

WIOA Incumbent Worker Training Program

Employer Application

SECTION 1. Business Information		
Business Name: Green Energy Biofuel LLC		
Authorized Business Representative: Erika Coman		Title: Director of Continuous Improvement
Phone: 8034021419	Ext. Click or tap here to enter text.	Fax: Click or tap here to enter text.
Email: Erika Coman	Company Website Address: www.gebiofuel.com	
Street/Mailing Address: 310 S Congress St		
City: Winnsboro	ZIP: SC.	County: Fairfield
If there are multiple business locations, please indicate the location for which training is requested: Click or tap here to enter text.		
Date of Inception: 2008		Years in Business: 18
Total Number of Full-time Employees: 41		Total Number of Part-time Employees: 1
Total Number of Full-time Employees at this Business Location: 38		Total Number of Part-time Employees at this Business Location: 1
Legal Structure of Business:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (Designation: LLC)
Employer's Federal ID #: 26-3242102.		Unemployment Comp ID #: 534005
South Carolina Sales Tax Reg. #: 020047110		NAICS Code: 424720
Is your business current on all State of South Carolina tax obligations?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Has your business received IWT, RRIWT, or other state or federal funding before?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please indicate the type of funding (e.g. Incumbent Worker Training), amount, and year: March 2014, \$48,260 - March 2020, (unknown) - March 2023, \$20,780 (not fully used)		
Is your business currently receiving/applying for other public training/consulting funds?		<input checked="" type="checkbox"/> NO
If yes, please identify the funding source and type of training/consulting services: Click or tap here to enter text.		
Has there been a layoff at this site within the last 12 months?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If yes:	<input type="checkbox"/> Temporary Layoff Number affected: Click or tap here to enter text.	<input type="checkbox"/> Permanent Layoff Number affected: Click or tap here to enter text.
Has the business or part of the business relocated operations within the last 120 days?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If yes:	Relocated from: Click or tap here to enter text.	Relocated to: Click or tap here to enter text.
Does your business use SC Works services?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 1. Business Information

If yes, please check all applicable services:	<input checked="" type="checkbox"/> List Job Openings <input checked="" type="checkbox"/> Job Fairs <input type="checkbox"/> Testing & Assessment	<input type="checkbox"/> Mass Hires <input checked="" type="checkbox"/> Candidate Search <input type="checkbox"/> Other:	<input type="checkbox"/> On-the-Job Training (OJT) Please note: employees cannot participate in both WIOA funded OJT and IWT simultaneously.
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Please describe the business's product(s) and/or service(s):

Green Energy Biofuel recycles food waste for biodiesel production and composting.

Is the business minority owned? If yes, please check one of the boxes below:

<input type="checkbox"/> Women owned	<input type="checkbox"/> Asian/American owned
<input type="checkbox"/> African/American owned	<input type="checkbox"/> Native/American owned
<input type="checkbox"/> Hispanic/American owned	<input type="checkbox"/> Other minority owned (specify):

Amount of Funding Requested: Click or tap here to enter text.**Number of Individual Trainees:** Click or tap here to enter text.**Anticipated Start Date:** January 2026**Anticipated End Date:** August 2026.**SECTION 2. Eligibility Criteria****Please thoroughly answer all questions. Attach additional sheets if necessary.**

Do business circumstances point to probable layoffs?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
If yes, please describe the business's circumstances. Click or tap here to enter text.			

The requested training will:

<input checked="" type="checkbox"/> Increase employee skills	<input type="checkbox"/> Save jobs within our business (How many? Click or tap here to enter text.)
<input checked="" type="checkbox"/> Address changing skill requirements	<input type="checkbox"/> Result in a credential(s)
<input type="checkbox"/> Result in wage/pay increases	<input type="checkbox"/> Help prevent business relocation or closure

Explain how the training will improve employee skills, resulting in a more competitive workforce and/or improve overall business circumstances.

The training will improve employee technical and customer-service skills, enabling staff to work more efficiently and effectively. Enhanced skills will help employees adapt to change, increasing business resilience and operational flexibility. Improved performance and service quality will lead to higher customer satisfaction and retention. Overall, the training will strengthen workforce competitiveness and support long-term business success.

SECTION 2. Eligibility Criteria

Please thoroughly answer all questions. Attach additional sheets if necessary.

List the credentials expected to result from the IWT program.

Certified Green and Black Belts
Compost Operator Certificate
Fleet Management Certificate

Is the business committed to retaining employees?

YES

NO

SECTION 3. Training Project Information

Up to six (6) training programs may be requested on each application. Training descriptions for each program requested must be attached to the application.

TRAINING #1

Name of Training: Six Sigma Green Belt

Training Description: Through interactive lectures, presentations, and hands-on exercises, participants will gain the skills to lead process improvement projects, support Black Belt-led initiatives, and successfully complete own project.

Name of Training Provider: SCMEP **Provider Federal ID #:** 57-1046537

Name of Training Provider Representative: Miranda Craig

Address: 250 Executive Center Drive Suite 200

City: Greenville **State:** SC **Zip:** 29615

Phone: 8642885687 **Fax:** Click or tap here to enter text.

Anticipated training dates: 3/30-5/26/2026

Projected Number of Hours of Training: 80 **Number of Trainees:** 3

Job Title(s) and Length(s) of Employment:

Barbara Clark, 4.5 Y; \Bobby Gilliard- Efficiency Manager) (3 Y), Matt Renwick Director of Compost- 3.5Y

Certification Earned: Six Sigma Green Belt

BUDGET **Instructor Wages/Tuition:** \$3250/ pp ***Materials/Supplies/Textbooks:** Click or tap here to enter text.

***Other Costs:** Click or tap here to enter text. **TOTAL COST:** \$9750.

***Please itemize costs related to materials, supplies, textbooks, and other costs here:** Click or tap here to enter text.

TRAINING #2

Name of Training: Six Sigma Black Belt

Training Description: Six Sigma Black Belt training is an advanced process-improvement program that equips participants with the skills to identify opportunities for improvement within their company and apply Six Sigma methodology and tools effectively. The training prepares learners to lead 6 Sigma projects, using data-driven approaches to improve processes, reduce waste, and enhance quality and customer service. Completion of the course gives participants the knowledge to run improvement initiatives and achieve measurable business impact by applying statistical and Lean tools to real organizational challenges

Name of Training Provider: SCMEP **Provider Federal ID #:** 57-1046537

Name of Training Provider Representative: Miranda Craig

Address: 250 Executive Center Drive Suite 200

City: Greenville **State:** SC **Zip:** 29615

TRAINING #2		
Phone: 8642885687	Fax: Click or tap here to enter text.	
Anticipated training dates: 3/2/26-3/17/26		
Projected Number of Hours of Training: 32	Number of Trainees: 2.	
Job Title(s) and Length(s) of Employment: Erika Coman Director of Continuous Improvement 7 years; Seth Moon, Director of Operations 10 mo		
Certification Earned: Six Sigma Black Belt		
BUDGET	Instructor Wages/Tuition:3250	*Materials/Supplies/Textbooks: Click or tap here to enter text.
	*Other Costs: Click or tap here to enter text.	TOTAL COST: \$6500
*Please itemize costs related to materials, supplies, textbooks, and other costs here: Click or tap here to enter text.		

TRAINING #3		
Name of Training: Compost Operator Certificate		
Training Description: a multi-week online course designed to teach fundamentals of compost production and best management practices for operations larger than backyard scale. It includes asynchronous video lessons, live webinar sessions, quizzes, and covers topics such as feedstocks, pile construction, monitoring, troubleshooting, and environmental management.		
All Products - The 131° School of Composting		
Name of Training Provider: Compost Technical Services LLC		Provider Federal ID #: 47-1190002
Name of Training Provider Representative: James McSweeney		
Address: 169 Park Avenue		
City: Arlington	State: MA	Zip: 02476
Phone: 802-224-6888		Fax: Click or tap here to enter text.
Anticipated training dates: March 26-May 26		
Projected Number of Hours of Training: 25	Number of Trainees: 2	
Job Title(s) and Length(s) of Employment: Matthew Macom- Equipment Operator-3.5Y, Lorenzo Stevens Equipment Operator - 7mo		
Certification Earned: Compost Operator certificate		
BUDGET	Instructor Wages/Tuition: \$425/pp	*Materials/Supplies/Textbooks: Click or tap here to enter text.
	*Other Costs: Click or tap here to enter text.	TOTAL COST: \$850
*Please itemize costs related to materials, supplies, textbooks, and other costs here: Click or tap here to enter text.		

TRAINING #4		
Name of Training: NAFA Fleet 101		
Training Description: Fleet 101 is a self-paced online training program from the NAFA Fleet Management Association that provides a comprehensive foundation in fleet management fundamentals. It's designed to give fleet leaders a broad overview of key fleet disciplines they will encounter in managing a fleet effectively.		
Name of Training Provider: National Association of Fleet Management	Provider Federal ID #: 112050435	
Name of Training Provider Representative: Click or tap here to enter text.		

TRAINING #4		
Address: 180 Talmadge Rd IGO Building Suite#558		
City: Edison	State: NJ	Zip: 08817
Phone: 6097200882		Fax: Click or tap here to enter text.
Anticipated training dates: 1/2026-3/2026		
Projected Number of Hours of Training:	7	Number of Trainees: 1
Job Title(s) and Length(s) of Employment: Jeff Benton, 3 Y Director of Logistics		
Certification Earned: none but a better understand of Fleet Management		
BUDGET	Instructor Wages/Tuition: \$875	*Materials/Supplies/Textbooks: Click or tap here to enter text.
	*Other Costs: Click or tap here to enter text.	TOTAL COST: \$875
*Please itemize costs related to materials, supplies, textbooks, and other costs here: Click or tap here to enter text.		

TRAINING #5		
Name of Training: Lean 101		
Training Description: Help Individuals understand basic lean principles and tools used to streamline work and reduce waste.		
Name of Training Provider: SCMEP.		Provider Federal ID #: 57-1046537
Name of Training Provider Representative: Miranda Craig		
Address: 250 Executive Center Drive Suite 200		
City: Greenville.	State: SC	Zip: 29615.
Phone: 8642885687		Fax: Click or tap here to enter text.
Anticipated training dates: 4/16/26		
Projected Number of Hours of Training:	8	Number of Trainees: 4
Job Title(s) and Length(s) of Employment: Bobby Gilliard- Efficiency Manager- 3Y, Stephon Sullivan- Operator 18m, Bryan Snipes- Ld Maintenance- 9 m, Justin Harris- Asst Ops manager- 4 Y		
Certification Earned: Lean Overview		
BUDGET	Instructor Wages/Tuition: \$325/pp	*Materials/Supplies/Textbooks: Click or tap here to enter text.
	*Other Costs: Click or tap here to enter text.	TOTAL COST: \$1300
*Please itemize costs related to materials, supplies, textbooks, and other costs here: Click or tap here to enter text.		

TRAINING #6		
Name of Training: Creating a Highly Effective Sales Culture		
Training Description: virtual and 1:1 and small group training sessions focused on overcoming obstacles and creating solutions for achieving key objectives		
Name of Training Provider: Extraordinary Communications		Provider Federal ID #: Click or tap here to enter text.
Name of Training Provider Representative: Rich Scalentz		

TRAINING #6		
Address: 415 Pisgah Church Road #372		
City: Greensboro	State: NC	Zip: 27455
Phone: 3363174603		Fax: Click or tap here to enter text.
Anticipated training dates: Q1 2026		
Projected Number of Hours of Training: 40		Number of Trainees: 3
Job Title(s) and Length(s) of Employment: TBD, Sales Coordinator, Adam Padget- sales- 5Y, Taylor Strickland- Sales - 5Y, Seth Moon- Director OPs- 10m, Joe REnwick- CEO 18Y		
Certification Earned: Advanced sales training, tactics and techniques to improve customer service		
BUDGET	Instructor Wages/Tuition: \$18750	* Materials/Supplies/Textbooks: Click or tap here to enter text.
	* Other Costs: Click or tap here to enter text.	TOTAL COST: Click or tap here to enter text.
*Please itemize costs related to materials, supplies, textbooks, and other costs here: Click or tap here to enter text.		

SECTION 4. Training Budget
Businesses/consortia must contribute to the cost of the IWT project, with a minimum contribution of:
<ul style="list-style-type: none"> • 10 percent of the cost for business locations or consortia with no more than 50 employees • 25 percent of the cost for business locations or consortia with more than 50 employees, but no more than 100 employees • 50 percent of the costs for a business location or consortia with more than 100 employees

BUDGET	IWT FUNDING PROVIDED BY WIOA	BUSINESS SHARE/CONTRIBUTION*
TUITION/COURSE REGISTRATION	\$34,222.50	\$3,802.50
TEXTBOOKS/MANUALS		
TRAINING MATERIAL/ SUPPLIES		

TOTAL COST OF TRAINING**	\$34,222.50	\$3,802.50
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**Wages paid to employees while attending training may be used as the business's /training consortium's contribution to the cost of training.*

***The total of funding provided by WIOA and the business share should equal the total cost of training as reflected in the business application and training plan.*

Source of Business Share/Contribution:

Cash
 Employee wages paid during training
 In-kind

SECTION 5. Certification by Authorized Business Representative

I hereby certify that I am an authorized representative of the business named above, with the authority to commit the business to legally binding contracts and agreements. I further certify that the information given as part of and attached to this application is true and accurate. I am aware that any false information or intended omissions may subject me to civil or criminal penalties for filing of false public records and/or forfeiture of any funds approved through this program.

This application does not constitute a contractual agreement. If any portion of the application is approved, a formal agreement between parties will be executed to obligate funds for the approved training. Training may not start prior to the effective date of the agreement.

<i>Erika Coman</i>	Title: Director of Continuous Improvement
Signature:	
Print Name: Erika Coman	Date: 1/5/2026

Audit trail

Details

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STATUS  Signed

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Activity

 SENT	erika@gebiofuel.com sent a signature request to: • Erika Coman (erika@gebiofuel.com)	2026/01/06 16:04:31 UTC
 SIGNED	Signed by Erika Coman (erika@gebiofuel.com)	2026/01/06 16:05:47 UTC
 COMPLETED	This document has been signed by all signers and is complete	2026/01/06 16:05:47 UTC

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