



## COMPETITIVE EDGE AWARD

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### An Employed Worker Training Initiative

The Tampa Bay Workforce Alliance (TBWA) focuses on delivering employers innovative workforce solutions. The TBWA has both the resources and expertise to assist local employers who are seeking skilled employees to fill workforce vacancies created through growth, retirement or turnover.

The TBWA has received funding to provide monetary assistance in the critical area of employee training and development. The **Tampa Bay Workforce Alliance Employed Worker Training Initiative** is a unique way to provide funding support to Hillsborough County employers to assist with current employee training and skill development--a key business driver to remaining competitive in today's marketplace.

<h3>AWARD APPLICATION GUIDELINES</h3>
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#### *Who Can Apply?*

Is your organization a private sector company, public company or a not-for-profit? Does your organization meet the following eligibility criteria?

- Must have been in business in Hillsborough County for a minimum of one year.
- Company must have at least two full time employees.
- Company must be a licensed business and current on state and local business tax obligations.
- Company employees trained must work in Hillsborough County.
- Company must pay participating employees wages if trained during regular business hours.
- Participating employees must be 18 years of age or older.
- Participating companies will be required to provide a follow up report indicating how the grant positively impacted its business and employees.
- Selected companies will be granted awards.



### ***What "Type" of Training is Eligible?***

The **Tampa Bay Workforce Alliance Employed Worker Training Initiative** may be spent on training that develops an employee's knowledge and skills and that will contribute to the company's ability to more effectively compete in the marketplace. Employee training must also improve the opportunities for participating employees to retain their jobs and/or advance within the organization.

You may refer to the training vendor list to ensure training integrity, but not limited to the list. In addition, employee-training schedules will be coordinated through the employer and the selected vendor.

### ***What are Next Steps?***

Employer must complete and submit the application kit. Once the application kit is received, you will be invited to a meeting with a TBWA representative to address any questions you may have and for the TBWA to gain additional information required to finalize the award details, i.e., a brief application for each employee that will be trained.

Once the employee application is completed, a Contract Agreement will be signed and training can begin.

Training must be completed as scheduled by the TBWA. TBWA does not pay for services not rendered.

#### ***Checklist:***

- Letter of Intent
- Signed Employer Application
- Employee Information Spreadsheet
- Plan of Study

#### ***Following must be provided for each employee:***

- Employer Assessment of Training Candidate Form
- Copies of I-9 Forms
- Copies of Driver's License
- Copies of Social Security Cards

For more information please contact:

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EMPLOYED WORKER TRAINING 2008 - 2009

Company Profile

Employer Information:

1. Company Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Authorized Employer Representative: \_\_\_\_\_
4. Contact Person (if different than above): \_\_\_\_\_
5. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_
6. Federal ID #: \_\_\_\_\_
7. Is the company current on all State of Florida tax obligations? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Number of Employees to be trained: \_\_\_\_\_
9. Type of Business: \_\_\_\_\_
10. Type of training requested: \_\_\_\_\_

As the company representative, I agree to allow my designated employees who work in Hillsborough County to receive specific training as authorized by our company. These employees require training to: (1) upgrade their skills (income eligibility determination required), (2) retain employment (3) fill the need for trained employees in jobs identified as being critical, and/or (4) qualify for entry or mid-level career advancement or higher wages. I understand that each employee will be required to complete an enrollment process conducted by Tampa Bay Workforce Alliance, Inc. (TBWA) staff. **I agree to authorize TBWA to coordinate this process and will submit documentation including copies of the employee's *Employment Eligibility Verification (form I-9)* and supporting documentation prior to the enrollment process.** Once designated employee(s) are enrolled in training, I understand that it is the company's responsibility to ensure the employee(s) complete training. I also understand that I will be contacted throughout the Initiative year as required by TBWA to provide information on the employment status of the participating employee(s).

\_\_\_\_\_  
Authorized Company Representative Signature/Title

\_\_\_\_\_  
Date



## NEEDS ANALYSIS

**(Please complete the items in BOLD)**

(Company Letterhead)

Date: mm/dd/yyyy

**Tampa Bay WorkForce Alliance**  
9215 N. Florida Avenue, Suite 100  
Tampa, FL 33612

RE: Competitive Edge Award Needs Analysis

The purpose of this letter is to request consideration for training funding assistance through the Competitive Edge Award.

**Describe your company, including number of employees and nature of the business.**

**Briefly describe the training to be taken.**

**Explain how the training will benefit the company and the employee(s) who will attend the training. Be sure to include wording that includes 'job retention' as a benefit.**

**This must be on company letterhead, logo, address and phone information.**

Sincerely,

**Authorized Company Representative Signature and Title**



**EMPLOYED WORKER 2008-2009**

**EMPLOYER ASSESSMENT OF TRAINING CANDIDATE**

Company: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Job Title: \_\_\_\_\_

Training Proposed: \_\_\_\_\_

**Employee Suitability Assessment:**

1. Job Attendance: Satisfactory  Unsatisfactory
2. Job Performance: Satisfactory  Unsatisfactory
3. Work record Does  **OR** does not  indicate that this individual will successfully complete training in order to become a more valuable employee.

\* Employer must agree to pay employee during training? \_\_\_\_Yes \_\_\_\_No  
(Employer contribution)

\_\_\_\_\_  
**Authorized Company Representative Signature/Title**

\_\_\_\_\_  
**Date**

*(\*Please complete this form for each employee requesting training)*