**Mountain Area Workforce Development Board**

**NCWorks Work-Based Training Grant Pre-Application Questionnaire**

**For Incumbent Worker Training**

**Attachment A**

|  |  |
| --- | --- |
| Business Name: Contact Name: Phone Number: Email:  | Date:  |
| What type(s) of training are you interested in for your employees and what is the estimated grant request/cost for each training?    |   |
| Do you need assistance from the Mountain Area Workforce Development Board in exploring training topics and/or finding a training provider?  |   Yes No |
| How many W-2 employees, part-time and/or full-time, do you employ? \_\_\_\_\_\_\_\_ |   |
| How many employees will be participating in training? \_\_\_\_\_\_\_\_\_\_ |   |
| Has the business been in operation in NC for 12 months? |   Yes No |
| What’s your estimated timeline for training to begin? Month/Year \_\_\_\_\_\_\_\_\_\_ |  |
| Please indicate the physical location of business. (Madison, Buncombe, Henderson, or Transylvania County) Circle those counties that apply.Is your business current on all federal, state, and local taxes? Is your business on the federal debarment list? <https://www.dol.gov/agencies/ofccp/debarred-list> Has your business created a Unique Entity ID at www.SAM.gov? (required) Has your business established an employer account on the state’s online workforce system – <https://www.ncworks.gov/>? If not, please set up your free employer account before submitting this form. |      Yes No   Yes No Yes No Yes No     |

**I hereby certify that the above information is, to the best of my knowledge, true and correct.**

Business Representative Print Name:

Business Representative Signature:

Date:

**Submit Pre-Application Questionnaire to: barbarad@landofsky.org**

Barbara Darby, Assistant Director/Business Services Lead, Mountain Area Workforce Development Board

barbarad@landofsky.org; 828-231-6611