

# WIOA Incumbent Worker Training Program

## Employer Application

SECTION 1. Business Information			
Business Name: Ritedose Corporation			
Authorized Business Representative: Anthony White		Title: Learning & Development Mgr.	
Phone: 803-704-6839	Ext. N/A	Fax: N/A	
Email: whitean@ritedose.com		Company Website Address: https://www.ritedose.com	
Street/Mailing Address: 1 Technology Circle			
City: Columbia	ZIP: 29203	County: Richland	
If there are multiple business locations, please indicate the location for which training is requested: Columbia Location			
Date of Inception: 1995		Years in Business: 30	
Total Number of Full-time Employees: 620		Total Number of Part-time Employees: 42	
Total Number of Full-time Employees at this Business Location: 620		Total Number of Part-time Employees at this Business Location: 42	
Legal Structure of Business:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation (Designation: LLC )
Employer's Federal ID #: 57-1023775		Unemployment Comp ID #: 353059	
South Carolina Sales Tax Reg. #: 040806565		NAICS Code: 325412	
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: IWT / Ready SC / SC Works – 2023 - \$109,556.94			
Is your business currently receiving/applying for other public training/consulting funds?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please identify the funding source and type of training/consulting services: ReTrainSC Funds (formally E-Zone)			
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: N/A	<input type="checkbox"/> Permanent Layoff Number affected: N/A	
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: N/A	Relocated to: N/A	Date of Relocation: N/A
Does your business use SC Works services?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
If yes, please check all applicable services:	<input type="checkbox"/> List Job Openings <input type="checkbox"/> Job Fairs <input type="checkbox"/> Testing & Assessment	<input type="checkbox"/> Mass Hires <input type="checkbox"/> Candidate Search <input type="checkbox"/> Other:	<input type="checkbox"/> On-the-Job Training (OJT) <b>Please note:</b> employees cannot participate in both WIOA funded OJT and IWT simultaneously.

**SECTION 1. Business Information****Please describe the business's product(s) and/or service(s):**

TRC is a pharmaceuticals manufacturer, specializing in Blow-Fill-Seal (BFS) technology. We manufacture products such as the Covid-19 vaccine, inhalants, ear drops, and eye drops. TRC primarily supplies products to a wide range of customers from small startups, to pharmaceutical companies to providing sterile products for hospitals and healthcare facilities throughout the United States.

**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: \$7,256.50****Number of Individual Trainees: 26****Anticipated Start Date: Feb. 10<sup>th</sup> 2026****Anticipated End Date: Dec. 10<sup>th</sup> 2026****SECTION 2. Eligibility Criteria****Please thoroughly answer all questions. Attach additional sheets if necessary.****Do business circumstances point to probable layoffs?**☐ YES☒ NO

If yes, please describe the business's circumstances.

N/A

**The requested training will:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Increase employee skills            | <input type="checkbox"/> Save jobs within our business<br>(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 checked="" 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.**

1.) All of the training that we are pursuing will significantly increase our employee's skill sets and allow them to become champions of their respected areas.

**List the credentials expected to result from the IWT program.**

With the company's continued growth, this training would provide the necessary tools to develop our future leaders.

**Is the business committed to retaining employees?**☒ YES☐ NO

<b>SECTION 3. Training Project Information</b>		
Up to six (6) training programs may be requested on each application. Training descriptions for each program requested must be attached to the application.		
<b>TRAINING #1</b>		
Name of Training: Environmental Monitoring Testing Training		
Training Description: Please see supporting document (attached)		
Name of Training Provider: Millipore		Provider Federal ID #: 04-2170233
Name of Training Provider Representative: Michelle Barrett		
Address: 1 Technology Circle (on site training)		
City: Columbia	State: SC	Zip: 29203
Phone: 800-645-5476		Fax: 800-645-5439
Anticipated training dates: June 15 <sup>th</sup> 2026		
Projected Number of Hours of Training: 8		Number of Trainees: 24
Job Title(s) and Length(s) of Employment: Microbiology Department – 1.5 yrs – 20.5 yrs		
Certification Earned: Yes		
BUDGET	Instructor Wages/Tuition: \$5,504.00	*Materials/Supplies/Textbooks: N/A
	*Other Costs: \$90 Assessment for each student	TOTAL COST: \$5,504.00
*Please itemize costs related to materials, supplies, textbooks, and other costs here:		

<b>TRAINING #2</b>		
Name of Training: Aseptic Behavior and Cleaning & Disinfection Training		
Training Description: Please see supporting document (attached)		
Name of Training Provider: Steris		Provider Federal ID #: 34-1482024
Name of Training Provider Representative: Casey Poirier		
Address: 1 Technology Circle		
City: Columbia	State: SC	Zip: 29203
Phone: 800-444-9009		Fax: 800-548-4873
Anticipated training dates: June 16 <sup>th</sup> 2026		
Projected Number of Hours of Training: 10		Number of Trainees: 24
Job Title(s) and Length(s) of Employment: Microbiology Department – 1.5 yrs – 20.5 yrs		
Certification Earned: Yes		
BUDGET	Instructor Wages/Tuition: \$5,000.00	*Materials/Supplies/Textbooks: N/A
	*Other Costs: N/A	TOTAL COST: \$5,000.00
*Please itemize costs related to materials, supplies, textbooks, and other costs here: N/A		

<b>TRAINING #3</b>			
<b>Name of Training:</b> EtherNet/IP Configuration and Troubleshooting			
<b>Training Description:</b> Please see supporting document (attached)			
<b>Name of Training Provider:</b> Wesco		<b>Provider Federal ID #:</b> 25-1723345	
<b>Name of Training Provider Representative:</b> TBD			
<b>Address:</b> 118 Wall St.			
<b>City:</b> Florence	<b>State:</b> SC		<b>Zip:</b> 29501
<b>Phone:</b> 843-496-2807		<b>Fax:</b> N/A	
<b>Anticipated training dates:</b> Feb. 10 <sup>th</sup> – 12 <sup>th</sup> 2026			
<b>Projected Number of Hours of Training:</b> 24		<b>Number of Trainees:</b> 1	
<b>Job Title(s) and Length(s) of Employment:</b> Packaging Controls Technician – 2.5Yrs.			
<b>Certification Earned:</b> No			
<b>BUDGET</b>	<b>Instructor Wages/Tuition:</b> \$3,260.00	<b>*Materials/Supplies/Textbooks:</b> N/A	
	<b>*Other Costs:</b> N/A	<b>TOTAL COST:</b> \$3,260.00	
<b>*Please itemize costs related to materials, supplies, textbooks, and other costs here:</b> N/A			

<b>TRAINING #4</b>			
<b>Name of Training:</b> Employee Relations Law Certification			
<b>Training Description:</b> Please see supporting document (attached)			
<b>Name of Training Provider:</b> Midlands Technical College		<b>Provider Federal ID #:</b> 57-0427788	
<b>Name of Training Provider Representative:</b> TBD			
<b>Address:</b> 151 Powell Rd			
<b>City:</b> Columbia	<b>State:</b> SC		<b>Zip:</b> 29203
<b>Phone:</b> 803-730-6539		<b>Fax:</b> N/A	
<b>Anticipated training dates:</b> Mar. 12 <sup>th</sup> 2026 – Dec. 12 <sup>th</sup> 2026 – (once a month for 4 hours)			
<b>Projected Number of Hours of Training:</b> 40		<b>Number of Trainees:</b> 1	
<b>Job Title(s) and Length(s) of Employment:</b> Talent Acquisition Manager – 1 yr			
<b>Certification Earned:</b> No			
<b>BUDGET</b>	<b>Instructor Wages/Tuition:</b> \$749	<b>*Materials/Supplies/Textbooks:</b> N/A	
	<b>*Other Costs:</b> N/A	<b>TOTAL COST:</b> \$749	
<b>*Please itemize costs related to materials, supplies, textbooks, and other costs here:</b> N/A			

<b>TRAINING #5</b>			
Name of Training:			
Training Description: Please see supporting document (attached)			
Name of Training Provider:		Provider Federal ID #:	
Name of Training Provider Representative:			
Address:			
City:	State:	Zip:	
Phone:	Fax:		
Anticipated training dates:			
Projected Number of Hours of Training:		Number of Trainees:	
Job Title(s) and Length(s) of Employment:			
Certification Earned:			
BUDGET	Instructor Wages/Tuition:	*Materials/Supplies/Textbooks: N/A	
	*Other Costs: N/A	TOTAL COST:	
*Please itemize costs related to materials, supplies, textbooks, and other costs here: N/A			

<b>TRAINING #6</b>			
Name of Training:			
Training Description: Please see supporting document (attached)			
Name of Training Provider:		Provider Federal ID #:	
Name of Training Provider Representative:			
Address:			
City:	State:	Zip:	
Phone:	Fax:		
Anticipated training dates:			
Projected Number of Hours of Training:		Number of Trainees:	
Job Title(s) and Length(s) of Employment:			
Certification Earned:			
BUDGET	Instructor Wages/Tuition:	*Materials/Supplies/Textbooks: N/A	
	*Other Costs: N/A	TOTAL COST:	
*Please itemize costs related to materials, supplies, textbooks, and other costs here: N/A			

**SECTION 4. Training Budget**

Businesses/consortia must contribute to the cost of the IWT project, with a minimum contribution of:

- 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	\$7,256.50	\$7,256.50
TEXTBOOKS/MANUALS	N/A	N/A
TRAINING MATERIAL/ SUPPLIES	N/A	N/A
TOTAL COST OF TRAINING**	\$7,256.50	\$25,353.70 (\$18,097.20 / Wages based on avg. rate of \$36.56 x 496 training hours)

*\*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.*

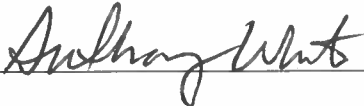
**Source of Business Share/Contribution:**

- ☐ 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.*

<b>Signature:</b> 	<b>Title:</b> Learning and Development Manager
<b>Print Name:</b> Anthony White	<b>Date:</b> 12/19/2025

## Environmental Monitoring Training – Supporting Documents

### **Environmental Monitoring (Full Day)**

After a brief introduction into the history of environmental monitoring and the significance of microbial contaminations, we will give an overview of the relevant regulations and guidance documents. Key areas will be the design of an environmental monitoring program using formal risk assessment techniques, the selection of sampling sites and a review of testing methods. We will go into some specific issues in detail:

- Cleanrooms: ISO 14644 and qualification, best practices/ best behavior
- Air sampling: ISO 14698 and instrument qualification, care, and maintenance
- Microbiology: the right media and neutralizers, when to ID, disinfectant validation
- Compressed gas testing and monitoring in isolators

The training module includes a hands-on session and will address investigations and data trending as well as look into case studies and troubleshooting guidelines.

## Aseptic Behavior and Cleaning & Disinfection Training – Supporting Documents

### Training Description:

- Understand the fundamentals of aseptic behavior and why it is essential in cleanroom and controlled environments.
- Identify common sources of contamination and apply best practices to prevent microbial ingress.
- Demonstrate proper gowning techniques and movement protocols to minimize contamination risk.
- Learn the science behind cleaning and disinfection, including the selection and use of appropriate agents.

Apply validated cleaning and disinfection procedures to maintain compliance with GMP and Steris standards



# EtherNet/IP Configuration and Troubleshooting – Supporting Document

## Course Purpose

This course should prepare you to effectively:

- Configure a Stratix® switch (5700, 8000, and/or 8300) to meet a variety of network requirements
- Assign IP addresses to devices on an EtherNet/IP network using rotary switches and a variety of software
- Monitor switch performance and status
- Diagnose and resolve issues with switches and devices on a network

During switch configuration, you will have an opportunity to:

- Configure a switch using both the Device Manager Web Interface and Studio 5000 Logix Designer® software
- Set up one-to-one IP address translation (NAT) for segmenting machine-level network devices from the plant network
- Secure and limit access to a switchOnce the EtherNet/IP network is up and running, you will monitor diagnostic information using web-based technologies and modify a web server module's data views and tag values

You will resolve issues with communication between devices on a network. You will troubleshoot an EtherNet/IP network's media and components (including the Stratix 5700 switch); run diagnostic tests to resolve system and port issues; and perform common functions such as resetting the switch.

## Objectives:

After completing this course, students should be able to perform the following tasks:

- Assign an IP address to a computer
- Assign IP addresses using:
  - RSLinx classic software and rotary switches
  - BOOTP-DHCP server software
- Isolate an EtherNet/IP network problem
- Diagnose problems with EtherNet/IP modules and network components
- Monitor an EtherNet/IP network using web-enabled technologies

## Employee Relations Law Certificate – Supporting Document

### Overview:

The certificate in Employee Relations Law series is designed to provide a comprehensive, practical, convenient, and cost-effective way to acquire knowledge about complex employment laws. These laws impact virtually every employment-related decision.

Each class is [taught by a local attorney](#) who specializes in the subject for the respective month. There are opportunities to dialogue and ask questions plus interact with other HR professionals. In addition to continuing education units, your completion of this program may be applied for up to 35 hours of HR recertification credit through HRCI® and SHRM®. This class meets the second Thursday of each month from March – December.