

WIOA Incumbent Worker Training Program

Employer Application

SECTION 1. Business Information			
Business Name: Richland County Recreation Commission			
Authorized Business Representative: Taurus Lewis		Title: Executive Director	
Phone: 803-741-7272	Ext. N/A	Fax: N/A	
Email: taurus.lewis@rcrc.state.sc.us		Company Website Address: richlandcountyrecreation.com	
Street/Mailing Address: 7473 Parklane Road			
City: Columbia, SC	ZIP: 29223	County: Richland	
If there are multiple business locations, please indicate the location for which training is requested: Adult Activity Center 7494 Parklane Road Columbia, SC 29223			
Date of Inception: 1960		Years in Business: 65	
Total Number of Full-time Employees: 152		Total Number of Part-time Employees: 89	
Total Number of Full-time Employees at this Business Location: 42		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"/> Public Special Purpose District (Created by SC Legislature)
Employer's Federal ID #: 57-0481042		Unemployment Comp ID #: 127596	
South Carolina Sales Tax Reg. #: N/A		NAICS Code: 924120	
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: Incumbent Worker Training, \$9,767.50, 2025-2026			
Is your business currently receiving/applying for other public training/consulting funds?		<input type="checkbox"/> YES	<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.	Date of Relocation: 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. <i>Business Information</i>			
If yes, please check all applicable services:	<input checked="" type="checkbox"/> List Job Openings	<input type="checkbox"/> Mass Hires	<input type="checkbox"/> On-the-Job Training (OJT) Please note: employees cannot participate in both WIOA funded OJT and IWT simultaneously.
	<input checked="" type="checkbox"/> Job Fairs	<input type="checkbox"/> Candidate Search	
	<input type="checkbox"/> Testing & Assessment	<input type="checkbox"/> Other:	
Please describe the business's product(s) and/or service(s): Click or tap here to enter text. Richland County Recreation Commission oversees indoor and outdoor recreation for the residents of Richland County.			
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: \$12,654 total - \$6,327 WIOA		Number of Individual Trainees: 3	
Anticipated Start Date: January 26, 2026		Anticipated End Date: September 30, 2026	

SECTION 2. <i>Eligibility Criteria</i>		
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 checked="" 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. Richland County Recreation Commission is asking for three courses which would benefit our staff. The first is for a plumbing certification through Midlands Tech and the remaining two are for additional staff training needed through E-Cornell. All would benefit the agency as well as the employee completing the programs and earning new credentials. The first training is for one staff member to attend the Entry Level Plumber certification through Midlands Technical College. This certification will assist the agency by having someone on staff who can handle small plumbing work. It will benefit the employee directly by allowing for an increased skill set. In other words, this would make Richland		

SECTION 2. Eligibility Criteria

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

County Recreation Commission's workforce more competitive while also improving our overall business circumstances by having a workforce with more skills.

Lastly, Richland County Recreation Commission would send two additional employees to school online through the E-Cornell certificate programs. The first employee would increase the agency's skill set by allowing us to have one person on staff with landscape design experience. We currently must pay for consulting services. This would be beneficial to the agency as well as the employee who is gaining these new skills. The second employee would expand his knowledge on real estate property management which includes facility management, asset management strategies, and equipment management. Richland County Recreation Commission has many facilities, assets, and equipment that need proper management. This too would help the agency while allowing the employee new skills and certification through E-Cornell.

List the credentials expected to result from the IWT program.

One staff member would have new certifications and certificates through Midlands Technical College

Two staff members would have new certificates through E-Cornell

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: Entry Level Plumber

Training Description: Training is to become certified in basic plumbing

Name of Training Provider: Midlands Technical College

Provider Federal ID #: 23-7085753

Name of Training Provider Representative: Sylvia Aull-Holcombe

Address: 151 Powell Road

City: Columbia

State: South Carolina

Zip: 29203

Phone: 803-738-8324

Fax: N/A

Anticipated training dates: January 26, 2026 to September 30, 2026

Projected Number of Hours
of Training: 168

Number of Trainees: 1

Job Title(s) and Length(s) of Employment: Facility Repairman – 3 Months (will hit six months during training)

[Click or tap here to enter text.](#)

[Click or tap here to enter text.](#)

Certification Earned: Plumbing Certificate

TRAINING #1		
BUDGET	Instructor Wages/Tuition: \$5,004.00	*Materials/Supplies/Textbooks: N/A
	*Other Costs: N/A	TOTAL COST: \$5,004.00
*Please itemize costs related to materials, supplies, textbooks, and other costs here: N/A		

TRAINING #2		
Name of Training: E-Cornell Certificate – Landscape Design		
Training Description: Training is to be familiar with and perform landscape design tasks after completion		
Name of Training Provider: E-Cornell		Provider Federal ID #: 15-0532082
Name of Training Provider Representative: Carrie Sabin		
Address: 950 Danby Road, Suite 150		
City: Ithaca	State: New York	Zip: 14850
Phone: 866-326-7635		Fax: N/A
Anticipated training dates: January 26, 2026 to September 30, 2026		
Projected Number of Hours of Training: 75		Number of Trainees: 1
Job Title(s) and Length(s) of Employment: Horticulture and Turf Specialist – 4 Months (will hit six months during training)		
Certification Earned: Landscape Design Certificate		
BUDGET	Instructor Wages/Tuition: \$3,750	*Materials/Supplies/Textbooks: N/A
	*Other Costs: N/A	TOTAL COST: \$3,750
*Please itemize costs related to materials, supplies, textbooks, and other costs here: N/A		

TRAINING #3		
Name of Training: E-Cornell Certificate – Real Estate Property Management		
Training Description: Training in facilities management, asset management strategies, and equipment management		
Name of Training Provider: E-Cornell		Provider Federal ID #: 15-0532082
Name of Training Provider Representative: Carrie Sabin		
Address: 950 Danby Road, Suite 150		
City: Ithaca	State: New York	Zip: 14850
Phone: 866-326-7635		Fax: N/A
Anticipated training dates: January 26, 2026 to September 30, 2026		
Projected Number of Hours of Training: 75 <small>Click or tap here to enter text.</small>		Number of Trainees: 1
Job Title(s) and Length(s) of Employment: Parks Maintenance Manager – 16 Years <small>Click or tap here to enter text.</small> <small>Click or tap here to enter text.</small>		
Certification Earned: Real Estate Property Management		
BUDGET	Instructor Wages/Tuition: \$3,900.00	*Materials/Supplies/Textbooks: N/A
	*Other Costs: N/A	TOTAL COST: \$3,900.00

TRAINING #3
*Please itemize costs related to materials, supplies, textbooks, and other costs here: N/A

TRAINING #4			
Name of Training: N/A			
Training Description:			
Name of Training Provider:		Provider Federal ID #:	
Name of Training Provider Representative:			
Address:			
City:	State:		Zip:
Phone:		Fax: N/A	
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:	
	*Other Costs:	TOTAL COST:	
*Please itemize costs related to materials, supplies, textbooks, and other costs here:			

TRAINING #5			
Name of Training: N/A			
Training Description: Click or tap here to enter text.			
Name of Training Provider: Click or tap here to enter text.		Provider Federal ID #: Click or tap here to enter text.	
Name of Training Provider Representative: Click or tap here to enter text.			
Address: Click or tap here to enter text.			
City: Click or tap here to enter text.	State: Click or tap here to enter text.		Zip: Click or tap here to enter text.
Phone: Click or tap here to enter text.		Fax: Click or tap here to enter text.	
Anticipated training dates: Click or tap here to enter text.			
Projected Number of Hours of Training: Click or tap here to enter text.		Number of Trainees: Click or tap here to enter text.	
Job Title(s) and Length(s) of Employment: Click or tap here to enter text.			
Certification Earned: Click or tap here to enter text.			
BUDGET	Instructor Wages/Tuition: Click or tap here to enter text.	*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.			

TRAINING #6		
Name of Training: N/A		
Training Description: Click or tap here to enter text.		
Name of Training Provider: Click or tap here to enter text.	Provider Federal ID #: Click or tap here to enter text.	
Name of Training Provider Representative: Click or tap here to enter text.		
Address: Click or tap here to enter text.		
City: Click or tap here to enter text.	State: Click or tap here to enter text.	Zip: Click or tap here to enter text.
Phone: Click or tap here to enter text.	Fax: Click or tap here to enter text.	
Anticipated training dates: Click or tap here to enter text.		
Projected Number of Hours of Training: Click or tap here to enter text.	Number of Trainees: Click or tap here to enter text.	
Job Title(s) and Length(s) of Employment: Click or tap here to enter text.		
Certification Earned: Click or tap here to enter text.		
BUDGET	Instructor Wages/Tuition: Click or tap here to enter text.	*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	\$6,327.00	\$6,327.00
TEXTBOOKS/MANUALS	Click or tap here to enter text.	Click or tap here to enter text.
TRAINING MATERIAL/ SUPPLIES	\$0.00	\$0.00

TOTAL COST OF TRAINING**	\$6,327.00	\$6,327.00
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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.*

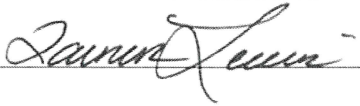
Source of Business Share/Contribution:

- ☐ 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.

Signature: 	Title: Executive Director
Print Name: Taurus Lewis	Date: 1/5/2026