

The Career Advancement Program exists for current Bowman County businesses interested in promoting growth and development in their current workforce to fill a special need or function. Businesses can apply for up to \$5,000 to assist an employee in continuing education.

Overview:

- Businesses must be hiring for a position that is outlined in the attached high-need and emerging occupations list. If
 position is not listed, employer may request a review by BCDC's Board of Directors for approval of position to qualify
 for the program.
- · Business must have a location in Bowman County.
- Employer will follow outlined qualifications for employee and certify use of funds.
- Can be paired with the workforce programs. Full request not to exceed \$5,000 per employee. Maximum of \$15,000 per business.

Employee Qualifications:

- · Reside in Bowman County.
- Employed by Bowman County business for a minimum of 6 months prior to utilizing the program and minimum of 3 years after using the program.
- Employee must remain a full-time employee (32+ hours) while pursuing course work.

Guidelines:

- Employer will submit proof of appropriate degree, certificate, or license employee will be pursuing as well as intended coursework to obtain said education. If the coursework approved by BCDC changes, it is the employer's responsibility to notify BCDC and request approval. Altered coursework not approved by BCDC is ineligible for reimbursement.
- Employee is eligible for up to \$5,000 total of combined workforce programs.
- Applicants will be required to sign a Business Incentive Agreement guaranteeing the program will be completed according to the details included on the application and approved by BCDC's Board of Directors.
- Employer will submit annual verification of employee's employment for three years after utilizing the program.
- Courses approved must be a part of a required course of study to receive degree, certificate, or license that is relevant and/or necessary to employees current role or intended promotion.
- Employee must pass course with a C or higher to qualify for reimbursement. If it is a Pass/Fail course they must pass course to qualify for reimbursement.
- This is a reimbursement based program. No funds will be disbursed until employer provides final proof of payment of course, proof of passing grade, and proof of completed certificate, license, or degree.
- Program award will be paid to employer. Employer will reimburse employee for eligible expenses.
- If employee's status changes or their employment with the approved employer is terminated for any reason



(other than death or disability) before the end of the commitment period, the employee must pay back 100% of the reimbursement received.

- · Application must be approved prior to course start dates.
- · There is no employer match requirement.
- Coursework must result in the completion of a certificate, license, or degree within 24 months of utilizing the program.
- BCDC will have final authority to approve, disapprove, or make changes as necessary.
- · BCDC reserves the right to request additional information as needed.
- · Please consult your accountant on proper tax handling.

Application Process:

- Employer submits completed Career Advancement Application on behalf of employee.
- · Application is reviewed and notification is given to employer.
- Employee registers in approved coursework to complete their certificate, license, or degree.
- Upon completion of certificate, license, or degree, employer will submit employee's receipts, grades, and proof of overall completion to BCDC.
- Funds will be released to employer after receipt, grade, and completed certificate, license, or degree has been verified.
- Employer will certify continued employment of employee that utilized incentive for three years after completion of continuing education.

Total Workforce Program Budget \$100,000

Businesses are capped at \$15,000 in workforce program benefits during the first cycle.

CAREER ADVANCEMENT PROGRAM

Application Form



		GENER	AL CONTAC	T INFORM	MATION			
Business N	Name:	FO	FOR INTERNAL USE ONLY					
Primary Contact:					Date App Rec	Date App Received:		
Physical Address:					Date Approve	Date Approved:		
Mailing Address:					Funding Amou	Funding Amount Approved: \$		
City:		State:	Zip:		Notification of	f Funding:		
Work Phor	ne:	Cell Phone:			Business Ince	entive Agreement	Completed:	
Email:								
Funding R	equest: \$							
		EN	IPLOYEE IN	FORMATI	ON			
Employee	Name:							
Current Po	sition:							
Email:								
Hire Date:								
Education	that will be completed:	□ Degree	□ License	☐ Certifica	ate			
Name of C	ertificate, License, or Deg	ree:						
Why is this	s continuing education ne	cessary for emp	loyee's current	role or what	t role will the emplo	yee move into up	on completion:	
If continuir	ng education is necessary	for a new role, i	s employee gu	aranteed thi	s role at the comple	etion of their certi	ficate, license, or	
degree? Pl	ease explain:							
		SCHOOL	AND COUR	RSE INFOR	RMATION			
University/	/School/Program Name:							
School Add	dress:							
City:		State:	Zip:					
Website:								
Estimated	Completion Date:							
	•		COURSI	ES/FEES				
						FOR INTERNAL USE ONLY		
Course #	Course Title	Credits	Start	End	Estimated Tuition	Actual Tuition	Final Grade	
	1	1	1	1			4	

CAREER ADVANCEMENT PROGRAM CHECKLIST OF REQUIREMENTS						
☐ Career Advancement Program Application	□ IRS W-9 Form					
I hereby declare that all the above provided information is correct terms and conditions.	and accurate to the best of my knowledge. I agree to the above					
Authorized Signature:	Printed Name:					
Title:	Date:					
Application is to be filled out in its entirety. All request information will be used to process the application. The checklist should also be completed prior to submission. Please do not leave any blank areas. If it does not apply to you, please draw a line through that section. All proof of payment, course completion verification, and proof of certificate, license, or degree must be submitted prior to reimbursement.						
Teran Doerr, Executive Director:						
Date Approved:						