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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