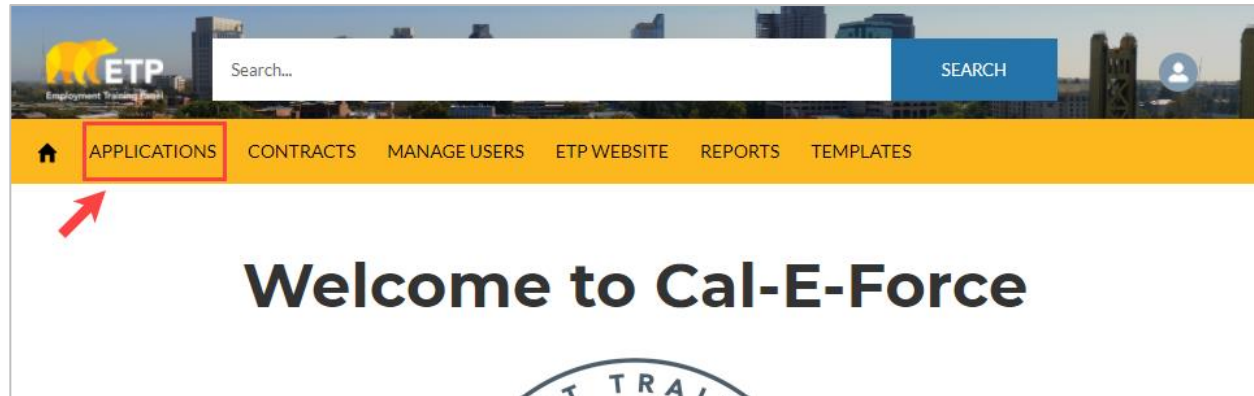


CAL-E-FORCE REFERENCE GUIDE: APPLYING FOR FUNDS MULTIPLE EMPLOYER

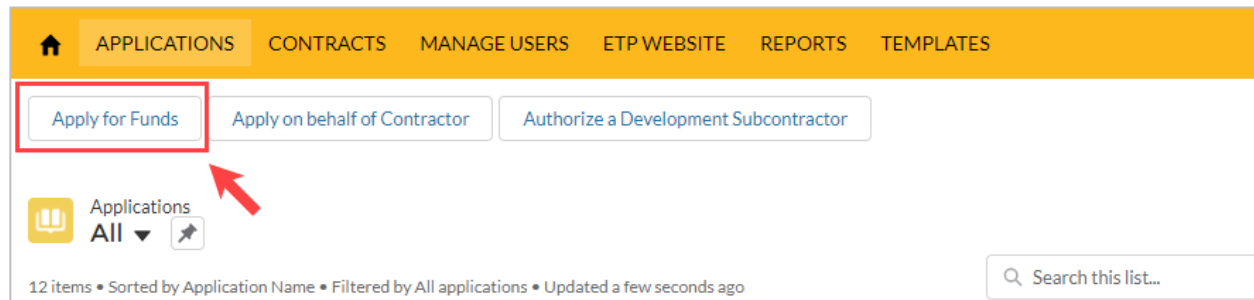
1. At the top of the landing page, select the **Applications** button on the navigation bar



2. Select the **Apply for funds** button

*Note: If you are a Development Subcontractor, select **Apply on behalf of Contractor***

If needing to authorize a subcontractor to apply on your behalf, please see [Authorizing a Development Subcontractor](#) guide



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3. Select the radio button for **Multiple Employer (MEC)**, and select your **MEC category**, and then select the **Next** button

Note: The application saves a draft every time the next button is selected. You may exit and return to complete the application later. To save the information on the page you are currently on, select **Next and then exit*

**Anytime there is an "i" in a circle like there is for California Employer Account Number – you can click on the symbol to view associated help text*

The screenshot shows a form with a progress bar at the top. The first question is "Will this be a Single Employer or a Multiple Employer Contract?" with an information icon (i) to its right. Below this question are two radio buttons: "Single Employer" and "Multiple Employer (MEC)". The "Multiple Employer (MEC)" button is selected. Below these buttons is another question: "Choose the MEC category that applies:". There are seven radio button options: "Professional Association (Chambers of Commerce)", "Trade Association", "Joint Apprenticeship Training Committee (JATC)/ Unilateral Apprenticeship Committee (UAC)", "Economic Development Corporation", "Public or Private Training Agency", "Workforce Development Board", "Workforce Innovation & Opportunity Act (WIOA) Grant Recipient or WIOA Admin", and "Community Based Organization (CBO)". The "Workforce Innovation & Opportunity Act (WIOA) Grant Recipient or WIOA Admin" option is selected. A red arrow points from the "Multiple Employer (MEC)" radio button to a help box on the right. The help box contains two sections: "Single Employer: an organization subject to the Unemployment Insurance tax and having a California Employer Account Number (CEAN) with a prefix of 699 or lower." and "Multiple Employer: a group of employers, training agency, or eligible contractor on behalf of multiple participating employers."

Will this be a Single Employer or a Multiple Employer Contract? ⓘ

☐ Single Employer

☒ Multiple Employer (MEC)

Choose the MEC category that applies:

☐ Professional Association (Chambers of Commerce)

☐ Trade Association

☐ Joint Apprenticeship Training Committee (JATC)/ Unilateral Apprenticeship Committee (UAC)

☐ Economic Development Corporation

☐ Public or Private Training Agency

☐ Workforce Development Board

☒ Workforce Innovation & Opportunity Act (WIOA) Grant Recipient or WIOA Admin

☐ Community Based Organization (CBO)

Single Employer: an organization subject to the Unemployment Insurance tax and having a California Employer Account Number (CEAN) with a prefix of 699 or lower.

Multiple Employer: a group of employers, training agency, or eligible contractor on behalf of multiple participating employers.

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[illegible]

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5. Fill out the required information (marked with a red asterisk) on Page 4 of the Application. Select the **Next** button when finished with this page

**Email, Contact Name, and Company will auto-populate, verify accuracy before moving on, edit if necessary*

**Address may prepopulate, if blank – enter in address information.*

**Phone Number should be entered in as numbers only (no special characters)*

1

Primary Contact Email

test.test@etp.ca.gov.invalid

* Last Name

Contact 1+

* First Name

test

* Title

test

* Company or Entity Full Legal Name

Account 1

Doing Business As (DBA)

Test 123

Signatory Contact Details

First Name

Last Name

Title

Email

you@example.com

2

Physical Address

* Street

test

* City

test

State

CA

* Zip/Postal Code

95814

Mailing Address

* Street

99, Winthrop Avenue, Apt - C

* City

test

* State

NY

* Zip/Postal Code

12203

* Phone Number

1234564567

Company / Organization Website (eg: https://www.etp.ca.gov)

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6. Fill out the required information (*marked with a red asterisk*) on Page 5: **Company Information**. Select the **Next** button when finished with this page

Company Information

* Year Founded

* Organization's Primary Function

* What are your products and/or services?

* Identify your customers / clients (i.e. employers/trainee population or healthcare/ patient population)

* Describe the type of businesses, industries, and trainee populations you provided training to in the past (only include training related to type of funding requested).

* What are the cities and counties of the participating employers you may serve under this contract?

[Previous](#previous)
[Next](#next)

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7. Fill out any applicable information on Page 6:
Subcontractor Information.
Leave this page **blank** if not applicable. Select the **Next** button when finished with this page

**Note: If you are a development subcontractor applying on behalf of a contractor, your company name will pre-populate in the Development Subcontractor field*

If a subcontractor name is entered into the subcontractor fields, three additional fields will appear. Cost of Services, Description of Services, and Yes/No option for adding secondary subcontractor

The screenshot shows a multi-step form titled "Subcontractor Information". At the top, a progress bar indicates the current step. The form is divided into three main sections: "Development Subcontractor Information", "Administrative Subcontractor Information", and "Training Subcontractor Information".

Development Subcontractor Information: This section is highlighted with a red box. It contains a text field for "Development Subcontractor" (pre-filled with "John Test"), a text field for "Development Cost of Services (\$)", a text area for "Description of Services", and a question "Is there a secondary development subcontractor company assisting with your application?" with "Yes" and "No" radio buttons.

Administrative Subcontractor Information: This section is also highlighted with a red box. It contains a text field for "Administrative Subcontractor" (pre-filled with "John Test"), a text field for "Administrative Cost of Services (%)", a text area for "Description of Services", and a question "Is there a secondary administrative subcontractor company assisting with your application?" with "Yes" and "No" radio buttons.

Training Subcontractor Information: This section is not highlighted and contains a text field for "Training Subcontractor".

Two red callout boxes with arrows point to the red-highlighted sections. The top callout box says: "Will only appear if subcontractor is named". The bottom callout box says: "To add secondary subcontractor select Yes".

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8. Fill out the required information (marked with a red asterisk) on Page 7 of the application. Provide the **Estimated Number of Individuals** to be trained.

Upload the **Participating Employer Demand File** by selecting the **Upload Files** button

Check all industries that pertain to your application. Select “other” to type in an industry not found on the selection list

Select the **Next** button when finished with this page

Progress bar: 15 steps, 8th step active.

* Provide the estimated number of individuals to be trained:

Participating Employer Demand - Upload
Please use the template provided by ETP

Participating Employer Demand Document

Upload Files Or drop files

Industries

Check all industries you plan to have participate with your core list of Participating Employers and enter any not listed here: ⓘ

- ☐ Agriculture
- ☐ Allied Healthcare
- ☐ Biotechnology and Life Sciences
- ☐ Construction
- ☐ Goods Movement and Transport Logistics
- ☐ Green/Clean Technology
- ☐ Information Technology Services
- ☐ Manufacturing/Food Production
- ☐ Multimedia/Entertainment
- ☒ Other
- ☐ Technical Services

* Other Industries

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- *One conditional question appears on this screen: "Is there new equipment/technology related to training?" Based off the answer selected, additional required fields may appear*

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10. Fill out the required information (marked with a red asterisk) on Page 9: **Services and Resources**. Select the **Next** button when finished with this page

**One conditional question appears on this screen: "Will you be recruiting New Hire Trainees?" Based off the answer selected, additional required fields may appear*

**Not all questions appear in this screenshot, there are 25 total – make sure to scroll to the bottom of the page before selecting Next*

Services and Resources

*Will you be recruiting New Hire Trainees
☐ Yes
☒ No

*Provide local/regional occupational job outlook for training that will be provided.

*How do you Market/Advertise your programs?
☐ Flyers
☐ E-mail
☐ Trade Shows
☐ Advertisements
☐ Other

*How did you customize the training to the needs of the participating employers?

*Describe your plan for recruiting participating employers. ⓘ

*Describe how you work with employer organizations and the name of those organizations.

*Describe your prior history in providing incumbent worker training. ⓘ

*Describe your plan for administering the project.

1

*Will you be recruiting New Hire Trainees
☒ Yes
☐ No

*Describe your plan for recruiting New Hire Trainees

*Have you provided training and job placement services to unemployed individuals?

*Please describe your services.

*Describe (if any) current relationship with One-Stop Centers or other Unemployment Insurance referral sources.

*How do you assess the trainees' skill level and what training they need? ⓘ

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2

* How many Staff members will be dedicated to Recruitment?

* How many Staff members will be dedicated to Scheduling Training?

* How many Staff members will be dedicated to Needs Assessment?

* How many Staff members will be dedicated to ETP Administration?

* Provide justification for support costs requested. 1

* What percentage of training will be delivered by outside vendors?

* How did you develop your ETP curriculum?

* How does the curriculum meet the needs of your participating employers?

* How do you get feedback and update the curriculum?

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*Where will training be conducted

☐ At Employer Worksite

☐ At Training Facility

3

* Number of Large Employers (over 100 employees in CA) that you propose will participate in training ⓘ

Small Business Employers consist of 100 or less employees in California but no more than 250 employees worldwide. This includes all geographical locations, parent company, and those at any other subsidiary and/or branch. The business must be located in California and independently owned and operated. A small business must be completely independent without financial ties to any other organization.

A Small Business owner may be trained with their employees. At least one employee must also participate in training.

A Small Business owner is an individual having all or substantial (at least 20%) financial investment in the business, and is directly involved full-time in the day-to-day operation of the business. The owner need not be subject to the eligibility provisions of the UI Code Section 10201. Partners may be considered owners if they meet the above criteria. Partners who do not meet the owner criteria may qualify under Top-Level Executive criteria.

* Number of Small Business Employers (fewer than 100 employees in CA and not exceed 250 Worldwide) that you propose will participate in training

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11. Fill out the required information (*marked with a red asterisk*) on Page 10: **Commitment to Training**. Select the **Next** button when finished with this page

[illegible]

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12. Fill out the required information (marked with a red asterisk) on Page 11: **Special Categories** of the Application. Select the **Next** button when finished

**Four conditional questions appear on this screen: "Do any participating employers plan on hiring new employees into 'net new jobs?', "Do you plan on training Apprentices, Journeyworkers, or Pre-Apprentices?", "Do you plan on providing Literacy Skills training?" and "Do you plan on providing Safety Training?" Based off the answer selected, additional required fields may appear*

Special Categories

* Do you plan on providing Entrepreneurial training? ⓘ

☐ Yes

☐ No

* Describe any barriers to employment that will qualify trainees ⓘ

* Do you plan on providing CNA to LVN training? ⓘ

☐ Yes

☐ No

* Do you plan on providing training to Ex-Offender/At-Risk Youth? ⓘ

☐ Yes

☐ No

* Do you plan on providing training to Seasonal Workers? ⓘ

☐ Yes

☐ No

* Do you plan on providing training to Temporary to Permanent Workers? ⓘ

☐ Yes

☐ No

* Do you anticipate any participating employers having trainees in a Workshare program?

☐ Yes

☐ No

* Do you plan on training Veterans?

☐ Yes

☐ No

* Describe your plan for marketing training opportunities specifically to Veterans. Please include if you have a working relationship with any veterans organizations.

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<p>* Do you plan on training Apprentices, Journeyworkers, or Pre-Apprentices?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>* Do you plan on providing Literacy Skills training? ①</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>* Do you plan on providing Safety Training? ①</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Underserved Communities:</p> <p>* How do you market/advertise your programs to underserved communities (i.e.: women, minorities, multiple barriers to employment, ex-offenders, at risk youth etc.)?</p> <p><input type="text"/></p> <p>* Describe how you work with community organizations and the name of those organizations:</p> <p><input type="text"/></p> <p>* Do any of these organizations actively market to women?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>* Do any of these organizations actively market to Veterans?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>* Do any of these organizations actively market to minorities?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>* Do any of these organizations actively market to at risk youth or ex-offenders?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>2</p> <p>* Do you plan on training Apprentices, Journeyworkers, or Pre-Apprentices?</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>* Do you plan on training Apprentices, Journeyworkers, or Pre-Apprentices? Check all that apply</p> <p><input type="checkbox"/> Apprentices</p> <p><input type="checkbox"/> Journeyworkers</p> <p><input type="checkbox"/> Pre-Apprentices</p> <p>* Do you plan on providing Literacy Skills training? ①</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>* Estimated amount of literacy skills training hours per trainee</p> <p><input type="text"/></p> <p>* Do you plan on providing Safety Training? ①</p> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>* Estimated amount of safety training hours per trainee</p> <p><input type="text"/></p>
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13. On Page 12: **Occupations**, click the **Add Occupation** button to add occupations

**Note: Occupations are required for every Occupation that will be participating in the training*

Please add all your occupations that will be participating in the contract by selecting the 'Add occupation' button below.

Occupations

Occupati...	# Trainees	# Hours	Union	Wage Ra...
-------------	------------	---------	-------	------------

☐ I confirm I added all occupations participating in the contract

* Projected Number Of Managers/Supervisors ⓘ

* Will the % of Managers/Supervisors to be trained be over 20%?

☐ Yes

☐ No

Please upload Union Letter & Notice of Intent document if any occupations added has a union trainee

For trainees covered by a collective bargaining agreement, submit signed Union Support Letter(s) on union letterhead. The Union Support letter is completed by the union to notify ETP that they agree with the proposed training project, that the union had the ability to participate in the project's development process, provide details on the occupations participating in the ETP project, and allow the union to include exceptions/limitations to allowable training in the ETP contract.

For trainees covered by a collective bargaining agreement, submit a Notice of Intent letter. The Notice of Intent letter notifies the relevant union of the proposed ETP application, provides the union details about the proposed training project, and allows the union the ability to participate in the project's development process.

Union Letter & Notice of Intent

Or drop files

No senior level managers/supervisors or executive staff who set company policy can be included in ETP-funded training.

There is an exception to this rule for Small Businesses (Small Business Employers consist of 100 or less employees in California but no more than 250 employees worldwide).

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14. Enter in the required information of the **New Occupation Form**. Select **Submit** when finished with this page

Repeat Steps 14-15 for each occupation needed to be added

**Note: Min and Max Wage are hourly wages*

***Note: One conditional question appears on the screen, "Are staff in this occupation represented by a collective bargaining agreement/union?" Based off the answer selected, additional required fields may appear*

New Occupation

1

* Occupation Name

* Application

* Estimated Number of Trainees

Are staff in this occupation represented by a collective bargaining agreement/union?

Are staff in this occupation represented by a collective bargaining agreement/union?

Enter the total number of staff in this occupation who will participate in the ETP training project who are represented by a collective bargaining agreement:

Union

Union Local

* Min Wage

* Max Wage

* Min Wage at Retention

* Max Wage at Retention

* Estimated Number of Training Hours

Health Plan Benefits (please see below for explanation)

* Additional Compensation Per Hour


How many hours do full-time employees work per week? If under 35 hours per week provide justification.

* Full-Time Work Week Hours

Full-time Work Week Hours Explanation

Health benefits can be added to meet the ETP minimum wage. Health benefits will be capped at \$2.50 per hour for purposes of meeting the post retention wage.

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	<div data-bbox="653 240 722 305" style="background-color: red; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-bottom: 10px;">2</div> <div data-bbox="1161 215 1619 235">Full-time Work Week Hours Explanation 1</div> <div data-bbox="1161 245 1619 337" style="border: 1px solid #ccc; height: 50px; margin-bottom: 10px;"></div> <div data-bbox="1161 365 1619 418">commission, bonuses, mandatory service charges (Banquet Tips)</div> <div data-bbox="1161 435 1619 454">Type of Additional Compensation</div> <div data-bbox="1161 464 1619 516" style="border: 1px solid #ccc; height: 30px; margin-bottom: 10px;"></div> <div data-bbox="1161 540 1619 560">Additional Information</div> <div data-bbox="1161 570 1619 662" style="border: 1px solid #ccc; height: 50px; margin-bottom: 10px;"></div> <p>## Health plan benefits includes Medical, Dental, and Vision only. Up to \$2.50 per hour of employer-paid health benefits may be used to supplement an employee's regular base wage for the purpose of meeting ETP's minimum wage requirements. If employer-paid health benefits will be used to meet the ETP wage requirement, the application must include the least actual hourly benefit amount for an individual employee.</p> <p>There is one exception available for applicants subject to a collective bargaining agreement, which allows for the actual value of employer-paid Health Benefits to exceed \$2.50 per hour with reliable, verifiable written documentation as to the actual value of said employer-paid Health Benefits. Verifiable written documentation accepted by the Panel include: a Collective Bargaining Agreement, a contract of employment, or monthly payroll reporting (i.e. paystub).</p> <div data-bbox="1377 1011 1619 1057" style="display: flex; justify-content: flex-end; gap: 10px;"> Cancel Submit </div>
<p>15. Confirm you have added all occupations that will be participating in the contract by selecting the required checkbox</p>	<div data-bbox="699 1117 909 1206" style="position: relative; height: 50px; border: 1px solid #ccc;">  </div> <div data-bbox="653 1206 1192 1232"> <input type="checkbox"/> I confirm I added all occupations participating in the contract </div>

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16. Answer the remaining required fields (marked with a red asterisk) on Page 12: **Occupations**

**One conditional question appears on this screen: "Will the % of Managers/Supervisors to be trained be over 20%?" Based off the answer selected, an additional justification field may appear*

Progress bar: 12 steps, step 12 is active.

Please add all your occupations that will be participating in the contract by selecting the 'Add occupation' button below.

Occupations [+ Add Occupation](#)

Occupati... # Trainees # Hours Union Wage Ra...

☐ I confirm I added all occupations participating in the contract

* Projected Number Of Managers/Supervisors

* Will the % of Managers/Supervisors to be trained be over 20%?

☐ Yes ☐ No

* Provide a justification of why over 20%

Please upload Union Letter & Notice of Intent document if any occupations added trainee

For trainees covered by a collective bargaining agreement, submit signed Union Support Letter(s) on union letterhead. The Union Support letter is completed by the union to notify ETP that they agree with the proposed training project, that the union had the ability to participate in the project's development process, provide details on the occupations participating in the ETP project, and allow the union to include exceptions/limitations to allowable training in the ETP contract.

For trainees covered by a collective bargaining agreement, submit a Notice of Intent letter. The Notice of Intent letter notifies the relevant union of the proposed ETP application, provides the union details about the proposed training project, and allows the union the ability to participate in the project's development process.

Union Letter & Notice of Intent

[Upload Files](#) Or drop files

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17. If one or more of the occupations have an associated union, select the **Upload Files** button to upload the required documents (Union Letter & Notice of Intent). Select the **Next** button when finished with this page


Please upload Union Letter & Notice of Intent document if any occupations added has a union trainee

For trainees covered by a collective bargaining agreement, submit signed Union Support Letter(s) on union letterhead. The Union Support letter is completed by the union to notify ETP that they agree with the proposed training project, that the union had the ability to participate in the project's development process, provide details on the occupations participating in the ETP project, and allow the union to include exceptions/limitations to allowable training in the ETP contract.

For trainees covered by a collective bargaining agreement, submit a Notice of Intent letter. The Notice of Intent letter notifies the relevant union of the proposed ETP application, provides the union details about the proposed training project, and allows the union the ability to participate in the project's development process.


Union Letter & Notice of Intent

 Upload Files Or drop files




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18. On Page 13: **Training Plan**, click the **Add Training Plan** to add a training plan



Please add your training plan by selecting the 'Add Training Plan' button below

 **Training Plans**

+ Add Training Plan

Plan Type	Total # Hours	Rate	Est. Amount

Estimated Total Trainees: 0
Estimated Total Amount: \$0.00
(This Cost is an estimate based on the information your provided on the Training Plan(s), and is subject to ETP FY\$ caps and subject to change during the application development)

☐ I confirm I added training plans



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19. Enter in the required information of the **New Training Plan Form**. Select **Submit** when finished with this page

Repeat Steps 19-20 for each training plan needed to be added


New Training Plan



* Application
 APP-20210120 

* Training Plan Type
--None-- 

* Total Number of Trainees

* Average Hours Per Trainee

Average Hours Per Trainee Justification 


 

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Confirm you have added all training plans and select the required checkbox

Select the **Next** button
when finished with this
page

Please add your training plan by selecting the 'Add Training Plan' button below

 **Training Plans**

[+ Add Training Plan](#)

Plan Type	Total # Hours	Rate	Est. Amount
Priority Industry N...	3,600	\$23.00	\$82,800.00

Estimated Total Trainees: 20
Estimated Total Amount: \$82,800.00
(This Cost is an estimate based on the information your provided on the Training Plan(s), and is subject to ETP FY\$ caps and subject to change during the application development)


☐ I confirm I added all training plans

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21. Fill out the required information (marked with a red asterisk) on Page 14: **Employer in Kind Information**. Select the **Next** button when finished with this page



Employer in Kind Information


* Trainee wages paid during training (\$) ⓘ

Other contributions to the training program in excess of ETP funding (\$):

MEC contribution – What additional services/ training not funded by ETP will be provided?

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22. Fill out the required information (marked with a red asterisk) on Page 15: **Funding from Other Sources**. Select the **Next** button when finished with this page



Funding from Other Sources

* Will you be receiving training funds from any other source?

☒ Yes
☐ No

* Explain other funding sources that will be received for this training program.

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23. Fill out the required information (marked with a red asterisk) on Page 16: **Other Resources**. Select the **Next** button when finished with this page

Other Resources

* Are you taking advantage of Enterprise Zones hiring tax credits, WIA funding, or other federal workforce incentives?

☐ Yes ☐ No

* Type of Funding

* Amount of Funding (\$)

* Are you taking advantage of Enterprise Zones hiring tax credits, WIA funding, or other federal workforce incentives?

☒ Yes ☐ No

* Give overview of any other applicable resources supporting the proposed training project.

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24. On Page 17: **Curriculum**, click the **Add Curriculum** to add curriculum to the application

Please add your curriculum by selecting the 'Add Curriculum' button below.

Curriculum

+ Add Curriculum

Delivery Method Training Type

☐ I confirm I added curriculum

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25. Enter in the required information of the **New Curriculum Form**. Select **Submit** when finished with this page

Repeat Steps 25-26 for each delivery method/training type needed to be added

**When entering in CBT Class titles, include the standard number of hours for each class in parenthesis next to the class title*

For Example: "CBT Class Title 1 (1.5 Hours)"

The screenshot shows the 'New Curriculum' form with the following fields and options:

- Application:** APP-20210010
- Delivery Method:** --None--
- Training Type:** --None--
- Class Titles:** Includes a font dropdown (Salesforce Sans), a size dropdown (12), and a rich text editor with buttons for bold, italic, underline, link, unlink, bulleted list, numbered list, indent, and outdent.
- Buttons:** Cancel and Submit.

Annotations include a red arrow pointing to the 'Delivery Method' dropdown and a blue box highlighting the 'Training Type' dropdown menu. The 'Training Type' menu is open, showing the following options:


- ✓ --None--
- Classroom/Simulated Laboratory/E-Learning
- Productive Laboratory
- Computer Based Training (CBT)
- Business Skills
- Commercial Skills
- Commercial Skills - Advanced Technology
- Computer Skills
- Computer Skills - Advanced Technology
- Continuous Improvement Skills
- Green/Clean Skills
- Hazardous Materials Skills
- HazWoper
- Job Readiness Skills




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Additional Questions will appear below the curriculum table if CBT, Advanced Technology, or Productive Lab is chosen during curriculum entry. Answer all required fields

Select the **Next** button
when finished with this
page

Please add your curriculum by selecting the 'Add Curriculum' button below.



Curriculum
+ Add Curriculum


Delivery Method	Training Type	
Productive Laboratory	Business Skills	
Classroom/Simulated Laboratory	Computer Skills - Advanced Technology	
Computer Based Training (CBT)	Business Skills	

☐ I confirm I added curriculum

* Provide the maximum hours of CBT training a trainee could take.

* Higher Than Standard CBT Hours Justification:

* Explain the need for productive laboratory (PL) training. 

* Describe the equipment/processes to be used in delivering PL training. 

* What is the Productive Lab Minimum class ratio trainer to trainees when more than one class.

1:1

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Next

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27. Fill out the required information (marked with a red asterisk) on Page 18: **Electronic Training Documentation**. Select the **Next** button when finished with this page

**If the question "Do you plan to use electronic training documentation to document ETP training hours" is Yes, 15 additional fields will appear on the screen below the initial question.*

**A Sample Trainee Record is required to be uploaded if planning to use Electronic Training Documentation for ETP hours*

Electronic Training Documentation

* Do you currently use electronic training documentation?

☐ Yes
☐ No

* Do you plan to use electronic training documentation to document ETP training hours?

☒ Yes
☐ No

* Do you plan to use electronic training documentation to document ETP training hours?

☒ Yes
☐ No

* What system(s) do you intend to use for ETP electronic record keeping purpose?

* If only one system, is it used to document all training delivery methods for ETP purpose? If not, please identify all learning record systems used.

* How long has the system been in use?

* What is the name of the company that developed the software for your system?

* Do you have a Sample Trainee Record that you can upload?

☒ Yes
☐ No

Sample Trainee Record File

Or drop files

* How does your system document the hours and dates of training?

* Does your system document the full Course Title?

☐ Yes
☐ No

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28. Page 19 is a warning.
Formally submit the application by clicking the **Next** button

To go back to previous answers to view or edit, click **Previous*

**To exit and leave application In Draft status, exit the window*

Click Next to submit your application. Once submitted, you will not be able to edit your application.

Click Previous to go back through your application to review and edit prior to submission.

Previous

Next

29. Your application has been formally submitted and a reference number has been assigned. It will be reviewed on a first in, first out basis. Click the **Finish** button to exit.



You successfully submitted your application for funding to the Employment Training Panel. Your Reference Number is: 22-0456


ETP reviews applications according to the Panel's fiscal year funding priorities, and will process applications in the order they are received for each funding allocation.

Thank you for your interest in the Employment Training Panel.
For status questions please contact AAU_Status_Inquiry@etp.ca.gov.

Finish

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30. Once you select **Finish** you will be taken to the Application page as displayed

 Application
APP-20213373


[+ Follow](#) [Edit Application](#) [Printable View](#)

Reference Number 22-0884	Account Account 1	CEAN 999-9999	Status Submitted
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▼ Application Type

Application Name APP-20213373	Status Submitted
Reference Number 22-0884	Sub Status
Contract Type SE	Requested Funding CORE


31. Scrolling down you will be able to access a copy of your application in the **Notes & Attachment**

 Files (0)


[Upload Files](#)

 Upload Files

Or drop files

 Notes & Attachments (1)

[Upload Files](#)

 22-0884 Submitted Application.pdf
Feb 15, 2023 • Attachment

[View All](#)