

Application Walk-through:



SUBMITTING A SMALL BUSINESS TRAINING PROGRAM APPLICATION

JACI RUSSO, PCM



Step 1:

Navigate to www.laworks.net/WorkforceDev/IWTP/IWTP_SmallBusiness.asp and click **SBET Login**.



[Online Services](#)[Career Solutions](#)[My HIRE Account](#)[Louisiana Rehabilitation Services](#)

[Local Offices & Services](#)[American Job Center Contacts](#)[Labor Market Information](#)[Workforce Investment Council](#)

[Unemployment Insurance](#)[Workforce Development](#)[Workers' Compensation](#)[Job Opportunities at LWC](#)

[HOME](#)[ABOUT US](#)[WORKERS](#)[BUSINESSES](#)[DOWNLOADS](#)[CONTACT](#)[FAQs](#)

[Incumbent Worker Training Program > Small Business](#)

Incumbent Worker Training Program

Small Business Employee Training (SBET)

Program Information

- [Program Information \(One page flyer\) \(PDF\)](#)
- [Program Overview/FAQs/Process \(PDF\)](#)
- [Frequently Asked Questions About IWTP - Small Business](#)

Award Application




- [SBET Login](#)**
- [SBET Application Instructions \(PDF\)](#)
- [SBET Invoice Instructions \(PDF\)](#)

Contact Information

- [IWTP Regional Contacts \(PDF\)](#)

This website is partially supported by Grant Number 2401LACOSR from the Office of Community Services/CSBG within the Administration for Children and Families, a division of the U.S. Department of Health and Human Services. Neither the Administration for Children and Families nor any of its components operate, control, are responsible for, or necessarily endorse this website (including, without limitation, its content, technical infrastructure, and policies, and any services or tools provided). The opinions, findings, conclusions, and recommendations expressed are those of the author(s) and do not necessarily reflect the views of the Administration for Children and Families and the Office of Community Services/CSBG.

External links open new windows and are not controlled by the Louisiana Workforce Commission. | Contact us at: (225) 342-3111 | TDD (800) 259-5154.
[SITE COMMENTS](#) | Equal Opportunity Employer/Program | Auxiliary aids and services are available upon request to individuals with disabilities.
[This page was last updated on April 15, 2025.]





Step 2:

Click New user and fill out the following to **create an SBET account**.



WORKFORCE DEVELOPMENT Incumbent Worker Training Program (IWTP) - for Businesses -

Small Business Employee Training

- New Employer User Creation -		Field Comments/Explanation
Username:	<input type="text"/>	Enter a new username. Note: It must be at least 6 characters long. Also, only one user name will be assigned to each employer.
Password:	<input type="password"/>	
Confirm Password:	<input type="password"/>	
Secret Question		
SAMPLE:What is most important date for you other than your birth date?		
Secret Answer:	<input type="text"/>	
First Name:	<input type="text"/>	
Last Name:	<input type="text"/>	
Federal ID Number:	<input type="text"/>	
Unemployment Insurance #:	<input type="text"/>	
<input type="button" value="Create New User"/>		

For further information please contact your Regional IWTP Specialist.
Click [here](#) to view a list of Regional Contacts.



Step 3:

Click **Create Application**





Step 4:

After login, a message will pop up. **Click ok to proceed.**

iwtp.lawworks.net says



NOTE: Employer must receive LWC approval, in writing, prior to the start of training.

OK



Step 5:

Complete the fields
by filling out your
information.

**WORKFORCE DEVELOPMENT**
Incumbent Worker Training Program (IWTP)
- for Businesses -
Small Business Employee Training
Employer Application

Log Off

**Date:	<input type="text"/>
**Federal Tax ID No.	<input type="text"/>
**Unemployment Insurance Account No.	<input type="text"/>
*Anticipated Start Date (mm/dd/yyyy)	<input type="text"/>
***Employer Name:	<input type="text"/>
***Business Mailing Address:	<input type="text"/>
***City, State, Zip Code	<input type="text"/> , <input type="text"/> <input type="text"/>
***Business Street Address:	<input type="text"/>
***City, State, Zip Code	<input type="text"/> , <input type="text"/> <input type="text"/>
***Is Company A Woman Owned Business?	<input type="text"/>
***Is Company A Minority Owned Business?	<input type="text"/>
***# of People currently employed by your company?	<input type="text"/>
Contact Information	



Step 6:

Confirm the acknowledgment by clicking the check-box.

*** Is Company A Woman Owned Business?	<input type="checkbox"/>
*** Is Company A Minority Owned Business?	<input type="checkbox"/>
*** # of People currently employed by your company?	<input type="text"/>
Contact Information	
* Name	<input type="text"/>
* Title	<input type="text"/>
*** Telephone Number	<input type="text"/>
*** Fax Number:	<input type="text"/>
*** Email Address:	<input type="text"/>
*** Alternate Email Address:	<input type="text"/>
<div><input checked="" type="checkbox"/> <u>I confirm that the above information has been reviewed and was updated as needed & understand that all SBET Reimbursements are issued to the address associated with the Unemployment Insurance Account No.</u></div>	
<div>Create ApplicationCancel</div>	

- * Entry is Required.
- ** Filled in from LWC Records, for display only.
- *** Filled in from LWC Records, please make changes as necessary.



		Fax No:	
Federal Tax ID No:		Contact Person's Email Address:	
Unemployment Insurance Account No:		Contact Person's Alternate Email Address:	
Business Mailing Address:		Is Company A Woman Owned Business?	
		Is Company A Minority Owned Business?	
City, State, Zip Code:			
Business Street Address:			
City, State, Zip Code:		# of People currently employed:	

***Total Cost:** (*) Calculated automatically.

PAGE 8



Step 8:

If Brand State U is not on the Training Provider list, type it in the following field.

Federal Tax ID No:

Email Address:

Unemployment Insurance Account No:

Contact Person's Alternate Email Address:

Business Mailing Address:

Is Company A Woman Owned Business?

Is Company A Minority Owned Business?

City, State, Zip Code:

Business Street Address:

City, State, Zip Code:

of People currently employed:

*Tuition:

*Texts & Manuals:

*Total Cost:

(*) Calculated automatically.

#	Trainee's Name	SSN	Training Type	Training Provider	Course Title	Course Hours	Current Job Title	O*NET SOC Cod
1	Last: <div></div> First: <div>-</div>	<div></div> ###-##-####	<div>G1</div> <div>Help?</div>	<div>Select a Training Provider from this list or use 'Help?' for more Info. <div></div> Help?</div> <div>Brand State U</div> <div>Select a Program of Study or use 'Help?' for more Info. <div></div> Help?</div> <div>N/A</div>	<div></div>	<div></div>	<div></div>	Current: <div>--</div> Training for: <div>Sa</div>

Complete App.

Cancel Update

Return to Main Menu

Return to Main Menu



Step 9:

Fill out each field for the employee and then **click ‘post this course’** to add the next employee.



Step 10:

Once all employees and courses have been entered, **click ‘complete app.’**



Step 11:

Verify your eligibility by answering the following:

LOUISIANA
WORKFORCE
COMMISSION

WORKFORCE DEVELOPMENT
Incumbent Worker Training Program (IWTP)
- for Businesses -

Log Off

Small Business Employee Training (SBET) Program - Verification of Eligibility

All questions must be answered for submission.		Yes	No
1	Does the company have 50 employees or less?	<div><div>verified</div></div>	<div><div></div></div>
2	Is the company NOT currently receiving CUSTOMIZED training from Incumbent Workers Training Program (LWC)?	<div><div>verified</div></div>	<div><div></div></div>
3	Did the company list employees on the last Quarterly Tax Return.	<div><div>verified</div></div>	<div><div></div></div>
4	Is the company paying Louisiana Unemployment Insurance taxes.	<div><div>verified</div></div>	<div><div></div></div>
5	Is the company not missing quarterly return(s) for Louisiana Unemployment Insurance taxes.	<div><div>verified</div></div>	<div><div></div></div>
6	Has the company ever filed quarterly return(s) for Louisiana Unemployment Insurance taxes.	<div><div>verified</div></div>	<div><div></div></div>
7	The company does not owe Louisiana Unemployment Insurance tax.	<div><div>verified</div></div>	<div><div></div></div>
8	Is the company in a Cluster based Industry as defined in Vision 2020?	<div><div></div></div>	<div><div>verified</div></div>
9	Are all occupations to be trained classified as labor demand occupations as defined in the Workforce Investment Act of 1998? (WIA)	<div><div>verified</div></div>	<div><div></div></div>
10	Are training costs limited to \$3,000 or less per trainee per state fiscal year (July 1-June 30)?	<div><div>verified</div></div>	<div><div></div></div>
11	Some of your selected training is under the policy or direct management authority of the Board of Regents (Training Type 'G1'). You will need to attach proof that the course requested is authorized under the Program of Study selected. You must also submit the cost verification for the courses requested. Select YES, to acknowledge that you are aware of this requirement.	<div><div></div></div>	<div><div></div></div>
12	You have manually entered a Training Provider/Program of Study. New training programs (those that did not exist in the previous year), would be exempt from meeting LOIS Scorecard eligibility criteria. Upon receipt of your application, LWC staff will determine the Training Provider/Program of Study's eligibility and notify you accordingly. Select YES, to acknowledge that you are aware of this requirement.	<div><div></div></div>	<div><div></div></div>
13	You will need to attach a copy of the company W-9 form - Request for Taxpayers Identification Number and Certification? Select YES, to acknowledge that you are aware of this requirement.	<div><div></div></div>	<div><div></div></div>
14	Employee(s) being trained must either receive a pay increase or wages must be paid for the training hours attended. You will need to attach copy(ies) of the check/pay stubs of employee(s) being trained. At the time of reimbursement, you will be asked to submit the check/pay stub(s) covering the training period. Select YES, to acknowledge that you are aware of this requirement.	<div><div></div></div>	<div><div></div></div>
15	You must receive written approval from the Louisiana Workforce Commission (LWC) prior to the start of any training. Select YES, to acknowledge that you are aware of this requirement.	<div><div></div></div>	<div><div></div></div>
16	Please allow a minimum of 30 days to process the application. If the application is received with less than 30 days to process, the application will be rejected. Select YES, to acknowledge that you are aware of this.	<div><div></div></div>	<div><div></div></div>

WARNING!

Pressing the submit button below indicates that this application is complete. No changes can be made after this button is pressed.

Submit

Return to Main Menu



Step 12:

Print & mail or fax application to workforce development.

Sign and date the printed application and send it to:

Louisiana Workforce Training Program
Incumbent Worker Training Program

1001 North 23rd Street
Post Office Box 94094
Baton Rouge, LA 70804-9094

6/9/25, 11:56 AM

LWC/IWTP - Small Business Employee Training Application

SBET Application

Mail/Fax to: Incumbent Worker Training Program
1001 North 23rd Street
Post Office Box 94094
Baton Rouge, LA 70804-9094
Fax: (225) 342-8991

Application Date:
Award Number:

Employer Information		
Unemployment Insurance No.		Federal ID No.
Name		
Business Mailing Address		
City, St Zip		
Business Street Address		
City, St Zip		

Contact Information	Totals
Name	Employees To Train
Title	Tuition
Phone	Texts & Manuals
Fax	Award Requested
Email	
Alternate Email	

The following documents *MUST BE* included with your *SIGNED* Application:
☐ Copy of the W-9 form - Request for Taxpayers Identification Number and Certification.
☐ Copy of Check Stubs/Pay Stubs of employee(s) to be trained.
☐ Obtain from Trainer: Fee Sheet, Vendor Quote &/or Agenda.

Estimated Training Start Date:	Estimated Training Completion Date:
NOTE: Employer must receive LWC approval, in writing, prior to start of training. I hereby certify that all information provided in this application and supporting documentation is true and correct and I am aware that any false information or lack of information knowingly made or omitted may subject me to civil or criminal penalties for filing of false public records, and/or forfeiture of any training award approved under this program.	

Signature of Authorized Employer Representative

Title

Date

Print

1 sheet of paper

Destination

SAVIN

Pages

All

Copies

1

Layout

Portrait

Color

Color

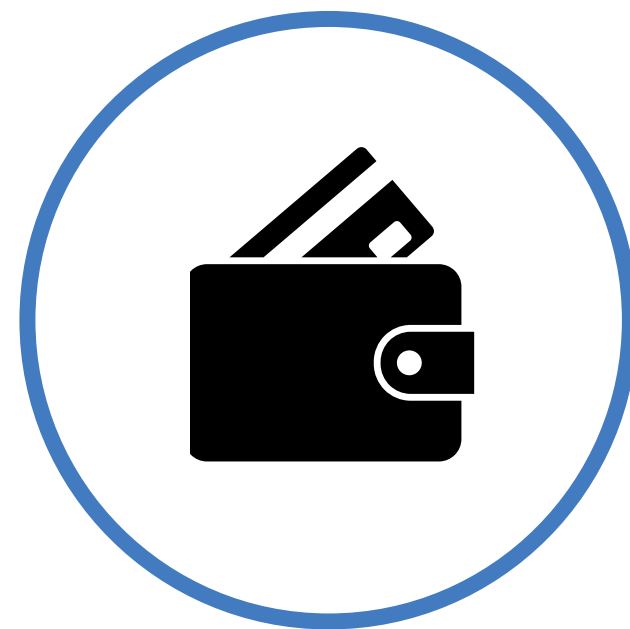
More settings

Cancel

Print

https://iwtp.laworks.net/SBA_PrintApp.asp?SeqNo=38748&G1=1&G2=0&G3=0&G4=0

1/1



Step 13:

Once approved, **register & pay** for the course.



Step 14:

Upon completion of the course, your trainer will provide a certificate of completion. **Submit your certificate to workforce development** for reimbursement.

Questions?

jaci@brandstateu.com



SCAN HERE FOR
MORE RESOURCES

