

CATALYST 20/20

Educate. Innovate. Succeed

CATALYST 20/20, administered by Kerr-Tar Workforce Development, seeks to drive growth in industry through the learning and development of an organization's existing workforce. Through this effort, regional businesses:

*Gain competitive edge
Retain key talent and expertise
Reduce employee turnover*

Grants of **up to \$10,000** are awarded to eligible businesses in Granville, Franklin, Person, Warren and Vance counties for training of their workforce in areas including, but not limited to:

- o Technical training
- o Certifications
- o Leadership development
- o Soft skills
- o Professional development

Training may be for individual contributors, leaders, departments and/or teams.

Funding available for up to 12 months from time of award notification. Companies may reapply in subsequent years –*lifetime maximum of \$25,000* may be awarded to any individual business.

Focus and priority given in decision making for the following:

1. Employer and Employee Improvement:

- Deploying new technologies; diversifying into new lines of business to gain competitive edge
- Developing high potentials and succession planning
- Advancing employee skills to promote career progression
- Retaining critical talent
- Averting layoffs

2. High growth and in demand industry sectors:

- Advanced Manufacturing
- Health & Life Sciences
- Professional Services
- Information Technology
- Construction/Skilled Trades

CATALYST 20/20

Educate. Innovate. Succeed

Eligibility Requirements:

- ✓ Employers must have:
 - o Operation(s) in Franklin, Granville, Person, Vance or Warren County
 - o 5-250 employees in North Carolina
 - o Operated in NC for the last twelve (12) months
 - o Current status on all state and local tax obligations
 - o Ability to pay the required nonfederal share

- ✓ Training participants must:
 - o Be at least 18 years of age
 - o Be a current employee of the business, per the Fair Labor Standards Act (FLSA)
 - o Have established, documented employment with employer for six months or more
 - o Work within a Franklin, Granville, Person, Vance or Warren County facility
 - o Citizen of the US or a non-citizen whose status permits employment in the US

Training Providers and Delivery Methods:

Employers select their training provider of choice. Upon request, Kerr-Tar will provide recommendations and resources for employers to independently evaluate.

Delivery methods supported include classroom instruction (*onsite or at designated provider location*) and web-based learning,

Application and Funding:

Visit www.kerrtarcog.org to download the CATALYST 20/20 application or contact info@kerrtarcog.org for questions and additional information.

Award recipients will be notified of decision within 14 business days of submitting application. If approved, Kerr-Tar will work with employer to complete required documentation and create an account in the NCWorks system.

As training course(s) are completed, employer will submit invoice to Kerr-Tar for review and processing. Reimbursements will be issued within 30 days of receipt. Grant funding must be used within 12 months of award notification.

CATALYST 20/20

Educate. Innovate. Succeed

Kerr-Tar Workforce Development Grant Application

Company Name:		
Mailing Address:		
Physical Address:		
City/State:	Zip:	County:
Primary Contact:		Title:
Phone:	Ext:	Fax:
E-Mail Address:		Company Website:
Employee Headcount in NC:	Total Employee Headcount:	Years in Business:
Company Ownership:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> For-Profit <input type="checkbox"/> Not-For-Profit <input type="checkbox"/> Other:	
Federal Taxpayer Identification #:		

Is your company current on all North Carolina state taxes?	YES	NO
Is your company current on all federal taxes?	YES	NO
Is your company current on all county, city and local taxes?	YES	NO

CATALYST 20/20

Educate. Innovate. Succeed

Business Case (include attachment with detailed response to questions below)

1. What are the current challenges your organization is looking to address?
2. What impact have you encountered in your business by not having sufficient skills and/or additional training?
3. Using the SMART method (*specific, measurable, attainable, realistic and timely*), outline your objectives and anticipated outcomes for this initiative. Describe how you will measure success.
4. How will your organization support the training to ensure maximum impact? What will be done to stimulate application of the learning back on the job.

CATALYST 20/20

Educate. Innovate. Succeed

Proposed Training Plan

The following details must be completed for each training participant receiving **CATALYST 20/20 funding**.

If a department or team is doing a group session, please include the department and/or team name below. Individual participant information will be collected in final processing.

Participant Name:		
Title:		
Phone number:	Email:	
Course Title:		
Course Description and Learning Objectives: (Attachment B)		
Training Duration (# hours of training):		
Training Start Date:		
Training End Date:		
Training Provider Name:		
Mailing/Physical Address:		
City:	State:	Zip Code:
Primary Contact:		
Telephone:	Email:	
Instructor Name <i>(attach bio with qualifications/credentials relevant to selected course):</i>		

CATALYST 20/20

Educate. Innovate. Succeed

BUDGET

Application request should reflect only the amount of funds needed to meet immediate training needs. Awarded funds must be utilized within 12 months of notification. The following details must be completed for any training program utilizing **CATALYST 20/20 funding**.

NOTE: Funding is for instruction fees only; *Expenses related to training equipment, facility usage, travel expenses/meals and/or trainee wages are not eligible for reimbursement.*

**Funding availability is determined by Kerr-Tar Workforce Development Board and is subject to change*

Category	Amount	Provider/Supplier	Line Item Narrative
Instructor Fees/ Tuition			
Manuals/Textbooks (itemize)			
Training Certifications, Certificates, Credentials, Licenses, Tests			
Materials/Supplies			
Required Employer Matching Funds *			
Other			
Amount Requested:			

**Required business match may include wages paid during training, training equipment purchases, onsite facility usage, employees' food and travel, or lodging*

- 10% for employers with 50 employees or less
- 25% for employers with 51-100 employees
- 50% from employers with 101-250 employees

CATALYST 20/20

Educate. Innovate. Succeed

Reimbursable Expenses

Only expenses specifically included in the final contract budget will be allowed and may include:

- ✓ Instructor/trainer fees, tuition and/or registration expense
- ✓ Textbooks and manuals directly related to training
- ✓ Training certifications, licenses, credentials and tests
- ✓ Training materials and supplies directly related to training

Non-Reimbursable Expenses

- Training-related software or equipment to provide the training
- Employee wages or fringe benefits
- Compensation for third party preparation and/or management of proposals/ contracts or for consulting fees
- Expenses incurred prior to the start date of the contract
- Capital improvements, purchase of real estate, and construction or renovation costs
- Business relocation expenses
- Employment or training in sectarian activities
- Costs associated with in-house company trainers
- Travel expense
- Curriculum design or development expense
- General office supplies not specific to the training itself
- Non-personnel service costs such as postage and copying expense
- Website design, development, or upgrade expenses
- Membership fees or dues

Monitoring of the project will be conducted by the Kerr-Tar WDB during the term of the contract.

A final report and invoice must be submitted within 45 days of project completion date.

The final reimbursement will not be distributed until receipt of the final report.

CATALYST 20/20

Educate. Innovate. Succeed

Federal requirements mandate that the following data for each training participant must be provided:

• Social Security Number	• Citizenship (Right-to-Work Status)
• Complete Name and Contact Information	• Selective Service Compliance
• Gender	• Disability Status
• Date of Birth	• Ethnicity and Race

AUTHORIZATION AND CERTIFICATION

As an authorized representative of **(XYZ company)** submitting this application, I hereby certify that:

- **(XYZ company)** meets the requirements and is eligible to submit this application;
- The information contained in this application is true and accurate and reflects the intentions of the **CATALYST 20/20** Training Program;
- I am aware that any false information, intentional omissions, or misrepresentations may result in rejection of the application and possible disqualification for future funding;
- I am aware that any false information, intentional omissions, or misrepresentations may subject **(XYZ company)** to civil or criminal penalties;
- **(XYZ company)** agrees to adhere to all reporting requirements; and to respond to a Customer Satisfaction Survey(s), if asked: and
- **(XYZ company)** agrees to provide all requested data elements as required for federal reporting.

Further, **(XYZ company)** shall not discriminate against any employee because of race, color, religion, sex, national origin, age, disability, or political affiliation or belief.

Print Name

Title

Signature

Date