

Ohio Incumbent Workforce Training Voucher Program

Instructions for Completing the Online Application

Completed applications may be submitted by the applicant company on October 12, 2017 between 10:00 a.m. and 5:00 p.m.

Registration

First-time users: To create a new account, click the “here” link.

Username: This cannot contain spaces or punctuation.

Email Address: This should be an address at which the person submitting the application may be notified.

Password: Enter and confirm password. ***Password is case sensitive and must be a minimum of 6 characters in length.***

Click “Create User.”

Read the Program changes made for this program year and check the verification box indicating that you have read and understand them.

Read the updated Program Guidelines and check the verification box indicating that you have read and understand them.

Check the verification box indicating that you 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.

Click “Continue”

You will then be directed to a series of tabs that will allow you to proceed with the application process.

Previous User: You may log into the FY'17 application with the username and password from your previously submitted application.

Read the Program changes made for this program year and check the verification box indicating that you have read and understand them.

Read the updated Program Guidelines and check the verification box indicating that you have read and understand them.

Check the verification box indicating that you 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.

Click “Continue”

If you have forgotten your password, you can click on the “forgot password” option on the registration page and the system will email you a new password. Please note that this password will be sent to the email address of the person that registered your company last year.

The application is tab based which means you must complete and save each tab before you will be permitted to move to the next tab.

We strongly encourage you to clear your internet browser history before beginning the application.

Training Justification

Choose at least one of the options provided. Please note that you must provide a written explanation as to why you chose the option(s).

Click the “Save” button.

Company Information

Complete all required (*) fields. Request cannot be submitted until all required fields are completed on all tabs.

Federal Tax ID: Enter the company’s Federal Tax ID number. This is a unique nine-digit number that will be used to track the company’s maximum allowable training cost. Companies that received assistance in FY’15 (based upon FEIN) who utilized 33% or less of their award amount will not be eligible for assistance in FY’17. Should an ineligible company apply, the system will notify you that the FEIN is ineligible and will not allow you to save and move forward with the application.

For-Profit: Select “yes” or “no”. You must be for-profit to be eligible for the program.

Company Name: As registered with the Ohio Secretary of State’s Office.

<http://www5.sos.state.oh.us/ords/f?p=100:1:0>

Doing Business As (DBA) Name (if applicable): If you have a DBA, enter the name here. If you do not have a DBA, please leave the field blank.

Parent Company Name (if applicable): If you have a parent company, enter the information here. If you do not have a parent company, please leave the field blank.

SOS Verification Box: Check the verification box indicating that you have verified this is your legal name as registered with the Ohio Secretary of State’s Office.

Ohio Employer Withholding Account#: The Ohio Employer Withholding Account Number is the number provided to you when you register with the Ohio Department of Taxation to pay taxes for your employees.

Ohio Charter Number: A unique identifier assigned to a business by the Ohio Secretary of State. This number is referred to as the Entity Number on the Ohio Secretary of State’s Business Filing Report.

Address: Enter the address as it should appear on your Ohio Incumbent Workforce Training Voucher Program Agreement.

NAICS Code: Enter the company’s main North American Industrial Classification System (NAICS) Code. www.naics.com.

Company’s Industry: From the drop down menu, choose the company’s industry type. Please note that the State of Ohio along with JobsOhio is specifically focused on industries which drive the State’s overall economy.

Description of business products/services: Describe what product or service your company provides.

State of Corporation: This is the State in which your business has been incorporated. Please note that this must match the way the company is registered with the Ohio Secretary of State's office.

Date of establishment in Ohio: This is the year the company began operating in the state of Ohio.

Has the company been in continuous operation in the state of Ohio during the 12-month period preceding the date of this application: Select "yes" or "no" Continuous operation during the previous 12-month period is a requirement of the program. Therefore, if you have selected "no" do not go any further, as your application will be denied.

Number of Full-Time Employees in Ohio: This is the total number of permanent employees at all company facilities within the State of Ohio. The number of employees in Ohio must be greater than 0. **For previous users it is important that you update this field to reflect the current application and training plan.**

Total Number of Distinct Individuals Being Trained in this Request: Each employee being trained may only be counted once, regardless of the number of courses they are attending. (i.e., Employee A is one Distinct Individual even though he/she will attend five courses throughout this project). This number cannot be greater than the number of full-time employees in Ohio. **For previous users it is important that you update this field to reflect the current application and training plan.**

Company Website: Enter company's website address. If company does not have a website, please enter NA.

Project Location: Select "yes" or "no" to indicate if this application includes more than one project location. If you select "yes," scroll down to the "Add project location(s) here" box and add all Ohio company locations that will be involved with this training project; please be sure to click the "Save Location Information" box after each address entry. **If you select yes, please note that there must be at least two addresses entered.** If you select "no," either click the "Project Location same as above" button or enter the project location address; please be sure to click the "Save Location Information" box.

Company Contact Information: This is the name that will appear on your Ohio Incumbent Workforce Training Voucher Program Agreement.

Person Completing Application if different than Company Contact: This is the name of the person completing the application and who the State of Ohio can contact regarding this training application.

Click the "Save" button. Please note that all required fields must be completed before you will be permitted to save this tab. If you move away from this tab without completing all required fields and without getting the "Company Information Saved" message, the information will be lost. To move forward, click the "Go Next" button.

Required Forms

Please note that to proceed with this tab, the Company tab must be completed in its entirety and saved.

Applicant companies must be registered as a supplier with the State of Ohio to be reimbursed for approved training costs.

To register as a new supplier with the State of Ohio visit <http://www.supplier.obm.ohio.gov/>, click on "Register a New Account" and follow the prompts until completed.

For help and information:

http://www.supplier.obm.ohio.gov/download/JobAid/OBM_RegisteringNewSupplier_rev5-23-17.pdf

To update an existing account visit <http://www.supplier.obm.ohio.gov/>, click on “Update an Existing Account” and follow the prompts until completed.

For additional assistance, please contact Shannon Vanderpool at (614) 644-8560 or at Shanon.Vanderpool@development.ohio.gov.

Once this information has been approved, you will receive a ten-digit State of Ohio Supplier ID number that you will enter it into the application.

Training

While the Effective Date of the Agreement will be January 1, 2018, 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.

Select “Add Course”, enter the information for the Training Provider, Course Information, Training Costs, and Training Outcomes.

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

Instructor Cost Per Employee: You will enter information in fields A and B and E and F (if applicable).

- Enter the Number of People to Be Trained (A) for this course. Please note that this number cannot be greater than the number of distinct individuals being trained in this request.
- Enter the Instructor Cost **Per Employee** (B).
- Enter the cost of materials **Per Employee** (E) if applicable. *Materials: Usual and normal materials required for the completion of the training course may be included as part of the individual’s maximum allowance. Software, computers, iPads, simulators, etc. are defined as equipment, not materials.* Please note that materials are capped at 25 percent of training costs.
- Enter a description of the materials (F). This is required if you enter an amount on E.
- Click “Calculate Totals” and the system will calculate the Estimated Reimbursable Amount. Click the “Save” button. The course title will now appear in the box below the entry fields. **Please note that all costs should be per employee and should not include wages of the trainee or any travel costs (i.e, hotel, mileage, per diem).**

To calculate instructor cost per employee for outside training: Vendor invoice is \$10,000 and 20 employees were trained. The calculation would be $\$10,000 / 20 \text{ trainees} = \$500 @ 33\% \text{ reimbursement} = \165 per person .

To calculate instructor cost per employee for in-house training: In-house instructor’s wage plus benefits is \$35, the course is 120 hours, and 30 employees were trained. The calculation would be $\$35 \times 120 \text{ hours} = \$4,200 / 30 \text{ trainees} = \$140 @ 33\% \text{ reimbursement} = \46.20 per person .

When calculating costs, you **must include the total number of employees trained** in the calculation regardless of the number of employees you are seeking reimbursement for (i.e., 30 employees were trained but only 23 are eligible for this program. Reasons a trainee may not be eligible include the Ohio residency requirement, the wage requirement of \$10.88/hour., or the employee is a temporary /contract employee).

- **Materials** – Please note that these costs must be prorated per employee and will be capped at 25 percent of the instructor cost per employee per training. Must be requested and approved in the application to be eligible. *Usual and normal materials required for the completion of the training course may be included as part of the individual's maximum allowance. Software, computers, iPads, simulators, etc. are defined as equipment, not materials.*

To add additional courses, continue to select “Add Course.

Please note that once you have reached the program guideline cap of \$25,000 you will not be able to add additional courses. Please note that this does not mean you are eligible for \$25,000 as you will still be capped at up to \$4,000 per employee on the Training Summary tab.

To edit any of the courses, click the “select” link to the left of the course title, remembering to hit the “Save” button upon completion.

To delete a course, click the “select” link to the left of the course title and then click the “Delete” button.

Please note that you may need to select the “refresh” button in the upper right-hand corner of the box.

Training Summary

The Training Summary lists all of the courses as well as the Estimated Reimbursable Amounts that were submitted under the “Training” tab.

If a course title(s) does not appear in your Training Summary, please review/edit the course on the Training tab to ensure that the course was saved correctly or did not exceed the program cap.

For your convenience, a button allowing you to export the Training Summary to a Microsoft Excel spreadsheet has been placed at the bottom of the screen.

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 \$25,000 in estimated reimbursable costs, however, you are only training 3 distinct individuals which are capped at \$4,000 each per program guidelines. Therefore, your eligible amount will be \$12,000).

Signature Tab

Completed applications may be submitted beginning October 13, 2017 at 10:00 a.m.

A company will submit the application by clicking on the eight checkboxes, 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. Please note that the submit button will not be available until Friday October 13, 2017 at 10:00 a.m.

Once you submit the application, you will receive an email confirmation. If you do not receive the email confirmation, please review your application and verify that you have correctly submitted the application. An example of why you did not receive the confirmation email could be because the email address was typed incorrectly.

Once the application has been submitted, program staff will review your application in order of first-come first-serve. If the Ohio Development Services Agency requires additional information from the applicant in order to review/approve the application, the applicant will be notified via e-mail and must respond within

10 business days. Once all applications have been approved, you will receive an e-mail notifying you of the status of your application (i.e, funded or not funded). To ensure our e-mails reach your inbox, please add the following address to your contacts list: noreply@salesforce.com, IncumbentWorkforce@development.ohio.gov, and Shannon.Vanderpool@development.ohio.gov.