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|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>No.</b>                 | <b>SOP 001</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Name</b>                | <b>Receiving and Managing State Expansion Funds (SFRF)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Audience</b>            | <b>Program Sponsors, College Business Officers, and Apprenticeship Award Coordinators</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Purpose</b>             | To guide award coordinators, employers, and sponsors on how to reimburse expenses through the SFRF funds.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Last Reviewed By</b>    | <b>James Yarley, Julie Carpenter</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Date of Last Review</b> | <b>02.09.26</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Key Terms</b>           | <ul style="list-style-type: none"> <li>• <b>SFRF (State Fiscal Recovery Funds)</b> - These funds were the result of a NC General Assembly law (Session Law 2021-180 Section 6.14) in 2021. It allocated millions of dollars for expanding apprenticeship opportunities by taking care of some of the financial burden for apprentices and their program sponsors. These funds, also referred to as expansion funds, should be obligated by 12.31.24, and all disbursement requests made by 9.30.26.</li> <li>• <b>Employer incentives / program costs</b> – The first of three “eligible fund” categories; this reimburses the sponsor or employer costs associated with bringing on a new apprentice (e.g., training or equipment costs)</li> <li>• <b>Educational aid / education expenses</b> – The second of three “eligible fund” categories; this reimburses the community college for any expenses for related instruction (tuition, books, and fees)</li> <li>• <b>Wage reimbursement</b> – The third of three “eligible fund” categories; this reimburses half of an apprentice’s wages (Note: This is limited by the hourly paid amount and the total number of hours that are reimbursable)</li> </ul> |

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## Apprenticeship Program Expansion Funds (SFRF) Eligibility Criteria

For a business to be eligible for this grant, the following criteria must be met:

- The *apprentice* must be **between 16 and 25 at the time of registration**.
- The employer's *business* or satellite location **resides in a tier one or tier two county** as designated in the annual ranking performed by the NC Department of Commerce, pursuant to G.S. (General Statutes) 143B-437.08 for the 2020 calendar year.
- The employer's business **employs less than 500 people**.
- Employer's business has **at least one occupation in one of the following** high-demand fields and careers:

(15-0000) Information Technology, Computer, or Mathematical

(17-0000) Architecture and Engineering

(25-0000) Education

(29-0000) Healthcare Technicians

(31-0000) Healthcare Support

(33-0000) Protective Service

(35-0000) Food Preparation and Service

(43-0000) Office and Administrative Support

(47-0000) Construction and Extraction

(49-0000) Installation, Maintenance, and Repairs

(51-0000) Production

(53-0000) Transportation

Even if the business qualifies, there are still additional steps that the employer and/or sponsor must take to receive this funding. See the process flow in [Appendix A](#) to see the individual steps of this process.

When the apprentice is registered and approved, the ApprenticeshipNC system (NCRAN) will run an automated process to verify which apprentices meet these four criteria. If all four criteria are met, the system will automatically generate an email to the sponsor informing them that the business is eligible to receive funds for that apprentice. However, the disbursement of funds will depend on the availability of those funds:

- If funds are available, the sponsor will be emailed a notification that funds have been awarded.
- If funds are not available, the sponsor will be informed that the participant has been placed on a waitlist.

## SFRF Eligible Expenses

### Employer Incentives / Program Costs

Each business qualifies for **\$2,000 to cover expenses associated with the hiring of each apprentice**. During the first year of training these funds can be used for program expenses, including costs for purchasing program equipment, costs associated with payroll, mentor stipends, insurance, training, uniforms, and safety equipment.

### How to Get Reimbursed for Program Costs

The form for reimbursing employer incentives can be found in [Appendix B \(the Program Cost Reimbursement Invoice Form\)](#). This form, along with supporting documentation, must be submitted in NCRAN. **The company invoice should** indicate:

1. The apprentice associated with the invoice
2. The reason(s) for the submission

|                                                                              |
|------------------------------------------------------------------------------|
| Please note that a separate invoice should be submitted for each apprentice. |
|------------------------------------------------------------------------------|

The reimbursement invoice form should be submitted as soon as possible after the expense is paid and **the final form must be received within one year of the apprentice's start date**, or the funds will be rejected and released to other eligible apprentices.

See [Appendix F](#) for the steps on how to make a reimbursement request in NCRAN.

## Education Expenses

NC Apprenticeship Expansion funds will cover up to **\$2500 for related instruction expenses for each year of the first two years** for a **total of \$5000**. The starting anniversary is used as the renewal date for the start of the second year.

This funding category supplements the cost of education including:

- Tuition
- Books
- Related fees

## How to Get Reimbursed for Education Expenses

The community college will submit a request for disbursement in NCRAN **within 30 days** of the last add/drop date for the semester.

Invoices received after the cut-off will be rejected and the funds released. The sponsor will submit the form for educational aid reimbursement (found in [Appendix C](#)) along with any supporting documents in NCRAN.

## Wages

NC Apprenticeship Expansion funds are available to **reimburse up to 50% of gross wages paid to a maximum of 2,000 on-the-job learning (OJL) hours**. Please note that wages for time spent in class are not reimbursable. The reimbursement cap:

- *For high school students* is 50% of \$28 per hour (**\$14 per hour**)
- *For apprentices who are not in high school but between the ages of 16 and 25* is 50% of \$30 per hour (**\$15 per hour**).

## How to Get Reimbursed for Wages

A sponsor will complete the form in [Appendix D](#), the Wage Reimbursement Invoice, and submit it in NCRAN, along with a copy of the apprentice's pay records (a printed report is acceptable). The employer/sponsor should minimize the personally identifiable information in the pay record they upload in NCRAN. The only information our staff needs to identify the individual and approve the wage reimbursement are:

- The apprentice's first and last name that matches the information on the wage reimbursement invoice form
- The apprentice's pay frequency (weekly, biweekly, monthly)
- The apprentice's rate and hours worked

Wage reimbursement must be **submitted monthly** regardless of pay cycles. As an example:

- If an apprentice is paid *weekly*, this would cover four pay cycles.
- If they are paid *biweekly*, this would cover two pay cycles.
- If they are paid *monthly*, this would be one pay cycle.

The Wage Reimbursement Invoice (Appendix D) with all supporting documents **must be submitted in NCRAN within 30 days of the last payroll cycle on the form**. The intention is that the funds are reimbursed in monthly increments and not in one lump sum after the accumulation of 2,000 paid hours.

|                                                            |
|------------------------------------------------------------|
| Invoices received after the 30-day period may be rejected. |
|------------------------------------------------------------|

**All funds must be requested by September 30, 2026.**

## Eligible Expense Summary

This chart provides an overview of the eligible expenses for the State Expansion Funds:

| Category                                   | Expenses Covered                                                                                     | Maximum Amount                                              | Invoice to Submit                                                   | Submission Deadline in NCRAN                                                                                                                  |
|--------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Employer Incentives (Program Costs)</b> | Costs associated with hiring an apprentice (program and safety equipment, insurance, training costs) | \$2,000 per apprentice                                      | <i>Appendix B:</i><br>Program Cost Reimbursement Invoice Form       | Within one year of the apprentice's start date                                                                                                |
| <b>Education Expenses</b>                  | Tuition, books, and fees related to an academic program                                              | \$5,000 per apprentice (\$2,500 each for Year 1 and Year 2) | <i>Appendix C:</i><br>Education Expenses Reimbursement Invoice Form | The community college will submit a request for disbursement in NCRAN <u>within 30 days of the last add/drop date</u>                         |
| <b>Wages</b>                               | 50% of wages paid to an apprentice                                                                   | Up to 2,000 paid hours based on the stated cap.             | <i>Appendix D:</i><br>Wage Reimbursement Invoice Form               | Submitted monthly (regardless of the pay frequency)<br><br>Must be submitted within 30 days of the last payroll cycle reported on the invoice |

## Funds that Are Declined or Not Used

There are several reasons why funds may not be used. For example:

- The apprentice has dropped out of the program.
- The apprentice completed the program before all their eligible funds could be used.
- The employer has decided not to use the funds.
- The employer did not request funds before their expiration date.

When a sponsor learns of any of these scenarios involving an apprentice who was awarded expansion funding, the sponsor should report this to the Expansion Funds Admin:

Expansion Funds Admin: **Patty Moyer**

Email: **moyerp@nccommunitycolleges.edu**

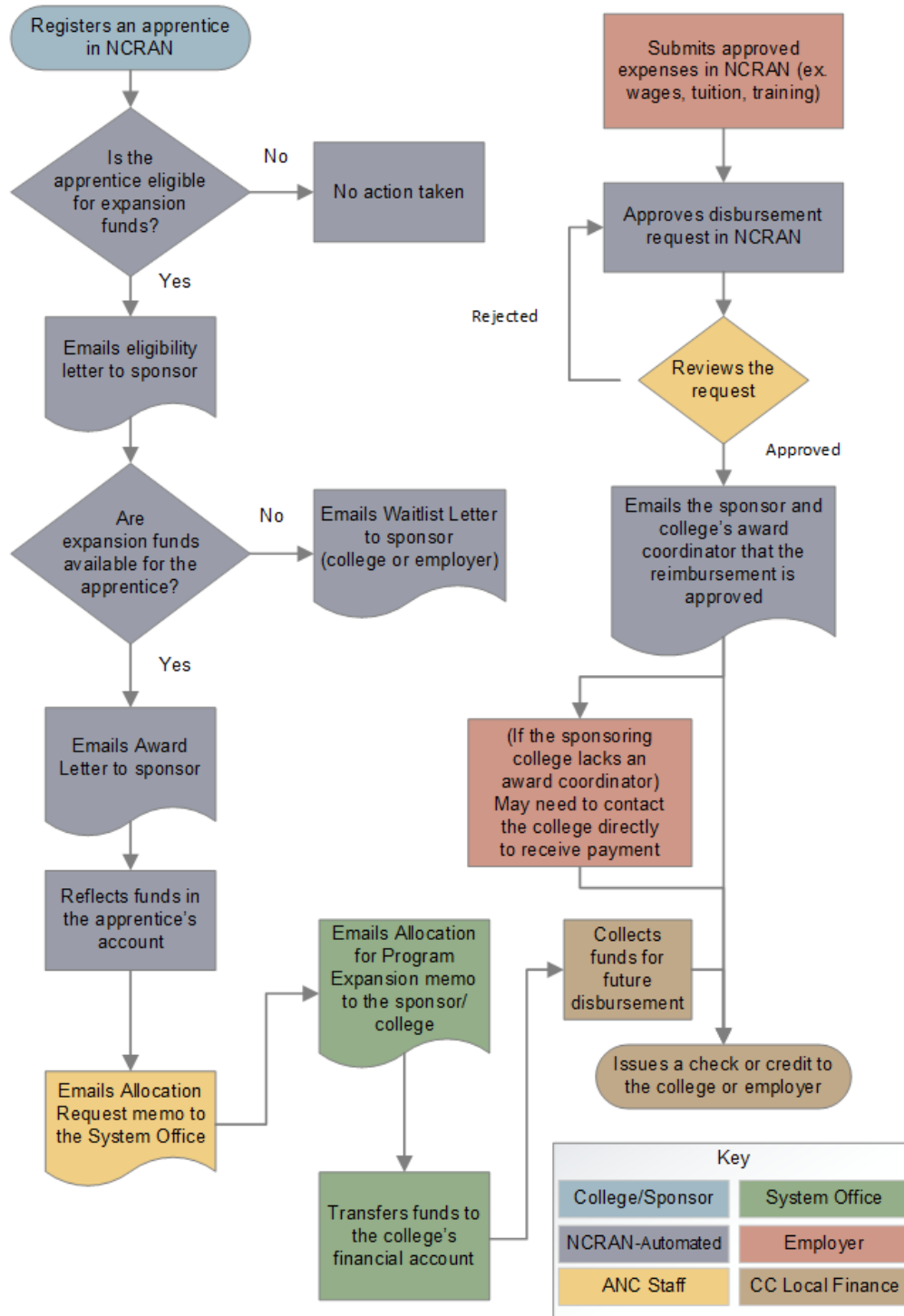
The Expansion Funds Admin will be able to recall those funds and reallocate them to other interested sponsors.

**The process** for recalling funds can be found in [Appendix E](#).



## Appendix A

### Grant Award Management Process Flow



## Appendix B

### Program Cost Reimbursement Invoice Form

| Contact Information                                       |  |                        |  |
|-----------------------------------------------------------|--|------------------------|--|
| Apprentice Name                                           |  | College Contact Name   |  |
| Program Enrollment ID                                     |  | College Contact Email  |  |
| Sponsor Name                                              |  | Employer Name          |  |
| Program ID                                                |  | Employer Address       |  |
| Program Start Date                                        |  | Employer County        |  |
| Today's Date                                              |  | Employer Contact Name  |  |
| Community College Name                                    |  | Employer Contact Email |  |
| Authorized Expenses                                       |  |                        |  |
| Expenses that Do NOT Require Back-up Documentation        |  |                        |  |
| Hiring Costs                                              |  | Payroll Costs          |  |
| Insurance                                                 |  | Mentor Stipend         |  |
| Training                                                  |  | Sub-total              |  |
| Expenses that MUST Include Receipt / Proof of Expenditure |  |                        |  |
| Uniform(s)                                                |  | Equipment/Tools        |  |
| Safety Equipment                                          |  | Sub-total              |  |
| Grand Total (Cannot Exceed \$2,000)                       |  |                        |  |

By signing this invoice, I certify that the funds invoiced were spent in support of the apprentice listed above as part of their program.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

## Appendix C

### Education Expenses Reimbursement Invoice Form

| Contact Information                                       |  |                                |  |
|-----------------------------------------------------------|--|--------------------------------|--|
| Apprentice Name                                           |  | College Contact Name           |  |
| Program Enrollment ID                                     |  | College Contact Email          |  |
| Sponsor Name                                              |  | Employer Name                  |  |
| Program ID                                                |  | Employer Address               |  |
| Semester End Date                                         |  | Employer County                |  |
| Today's Date                                              |  | Employer Contact Name          |  |
| Community College Name                                    |  | Employer Contact Email         |  |
| Authorized Expenses                                       |  |                                |  |
| Expenses that MUST Include Receipt / Proof of Expenditure |  |                                |  |
| Year 1 or Year 2                                          |  | Activity Fee                   |  |
| In-State Tuition                                          |  | Technology Fee                 |  |
| Books                                                     |  | Accident Insurance Fee         |  |
| Online Book/ Courseware                                   |  | "Other" Fees<br>Describe below |  |
| Access/Parking/Security                                   |  |                                |  |
| Grand Total (Cannot Exceed \$2,500)                       |  |                                |  |

By signing this invoice, I certify that the funds invoiced were spent in support of the apprentice listed above as part of their program.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

## Appendix D

### Wage Reimbursement Invoice Form

| Contact Information                                  |            |                           |              |             |             |
|------------------------------------------------------|------------|---------------------------|--------------|-------------|-------------|
| Apprentice Name                                      |            | College Contact Name      |              |             |             |
| Program Enrollment ID                                |            | College Contact Email     |              |             |             |
| Sponsor Name                                         |            | Employer Name             |              |             |             |
| Program ID                                           |            | Employer Address          |              |             |             |
| Program Start Date                                   |            | Employer County           |              |             |             |
| Today's Date                                         |            | Employer Contact Name     |              |             |             |
| Is the apprentice a high school student? (yes/no)    |            | Employer Contact Email    |              |             |             |
| Community College Name                               |            | Hourly Rate During Period |              |             |             |
| Wages Information                                    |            |                           |              |             |             |
| MUST Include Supporting (Payroll) Documentation      |            |                           |              |             |             |
|                                                      | Period One | Period Two                | Period Three | Period Four | Period Five |
| Date Range for Each Period<br>(ex. 1/1/25 - 1/31/25) |            |                           |              |             |             |
| Hours Worked                                         |            |                           |              |             |             |
| Total Wages                                          |            |                           |              |             |             |
| Reimbursable Amount<br>(50% of wages)                |            |                           |              |             |             |
| Total Hours                                          |            |                           |              |             |             |
| Total Reimbursable Amount                            |            |                           |              |             |             |

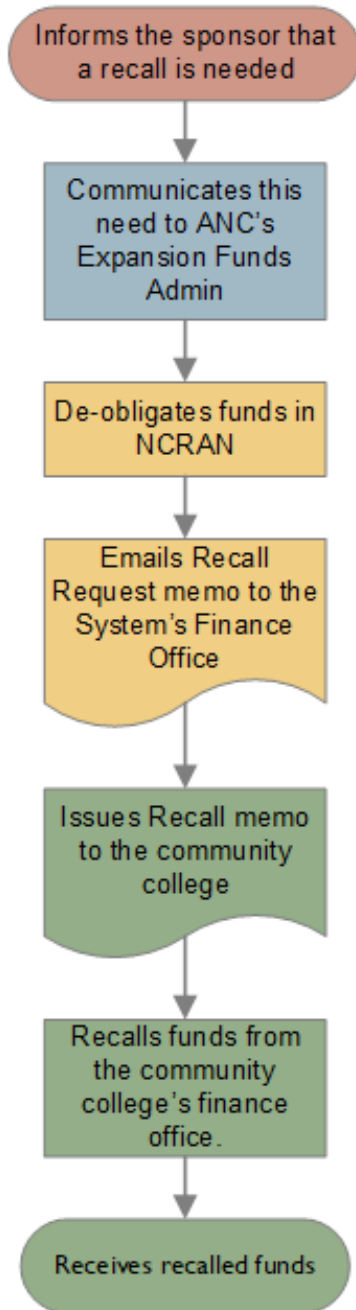
By signing this invoice, I certify this information to be true and correct.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

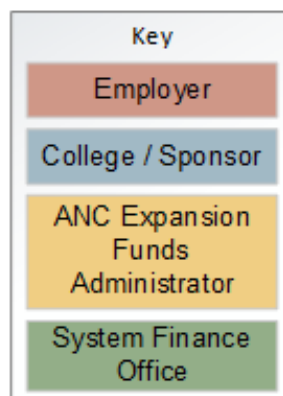
## Appendix E

### Grant Recall Process Flow



Situations that could lead to recalled funds:

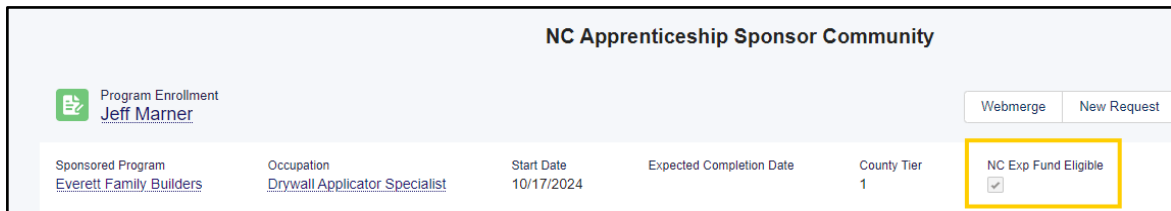
- An apprentice leaves the program.
- An employer declines funds.
- The funds have expired.
- An apprentice completes the program before spending all allocated funds.



## Appendix F

### Steps for a Sponsor to Make a Disbursement Request

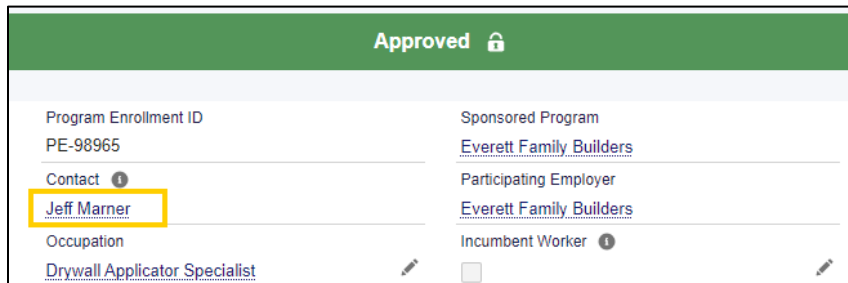
1. A sponsor will see the **NC Exp Fund Eligible** checkbox selected in the top field of an apprentice's program enrollment page:



The screenshot shows the 'NC Apprenticeship Sponsor Community' interface. At the top, there's a header with 'Program Enrollment' and the name 'Jeff Mamer'. Below this, there are two buttons: 'Webmerge' and 'New Request'. The main content area displays several fields: 'Sponsored Program' (Everett Family Builders), 'Occupation' (Drywall Applicator Specialist), 'Start Date' (10/17/2024), 'Expected Completion Date', 'County Tier' (1), and a checkbox labeled 'NC Exp Fund Eligible' which is checked. The checkbox is highlighted with a yellow box.

| NC Apprenticeship Sponsor Community          |                                             |                          |                          |                  |                                                             |
|----------------------------------------------|---------------------------------------------|--------------------------|--------------------------|------------------|-------------------------------------------------------------|
| Program Enrollment<br>Jeff Mamer             |                                             | Webmerge New Request     |                          |                  |                                                             |
| Sponsored Program<br>Everett Family Builders | Occupation<br>Drywall Applicator Specialist | Start Date<br>10/17/2024 | Expected Completion Date | County Tier<br>1 | NC Exp Fund Eligible<br><input checked="" type="checkbox"/> |

2. From the program enrollment page, the sponsor can click on the link with the apprentice's name (under the **Contact** header):



The screenshot shows the 'Approved' page with a green header. Below the header, there are two columns of information. The left column contains 'Program Enrollment ID' (PE-98965), 'Contact' (Jeff Mamer), and 'Occupation' (Drywall Applicator Specialist). The right column contains 'Sponsored Program' (Everett Family Builders), 'Participating Employer' (Everett Family Builders), and 'Incumbent Worker' (checkbox). The 'Contact' link 'Jeff Mamer' is highlighted with a yellow box.

| Approved                                    |                                                   |
|---------------------------------------------|---------------------------------------------------|
| Program Enrollment ID<br>PE-98965           | Sponsored Program<br>Everett Family Builders      |
| Contact<br>Jeff Mamer                       | Participating Employer<br>Everett Family Builders |
| Occupation<br>Drywall Applicator Specialist | Incumbent Worker<br><input type="checkbox"/>      |

- From the apprentice's contact page, the sponsor can scroll down to the **Grant Awards and Financial Aid Awards** section and click the link for **NC ANC Expansion Funds**:

Contact: Johnny Johnson

Enroll in Program Webmerge

| Contact No | Primary Business Affiliation | Email                     | Phone        | Award Count | Total Fin Aid Distributed |
|------------|------------------------------|---------------------------|--------------|-------------|---------------------------|
| CO-0018452 | Phoebe's Coat Factory        | ericncrantilmon@gmail.com | 910-987-9632 | 1           | \$0.00                    |

**Contact Details**

Employer Assigned ID

Student ID

Johnny Johnson

123 Main Street  
Gastonia, North Carolina 12593  
United States

Digital Signature Exempt

**Program Enrollments (1)**

1 Item • Updated a few seconds ago

| Program E... | Sponsored ...     | Occupation        | Admission ... | Start Date |
|--------------|-------------------|-------------------|---------------|------------|
| 1 PE-53429   | Phoebe's Coat ... | Mechatronics T... | 7/19/2022     | 6/6/2022   |

**Grant Awards and Financial Aid Awards**

**Attributes (1)**

| Attribute Name       | Education Assistan... | Award Approved Date | Award Amount |
|----------------------|-----------------------|---------------------|--------------|
| NC ANC Expansion ... | NC ANC Expansion F... |                     | \$25,900.00  |

- From the award page, the sponsor can see the remaining allocated funds for the apprentice (In the **Award Summary** section) and complete the **Disbursement Request** for one of three eligible fund categories. The sponsor will also need to upload the applicable form for each category (contained in Appendices B through D of this SOP):

Attribute: NC ANC Expansion Funds award for PE-98965

| Program Enrollment | Contact     | Program ID | Sponsored Program       | Award Start Date | Award End Date |
|--------------------|-------------|------------|-------------------------|------------------|----------------|
| PE-98965           | Jeff Marner | RA-002561  | Everett Family Builders | 10/17/2024       | 12/31/2026     |

**Details Documents**

**Award Summary**

|                        |             |
|------------------------|-------------|
| Award Amount           | \$22,000.00 |
| Award Submitted Amount | \$0.00      |
| Award Approved Amount  | \$0.00      |

| Category Totals         | Educational Aid | Wages       | Employer Incentives |
|-------------------------|-----------------|-------------|---------------------|
| Amount Awarded          | \$5,000.00      | \$15,000.00 | \$2,000.00          |
| Submitted Disbursements | \$0.00          | \$0.00      | \$0.00              |
| Approved Disbursements  | \$0.00          | \$0.00      | \$0.00              |
| Amount Remaining        | \$5,000.00      | \$15,000.00 | \$2,000.00          |

**Disbursement Request**

\* Category: --None--

\* Amount of Claim:

Next