



2-D I Participating Employer Information

v37_2023-12-31

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Incomplete

Submit

Debugger

Grant Number *

Project Number

Project Plan Title

Participating Employer Name *

1. The Entity has collected and reported the required data as outlined in the WIOA incumbent worker training policy.

Select an answer



2. Based on a review of the project activities, the Entity implemented the tasks and training as outlined in the Grant Agreement Scope of Work and incumbent worker training plan.

Select an answer




3. Matching requirements were met and adequate supporting documentation was submitted for the employer's matching contribution.


Select an answer




4. There is proof of payment from the employer to the training provider.

5. There is evidence that the employees attended the training.

6. There is proof of training completion for each employee trained - such as certificates, etc.

7. Notes: