

**Manufacturing Innovation Fund:  
Incumbent Worker Training Program**

**Project Assessment**

**Company Name:** \_\_\_\_\_

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

**DOL Service Representative:** \_\_\_Bernice Zampano\_\_\_\_\_

**Incumbent Worker program: MIF-IWT Contract #:** \_\_\_TBD\_\_\_\_\_

**Employer Contact:** \_\_\_\_\_

**Employer Contact Phone Number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Training entity used:** \_\_\_CCSU – ITBD, Sue Davis\_\_\_\_\_

**1- What specific skills were needed and being trained for in this training session?**

- Upgrade/Increase skills
- Industry/Occupation specific
- Written/Oral Communications
- Mathematics/Science
- Technical/Technological Skills
- Other: Please explain \_\_\_\_\_

**2- How many full time employees were enrolled in the training?** \_\_\_\_\_

**3- How many full time employees have completed training?** \_\_\_\_\_

**4- Of those completed, how many have achieved upgrade to higher skilled job?**  
\_\_\_\_\_

**5- What is the total cost of this training project including expenses ineligible for funding under this contract?** \_\_\_\_\_

**6- How does/will this training impact your business?**

- Higher Production Rate
- Higher Revenues
- New Products
- Higher Sales
- Retain Workforce
- Other: Please Explain \_\_\_\_\_
- None: Please Explain \_\_\_\_\_

**Additional Comments:**

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