing of the request)

Download the forms above, then complete and sign them as necessary. You may either scan them and email them to IncumbentWorkforce@development.ohio.gov or mail them to:

Shannon Vanderpool
Ohio Development Services Agency
Office of Strategic Business Investments
77 S. High Street
Columbus, OH 43215

Terms and Conditions

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

Liabilities

The applicant company represents and warrants that it does not owe (i) any delinquent taxes to the State of a political subdivision of the State or (ii) any moneys to the State of a State agency for the administration or enforcement of any environmental laws of the State.

Disclaimer

If the proposed training does not begin within 180 days (six months) from the application submission date or June 30, 2013, whichever date is first, and after receiving written notice from the Ohio Development Services Agency (Grantor) the award of the Grant Funds shall cease and Grantor shall have no further obligation to disburse the Grant Funds.

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.

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.

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Save

Submit Application