Department of Labor and Workforce Development

Incumbent Worker Application Review

	Required Information	Yes	No
1.	Does application contain original signatures and dates throughout		
2.	Minimum 1 year in business		
3.	Required for profit		
	Actual start and end dates		
5.	Shows grant request amount		
6.	Complies with $50,000 cap		
7.	Demonstrates employer match		
8.	Minimum of 5 FT employees		
9.	Budget calculations correct		

	Required Information	Yes	No
10.	Trainees' names		
11.	Current on all Tennessee taxes		
12.	Federal ID# shown		
13.	TN sales Tax # shown (If applicable)		
14.	UI ID# shown		
15.	NAICS code shown		
16.	Number of training hours		
17.	Cost of instruction/training		
18.	Training provider information		

If answered "Yes"award 25 points and continue evaluation process

	Desired Outcome	Value	Score
19.	Prevent relocation	**5**	
20.	Will result in Layoff Aversion	**10**	
21.	Will create new jobs	**5**	
22.	Will improve short term wages	**5**	
23.	Will improve long term wages	**5**	
24.	Will result in certification	**5**	
25.	Train in a demand occupation	**5**	
26.	Skills upgrade	**5**	
27.	Will assist in training of minorities	**2**	
28.	Will assist in training of veterans	**2**	
29.	Will assist in training of persons with disabilities	**2**	
	Total	**51**	

Needs assement/Layoff aversion if applicable	Value	Score
Provide a detailed explanation as to why you need the proposed training and how it will accomplish the stated desired outcomes.	**30**	

Training Plan	Value	Score
Provide a detailed training plan that includes actual start a completion date type of training, training provider, #full time employees to be trained, total # of employees, # of training hours, cost of instruction/training, etc	**25**	
Total	**55**	

Special points	Value	Score
Utilize local Career Center services	**5**	
Utilize LWIA to develop training plan	**5**	
Two or more training provider cost estimates (If applicable)	**5**	
Total	**15**	

Proposal must score at least 110
LWIA

recommendation for State approval.

Reviewer Signature Date

Evaluation Score	Value	Score
Required Information	**25**	
Desired Outcome	**51**	
Training Plan	**25**	
Needs Assessment	**30**	
Special Points	**15**	
Total Possible Score	**146**	

Revision Date: May 2010