



Incumbent Worker Training

Application Check List

This is an optional check list, provided for your convenience.

Provide Information

- Legal Business Name**, as listed with Montana Secretary of State's office
- Business Start Date**
- Number of Permanent Employees** working at least 20 hours a week year round
- Federal Employer Identification Number (FEIN)**
- North American Industry Classification System (NAICS) Code**
- Unemployment Insurance (UI) Tax ID**
- For the employees you wish to train:**
 - Working Job Title
 - Occupational Information Network ([O*Net](#)) Code
 - Date of Hire
 - Average Number of Hours Worked Year Round
 - Base Pay, converted to an hourly wage
- Type of Training Provider:**
 - Montana University System
 - Montana Community College
 - Montana Accredited Tribally Controlled Community College
 - Montana Registered Apprenticeship Program in Compliance with Title 39, Chapter 6
 - Other Workforce Training Professional (additional documentation required – see Documentation section)
- Specific Training Dates**
 - Start Date – must begin at least 20 days after you submit your application, and by June 30th of current state fiscal year (July 1 through June 30)
 - End Date – must be completed in less than a year. An estimate or date range is not sufficient.
- Whether or not there is a test required after training** (to obtain certification), and when that test is proctored
- Proof of Completion** - what the trainer will provide students to prove training completion
- Costs** associated with the training

Explain

- Why your business needs the training**
- Benefits to the Business** – in terms of remaining competitive, decreasing turnover of employees, or averting layoff of employees
- Benefits to the Employee** – in terms of increased productivity, efficiency, and/or wage

Upload Documentation

Download forms from the Montana Grants & Loans System:

- Employee List** – A list of all permanent employees working at least 20 hours a week year round
- Grant Calculation Worksheet** – Details expenses and provides summary for the Budget form
- Application Certification Form** – Indicates the individual submitting the application is authorized to do so. Must be signed by the business owner or someone with signing authority.

Obtained from the trainer or their website:

- Course Description** – As provided by the trainer
- Course Curriculum or Schedule** – As provided by the trainer
- Costs** associated with the training

You may be asked to upload the following items if you are using an "Other Workforce Training Professional":

- Trainer's Professional Biography**
- Trainer's Credentials**