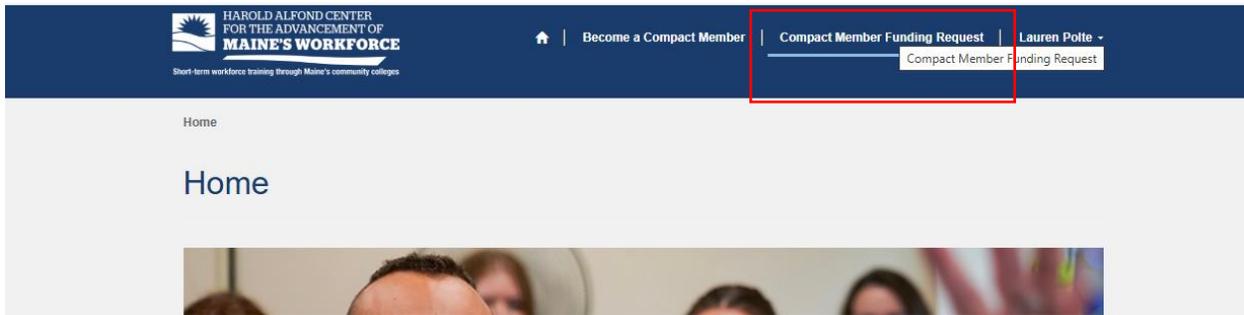


# Compact Member Training Documentation

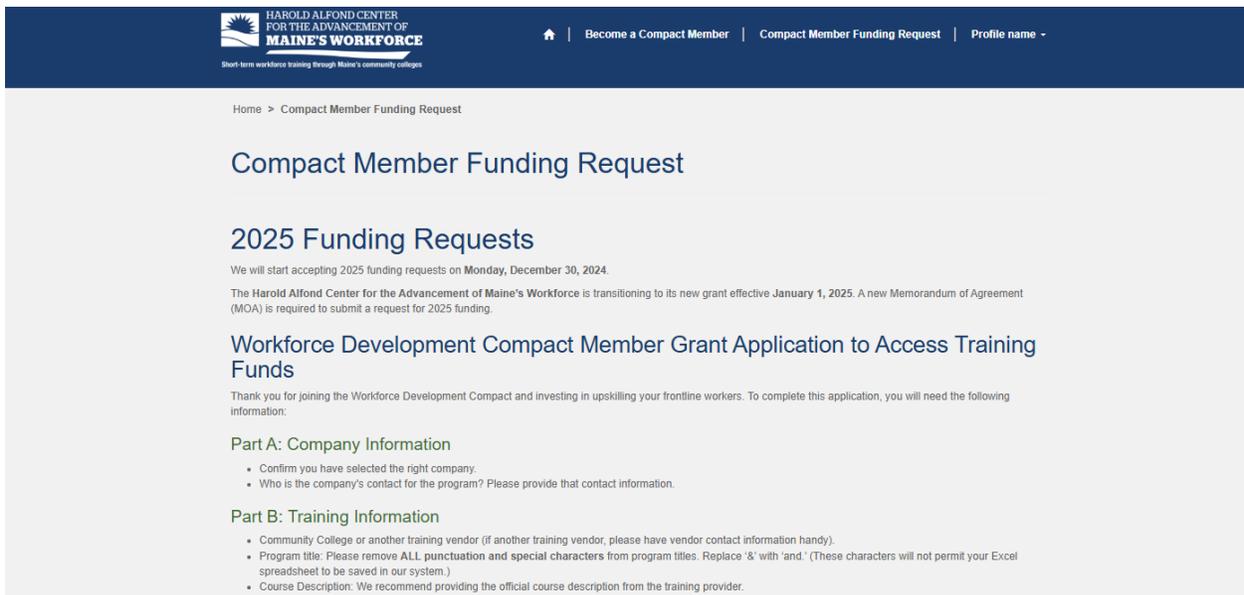
Navigate to the portal: <https://upskillmaine.powerappsportals.com>

## Compact Member Funding Request

Select 'Compact Member Funding Request':



You will be brought to the 'Compact Member Funding Request' page:



Scroll down to the bottom, and you will see a grid of Funding Requests with the option to 'Apply for Funding'. Click 'Apply for Funding':

- Retail price per frontline worker (Actual retail cost - not 50% rate)
- Total funding request (Your total retail cost - not 50% rate)

**Please Note:** If you do not include the above information, it will delay processing your funding request. We have been receiving a high volume of submissions, which can cause delays in processing approval emails.

If you have any questions or concerns, please feel free to reach out to [alfondtraining@mccs.me.edu](mailto:alfondtraining@mccs.me.edu).

[Active Compact Member Funding Request-](#)

[Apply for Funding](#)

Training or Class Title	Organization	Application Contact	Start Date	End Date	Total Funding Request (Amount)	Approved Amount	Current Approval Step	Created On ↑
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There are no records to display.

You will be brought to the first page of the Funding Request Application:

Short-term workforce training through Maine's community colleges

Home > Compact Member Funding Request > Compact Member Funding

## Compact Member Funding

Training Information | Trainer Information | Participants | Attestation

Organization \*  
Lauren Cooks Co

Training or Class Title \*  
Intro to Cooking  
Remove ALL punctuation and special characters (e.g., replace '&' with 'and')

Start Date \*  
2/24/2025

End Date \*  
2/28/2025  
Reminder-We cannot approve programs that started prior to the submission date.

Number of Employees to be Trained \*  
12

Number of Contact Hours \*  
20  
We want to include the correct amount of contact hours the employee is being trained. If this is a credit class, please indicate the correct number of hours based on 15 hours per credit.

Is this funding request for a college credit class? \*  
 No  Yes

Is it an online training? \*  
 No  Yes

Note the Organization you are submitting a request for – this will be the Organization associated with your profile, based on your email.

Enter all of the required information on this page. Click 'Next'.

This page asks you about the Vendor that will be providing your training. Select an option from the dropdown:

Home > Compact Member Funding Request > Compact Member Funding

## Compact Member Funding

Training Information ✓ Trainer Information Participants Attestation

Please provide us with WHO is providing the training as the training vendor and not the HOST of the training.

If the training is being provided by a third-party training vendor (not by one of Maine's Community Colleges), please review the list of our third party training partners.

Training Provider Type \*

- Select
- Select
- Maine Community College
- Other Training Vendor
- Internal Training

Previous Next

Based on your selection, more information will show for you to finish your selection

Training Provider Type = Maine Community College:

Home > Compact Member Funding Request > Compact Member Funding

## Compact Member Funding

Training Information ✓ Trainer Information Participants Attestation

Please provide us with WHO is providing the training as the training vendor and not the HOST of the training.

If the training is being provided by a third-party training vendor (not by one of Maine's Community Colleges), please review the list of our third party training partners.

Training Provider Type \*

Maine Community College

Maine Community College \*

- Central Maine Community College: CMCC

Other Training Vendor:

## Compact Member Funding

**Training Information** ✓ **Trainer Information** Participants Attestation

Please provide us with WHO is providing the training as the training vendor and not the HOST of the training.

If the training is being provided by a third-party training vendor (not by one of Maine's Community Colleges), please review the list of our third party training partners.

Training Provider Type \*

Other Training Vendor

Training Vendor \*

1EdTech

Address : Line 1	City
1EdTech	Lake Mary
Address : Line 2	ZIP/Postal Code
801 Intenational Parkway 5th Floor, PMB #12	32746
Primary Contact	Email
—	<a href="mailto:events@1edtech.org">events@1edtech.org</a>
EIN	Main Phone
—	4073627783

Does your training vendor appear in the drop down? \*

Yes

Note that if you select an Approved Training Vendor, their information will display.

If you do not find the Training Vendor you are looking for, select 'No' in the 'Does your training vendor appear in the dropdown?'. Enter your training vendor information. Click 'Next'.

### Compact Member Funding

**Training Information** ✓ **Trainer Information** Participants Attestation

Please provide us with WHO is providing the training as the training vendor and not the HOST of the training.

If the training is being provided by a third-party training vendor (not by one of Maine's Community Colleges), please review the list of our third party training partners.

Training Provider Type \*

Other Training Vendor

Does your training vendor appear in the drop down? \*

No

Vendor Name *	Vendor Phone *
<input type="text"/>	<input type="text" value="Provide a telephone number"/>
Vendor Email *	Vendor Website
<input type="text"/>	<input type="text"/>
Vendor Address Line 1 *	Vendor Address Line 2
<input type="text"/>	<input type="text"/>
Vendor City *	Vendor State *
<input type="text"/>	<input type="text"/>
Vendor Zip *	
<input type="text"/>	

You are now on the 'Participants' step in the application. Here you can download a Participant Template to upload your participants. If you would like to manually enter participants, you have that option as well:

Home > Compact Member Funding Request > Compact Member Funding

## Compact Member Funding

Training Information ✓ Trainer Information ✓ **Participants** Attestation

Please utilize [this template](#) to upload a list of your training participants. The file must be in .xlsx format, and you may rename it as needed before uploading. Uploaded participants may take a few minutes to appear in the 'List of Participants' grid—refresh the page as needed; your data will not be lost.

To add participants manually, click the 'Add Participant' button below. The 'List of Participants' grid will display both manually entered and uploaded participants. Please allow a few minutes for all participant details to populate.

Upload the list of participants by clicking on "Add Files" Button

[Add files](#)

There are no folders or files to display.

List of Participants [Add Participant](#)

First Name	Last Name	Current Funding Usage	Amount Requested	Points of Light Provided
There are no records to display.				

[Previous](#) [Next](#) [Clear out all the Participants](#)

Once you have added your participants, they will appear in the 'List of Participants' grid. This may take a few minutes. You can refresh your screen if need – your data will not be lost:

## Compact Member Funding

Training Information ✓ Trainer Information ✓ **Participants** Attestation

Please utilize [this template](#) to upload a list of your training participants. The file must be in .xlsx format, and you may rename it as needed before uploading. Uploaded participants may take a few minutes to appear in the 'List of Participants' grid—refresh the page as needed; your data will not be lost.

To add participants manually, click the 'Add Participant' button below. The 'List of Participants' grid will display both manually entered and uploaded participants. Please allow a few minutes for all participant details to populate.

Upload the list of participants by clicking on "Add Files" Button

[Add files](#)

Name ↑	Modified
 Participant Upload Template (20).xlsx (18 KB)	2/19/2025 7:29 AM

Upload Status

Upload Completed

List of Participants [Add Participant](#)

First Name	Last Name	Current Funding Usage	Amount Requested	Points of Light Provided
Madison	Trent	\$0.00	\$60.00	No
Mary Kate	Short	\$0.00	\$60.00	No

[Previous](#) [Next](#) [Clear out all the Participants](#)

Once your participants have been added, you will be able to see their Current Funding Usage for this year, along with the amount you are requesting per participant for this training – this is based on calculations from your funding entries on the ‘Training Information’ page.

**Please Note: Before entering grades and closing out the specific training in Upskill Maine, you will also need to ensure each participant has a full demographic profile and has been assigned to the training class in our Registration System.**

Please go to [mccsme.augusoft.net](https://mccsme.augusoft.net). You will need to enter your Compact Member ID

Instructions to [Create an Employee Profile in the Registration System](#)

Instructions to [Have an Employee Complete Their Profile in the Registration System](#)

Instructions to [Add an Employee to a Class in the Registration System](#)

If you need to start over with the list of participants you added, you can click the ‘Clear out all the Participants’ button, and it will remove the participants from the training you are requesting.

List of Participants

[Add Participant](#)

First Name	Last Name	Current Funding Usage	Amount Requested	Points of Light Provided
Madison	Trent	\$0.00	\$60.00	No
Mary Kate	Short	\$0.00	\$60.00	No

[Previous](#)
[Next](#)
[Clear out all the Participants](#)

Once you see all of your participants, click 'Next'.

On the 'Attestation' page, you must acknowledge the statement. Then, click 'Submit'.

You will be brought to the successful submission screen that contains your next steps:

[Home](#) | [Become a Compact Member](#) | [Compact Member Funding Request](#) | [Lauren Polte](#)

Home > Compact Member Funding Request > Compact Member Funding

## Compact Member Funding

**Your Funding Request has been submitted successfully!**

**Next Steps:**

- Full Participant Information**  
 Ensure that all listed participants in the training complete their full profile information. They will receive an email invitation with instructions on how to access this platform and provide the necessary details.
- Additional Information May Be Required**  
 As our team reviews your funding request, we may need further details or clarification. If additional information is required, you will receive an email from our team. Please monitor your inbox and respond promptly to avoid any delays in processing your request.
- Amendments**  
 If at anytime you need to add or remove participants from the training after you have submitted your request, you can submit an Amendment Request. This option can be found on your [Funding Request list](#).
- Withdraw Request**  
 You have the ability to withdraw your application at any stage. This will end the process of your Funding Request. This option can be found on your [Funding Request list](#).
- Approved Funding Notification**  
 If your funding request is approved, the allocated amount will be displayed in the "Approved Amount" column within your [Funding Request list](#). You will receive a notification once this update has been made.

To see your list of active and submitted Funding Requests, click 'Compact Member Funding Request' at the top of the page.

You can now see your submitted funding request. It is in the stage of 'Assign Funding', which means it is being evaluated by MCCS staff for funding:

• Total funding request (not total total cost - 10% 30% rate)

**Please Note:** If you do not include the above information, it will delay processing your funding request. We have been receiving a high volume of submissions, which can cause delays in processing approval emails.

If you have any questions or concerns, please feel free to reach out to [alfondtraining@mccs.me.edu](mailto:alfondtraining@mccs.me.edu).

[Active Compact Member Funding Request](#)
[Apply for Funding](#)

Training or Class Title	Organization	Application Contact	Start Date	End Date	Requested Amount	Approved Amount	Current Approval Step	Created On ↑
Intro to Cooking	Lauren Cooks Co	Lauren Polte	2/24/2025	2/28/2025	\$1,200.00		2) Assign Funding	2/19/2025 7:06 AM

If you have any questions or concerns, please feel free to reach out to [alfondtraining@mccs.me.edu](mailto:alfondtraining@mccs.me.edu).

☰ Active Compact Member Funding Request-

Apply for Funding

Training or Class Title	Organization	Application Contact	Start Date	End Date	Requested Amount	Approved Amount	Current Approval Step	Created On ↑	
Intro to Cooking	Lauren Cooks Co	Lauren Polte	2/24/2025	2/28/2025	\$1,200.00		2) Assign Funding	2/19/2025 7:06 AM	View Withdraw Application Amendment Request

Contact Us | [mccsalfondtraining@maineccc.edu](mailto:mccsalfondtraining@maineccc.edu) | 207.629.4000

Maine Community College System  
323 State Street

## Compact Member Funding

Training Information   Trainer Information   Participants   Attestation

Organization Lauren Cooks Co	Program Title * Intro to Cooking
Start Date * 2/24/2025	End Date * 2/28/2025
Number of Employees to be Trained * 12	Number of Hours * 20
Retail Price per Frontline Worker * \$100.00	Total Funding Request (Amount) * \$1,200.00
Request a 10% Admin Reimbursement Rate * <input type="radio"/> No <input checked="" type="radio"/> Yes	This training cost is at a flat rate regardless of the number of attendees * <input checked="" type="radio"/> No <input type="radio"/> Yes
Brief description of the course test	How will training enhance employee growth? test

**Funding Details**

Amount Obligated	Invoice Number	Class ID	Course Code
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The 'Funding Details' section will be populated once your request has gone through the approval process

**Withdraw Application:** stop your application and remove it for the funding process

2025 Funding Requests

We will start accepting 2025 funding requests on 2/19/2025. The Harold Alfond Center for the Advancement of Workforce Development (MOA) is required to submit a request for funding to the Maine Community College System.

### Workforce Development Funds

Thank you for joining the Workforce Development Compact and investing in upskilling your frontline workers. To complete this application, you will need the following information:

**Part A: Company Information**

- Confirm you have selected the right company.
- Who is the company's contact for the program? Please provide that contact information.

**Part B: Training Information**

- Community College or another training vendor (if another training vendor, please have vendor contact information handy).
- Program title: Please remove ALL punctuation and special characters from program titles. Replace '&' with 'and.' (These characters will not permit your Excel spreadsheet to be saved in our system.)
- Course Description: We recommend providing the official course description from the training provider.
- Number of hours
- Start date\*
- End date

#### Withdraw Application

Are you sure you want to withdraw your application? This action cannot be undone.

Confirm   Go Back

Access Training

## Amendment Request:

make changes to your participant list or change the start and end date for your training

Home > Compact Member Funding Request > Amendment Information

### Amendment Information

Training or Class Title *	Start Date *	End Date *
Intro to Cooking	2/24/2025	2/28/2025

Requested Start Date	Requested End Date
<input type="text" value="M/D/YYYY"/>	<input type="text" value="M/D/YYYY"/>

Amendment Information

List of Participants [Add Participant](#)

First Name	Last Name	Email	Amendment Request
Madison	Trent	maddie.trent@gmail.com	<input type="checkbox"/>
Mary Kate	Short	mkatherine@gmail.om	<input type="checkbox"/>

[Submit](#)

You have the option to remove Participants:

List of Participants [Add Participant](#)

First Name	Last Name	Email	Amendment Request
Madison	Trent	maddie.trent@gmail.com	<input checked="" type="checkbox"/>
Mary Kate	Short	mkatherine@gmail.om	<input type="checkbox"/>

Remove Participant

Or add new ones:

**Amendment Request** ✕

<b>First Name *</b>	<input type="text"/>	<b>Last Name *</b>	<input type="text"/>
<b>Alternative First Name</b>	<input type="text"/>	<b>Email *</b>	<input type="text"/>
<b>Date of Birth</b>	<input type="text" value="M/D/YYYY"/>	<b>Job Title *</b>	<input type="text"/>
<b>Suffix</b>	<input type="text"/>	<b>Amendment Request</b>	

Added

Lauren Polte -

Participant