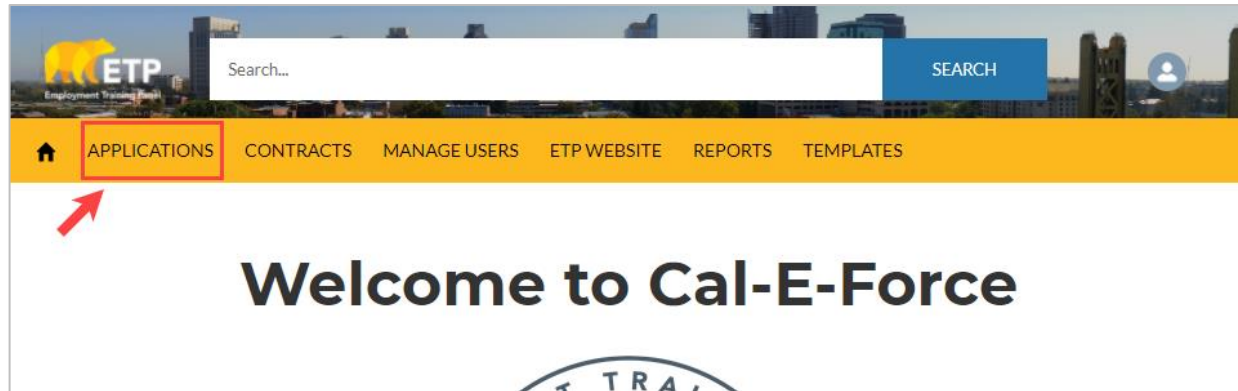# CAL-E-FORCE REFERENCE GUIDE: APPLYING FOR FUNDS
SINGLE EMPLOYER
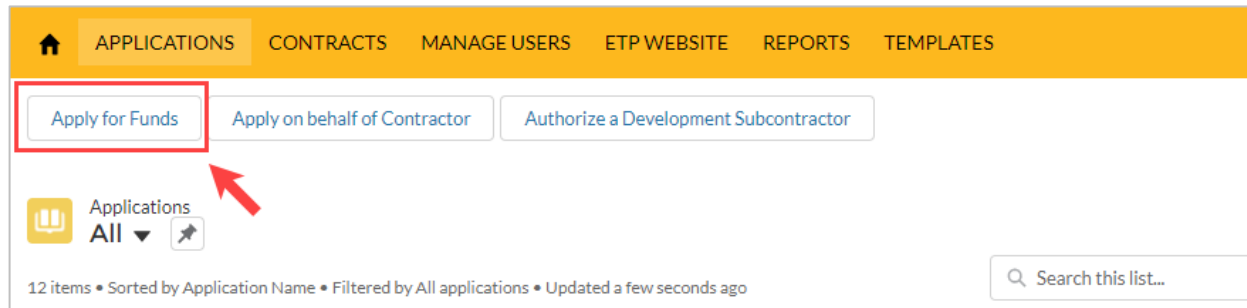
1. At the top of the landing page, select the **Applications** button on the navigation bar	
2. Select the **Apply For Funds** button *Note: If you are a Development Subcontractor, select **Apply on behalf of Contractor*** *If needing to authorize a subcontractor to apply on your behalf, please see* Authorizing a Develoment *Subcontractor guide*	

3. Select the radio button for **Single Employer** and then select the **Next** button

Apply for Funds

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

(•) Single Employer

( ) Multiple Employer (MEC)

Next

4. Fill out the required information *(marked with a red asterisk)* on Page 3 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 & CEAN should be entered in as numbers only (no special characters)

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

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

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)

Previous | Next

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

   Two conditional questions appear on this screen: "Are you a division or subsidiary of another company" and "Are you the headquarters location." Based off the answer selected, another required field may appear

Company Information

*Year Founded

*Are you a division or subsidiary of another company?
- ○ Yes
- ○ No

*How many affiliated companies are you including in the application, if any?

*Are you a division or subsidiary of another company?
- ● Yes
- ○ No

*Name of Parent Company

*Are you the headquarters location?
- ○ Yes
- ○ No

*Are you the headquarters location?
- ○ Yes
- ● No

*List the city and state of all locations

*Location of the Headquarters?

*What are your products and/or services?

*Identify your customers (i.e. employers or trainee population)

Previous   Next

6. Fill out any applicable information on Page 5: **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, two additional fields will appear. Cost of Services & Description of Services

Subcontractor Information

Development Subcontractor Information

Development Subcontractor

> John Test

* Development Cost of Services ($)

* Description of Services

* Is there a secondary development subcontractor company assisting with your application

○ Yes
○ No

Administrative Subcontractor Information

Administrative Subcontractor

> John Test

* Administrative Cost of Services (%)

* Description of Services

* Is there a secondary administrative subcontractor company assisting with your application?

○ Yes
○ No

Training Subcontractor Information

Training Subcontractor

Will only appear if subcontractor is named

To add secondary subcontractor select *Yes*

7. Select the acceptance criteria suitable to you on Page 6: **PEO**

   If **Yes** is selected; two additional fields will appear below. (Required information is marked with a red asterisk).

   To upload a copy of the Upload Agreement, select the **Upload Files** Button

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

Apply on behalf of Contractor

Are you using a Professional Employer Organization (PEO)?

- ◉ Yes
- ○ No

*PEO Name

[   ]

PEO CEAN

[   ]

Upload Copy of PEO Agreement

⬆ Upload Files   Or drop files

Previous   Next

8. Fill out the required information *(marked with a red asterisk)* on Page 7: **Turnover Information**. Select the **Next** button when finished with this page

   Only one question will appear at first. If Turnover Rate is greater than 20%, 5 additional required fields will appear

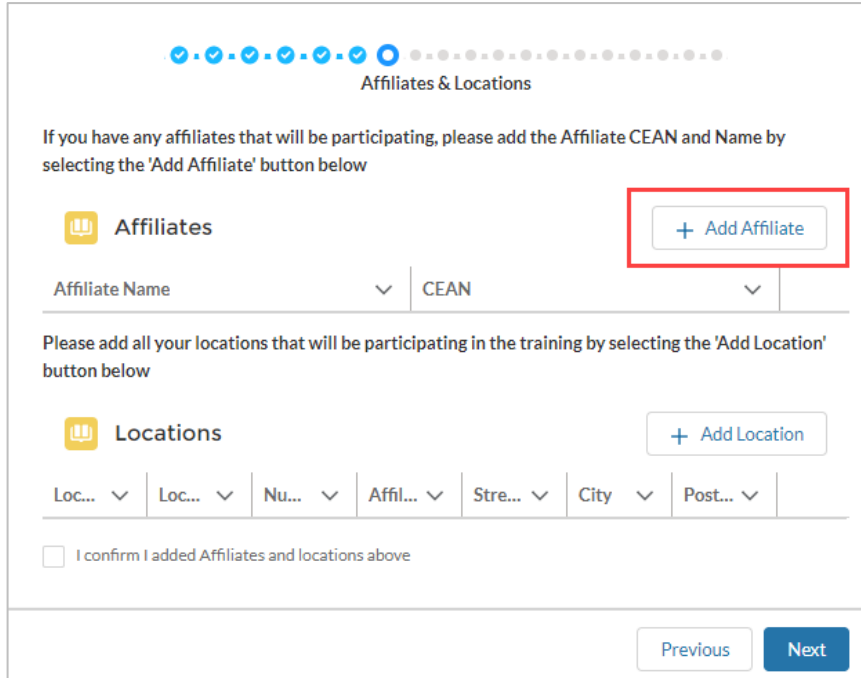   *Instructions were cut down for the purpose of these training materials*

Turnover Information

Instructions to calculate turnover rate:

Divide the number of full-time employees at the training site(s) who separated from their jobs during the most recent calendar year (January - December) by the average number of total employees of the company at the same site(s) during the same time period.

Include all the following in the number of separations during the most recent calendar year:
- Quits (involuntary)
- Layoffs exceeding 30 days
- Discharges with or without cause

* What is your California turnover rate % for full-time staff the last calendar year at the site(s) where training will take place?

> 21.00

* Turnover for each of the prior three calendar years (not an average. Use comma separated values for each year eg: 10.2, 3.5, 9) ⓘ

* Most recent turnover since January 1 of the current calendar year ⓘ

* Reasons for prior calendar year(s) high turnover (be specific)

* Remedies the company will initiate to reduce turnover (be specific) ⓘ

* Turnover rate your company projects during the last 12 months of the Contract? ⓘ

> **If turnover rate is over 20%, 5 additional questions appear**

[Previous] [Next]

9. On Page 8: **Affiliates & Locations**, click the **Add Affiliate** button to add a new affiliate company, if applicable

   Note: Affiliates are required for every Affiliate that will be participating in the training

Affiliates & Locations

If you have any affiliates that will be participating, please add the Affiliate CEAN and Name by selecting the 'Add Affiliate' button below

📖 Affiliates   + Add Affiliate

Affiliate Name   ⌄   CEAN   ⌄

Please add all your locations that will be participating in the training by selecting the 'Add Location' button below

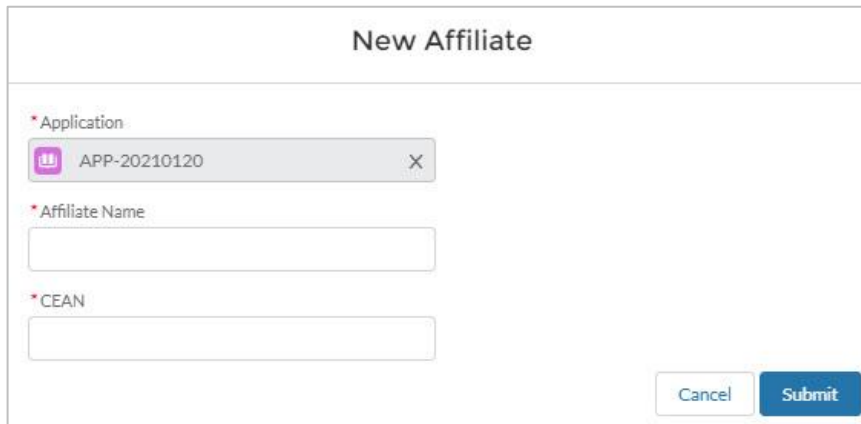📖 Locations   + Add Location

Loc... ⌄ Loc... ⌄ Nu... ⌄ Affil... ⌄ Stre... ⌄ City ⌄ Post... ⌄

☐ I confirm I added Affiliates and locations above

Previous   Next

10. Enter in the required information (**Affiliate Name** & **CEAN**) of the New Affiliate. Select the **Submit** button when complete

    Repeat Steps 10-11 for each affiliate needed to be added

New Affiliate

*Application

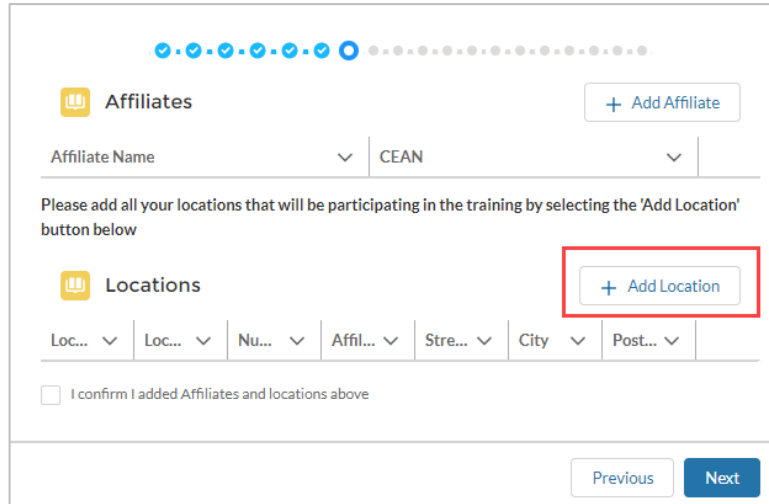📖 APP-20210120   ✕

*Affiliate Name

*CEAN

Cancel   Submit

11. On Page 8: **Affiliates & Locations**, click the **Add Location** button to add a new location, if applicable.

    Note: Locations are required for every affiliate location and company location that will be participating in the training
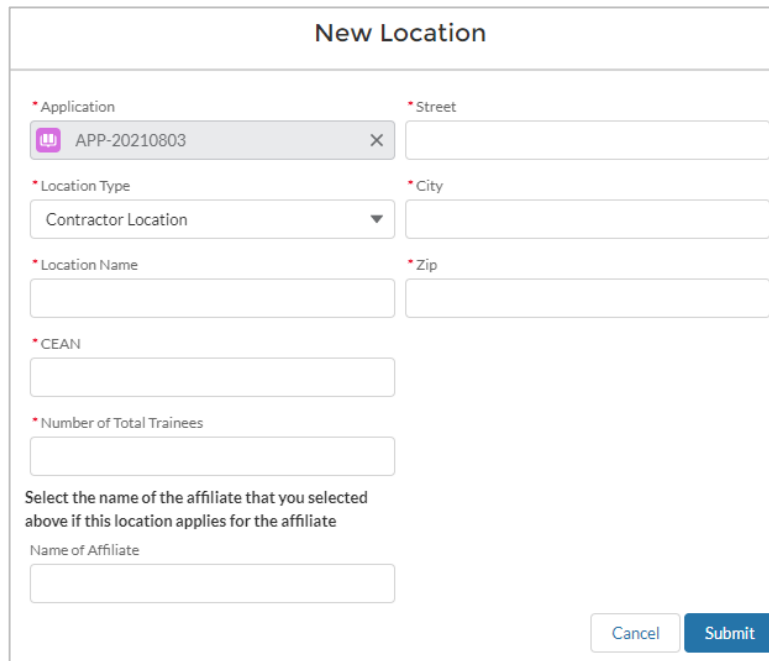

12. Enter in the required information *(marked with a red asterisk)* in the **New Location Form**. Select **Submit** when complete

    *Note: If adding an affiliate location, select the **Location Type** as **Affiliate Location** and enter in the **Name of Affiliate** in the related field*

    Repeat Steps 12-13 for each location needed to be added

13. Verify you have added all applicable Affiliates and Locations and select the required checkbox

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

Affiliates & Locations

If you have any affiliates that will be participating, please add the Affiliate CEAN and Name by selecting the 'Add Affiliate' button below

Affiliates   + Add Affiliate

| Affiliate Name | ∨ | CEAN | ∨ |

Please add all your locations that will be participating in the training by selecting the 'Add Location' button below

Locations   + Add Location

| Loc... ∨ | Loc... ∨ | Nu... ∨ | Affil... ∨ | Stre... ∨ | City ∨ | Post... ∨ |

☐ I confirm I added Affiliates and locations above

Previous   Next

14. Fill out the required information *(marked with a red asterisk)* on Page 9: **NAICS / # of Employees**. Select the **Next** button when finished with this page

NAICS / # of Employees

Please verify your North American Industry Classification System (NAICS) code matches what is on file with the Employment Development Department (EDD). During eligibility, if the eligibility analyst determines the NAICS code entered here does not match the EDD record, this application will be inactivated.

If you believe your EDD assigned NAICS code does not accurately reflect your company's current industry, please follow this link https://www.census.gov/naics/ to request a NAICS code change with EDD.

* NAICS Code (6-digit)

* No. of Full Time Employees in California

* No. of Full Time Employees Country Wide

* No. of Full Time Employees World Wide

* Provide the estimated number of employees to be trained:

Previous   Next

15. The next page of the Application is prepopulated based off the NAICS code entered on Page 9. This provides helpful information regarding the NAICS priority status and Out of State Competition (OSC) Qualification. Select **Next** to move on to Page 10

This is the information we have on file for the NAICS you provided. If this is incorrect, please return to the previous screen and provide the correct NAICS.

NAICS Code
622110

NAICS Title
General Medical and Surgical Hospitals

ETP Industry Name
Healthcare

Priority Industry
Yes

Faces Out of State Competition (OSC)
No

Previous   Next

16. Click the checkbox on Page 10: **Out of State Competition**. Directions and fields will appear. Read the directions and answer the questions in the section that applies best to your company's California Operations. Select the **Next** button when finished with this page

Out of State Competition

All companies retraining workers and who do not have a NAICS code identified under 22CCR Section 4416(i) MUST complete this Appendix to be reviewed and request for Out-of-State Competition (OSC).

☑ I believe that my company is subject to Out-of-State Competition.

ONLY fill out the following section(s) that best match your company's California operations and, if possible, the function of trainees to participate in ETP-funded training. (NOTE: You may be asked for additional information or documentation to complete the determination of OSC eligibility.)

- Manufacturing or Related Industries: Complete Section 1
- Significant Business Presence/Corporate Headquarters: Complete Section 2
- Mortgage Banking Functions: Complete Section 3
- Destination Resort, Convention/Conference Center, or Convention/Conference Hotel: Complete Section 4
- Call Center / Telemarketing: Complete Section 5
- Services Provider / Service Industry: Complete Section 6
- For Companies who do not meet the profiles identified in items 1 – 6: Complete Section 7

Section 1
Manufacturing Related Industries

If your company's California operations including the trainees to participate in ETP-funded training are engaged in Manufacturing or related industries deemed by the Panel to meet out-of-state competition (see CCR 4416. Out-of-State Competition) complete the following:

Is your primary business manufacturing?

○ Yes
○ No

List the primary raw materials or component parts that you use or assemble.

List primary finished products

[Previous] [Next]

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

Two conditional questions appear on this screen: "Is there new equipment/technology related to training" and "Do you plan on hiring new employees." Based off the answer selected, additional required fields may appear

Need for training

* Describe the need for training

* Was a needs assessment conducted?
- ( ) Yes
- (•) No

* Describe the changes that have taken or will take place requiring training.

* Is there new equipment/technology related to training?
- ( ) Yes
- (•) No

* How will training facilitate these changes and give workers the skills they need to remain employed?

* Impact/Outcome Specify any certifications that will be earned from training for each type of training

* Describe any expansion and/or hiring plans you may have in the next 2 years?

* Do you plan on hiring new employees?
- ( ) Yes
- (•) No

* What training will you do after the completion of your ETP program?

* Is there new equipment/technology related to training?
- (•) Yes
- ( ) No

* Type of Equipment

* Installation Date

* Cost of Equipment

* Is training included in the purchase price of new equipment?
- ( ) Yes
- ( ) No

* Do you plan on hiring new employees?
- (•) Yes
- ( ) No

* Please explain the reason for hiring new employees?
- ( ) New Customer Base
- ( ) Expanded Customer Base
- ( ) New Product Line
- ( ) Expanded Product Line
- ( ) New Facility
- ( ) Expanded Facility
- ( ) New Equipment
- ( ) New Technology

[Previous] [Next]

18. Fill out the required information *(marked with a red asterisk)* on Page 12: **Commitment to Training**. Select the **Next** button when finished with this page

Commitment To Training

* Explain how training is different from previous Contracts/How will this training build from previous Contracts?

*What is your annual training budget in CA per facility?

* How is the new training different from previous projects?

* How will ETP funding improve your company's current training efforts?

* Administration of ETP training program - Describe the company's plan for administering the project:

* Number of occupations and titles of those overseeing/coordinating the project (scheduling/enrolling/tracking training hours, and meeting with ETP staff);

* If more than one facility, how will training be coordinated?

* Does the company have a detailed training schedule and ready to begin training?

* Projected Training Start Date

☐ I certify that ETP Funding will not displace my company's training resources

[Previous] [Next]

19. Fill out the required information *(marked with a red asterisk)* on Page 13: **Special Categories**. Select the **Next** button when finished with this page

Four conditional questions appear on this screen: "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

*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 plan on having trainees in a Workshare program? ⓘ
○ Yes
○ No

*Do you plan on training Veterans?
○ Yes
○ No

*Do you plan on providing training to Temporary to Permanent Workers? ⓘ
● Yes
○ No

*Will your company train any temporary workers with the intention of hiring them into full-time, permanent positions after training?
○ Yes
○ No

*How many workers will be trained under the Temporary-to- Permanent program?

*What is the average time for "converting" temporary workers into full-time permanent employment?

*When do temporary workers receive employer-paid health benefits?

1

* Does your company employ Veterans?

○ Yes
○ No

2

* Describe your plan for recruiting Veterans, including any veterans organizations you work with.

* Do you plan on providing Literacy Skills training? ⓘ

● Yes
○ No

* Do you plan on providing Literacy Skills training? ⓘ

○ Yes
○ No

* Estimated amount of literacy skills training hours per trainee

* Do you plan on providing Safety Training? ⓘ

● Yes
○ No

* Do you plan on providing Safety Training? ⓘ

○ Yes
○ No

* Estimated amount of safety training hours per trainee

Underserved Communities:

* Does your company work with any groups or organizations to help you identify and hire workers in underserved communities? If so, which one(s)? If no, type "N/A".

* Please describe your company's current method(s) of identifying, recruiting, and hiring underserved communities (women, minorities, multiple barriers to employment, ex-offenders, at risk youth etc.)?

20. On Page 14:
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   + Add Occupation

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

☐ I confirm I added all occupations participating in the contract

* Projected Number Of Managers/Supervisors ⓘ

[   ]

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).

* 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

⬆ Upload Files   Or drop files

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

Repeat Steps 21-22 for each occupation that needs 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

* Occupation Name

* Application

APP-20213360

* Estimated Number of Trainees

Are staff in this occupation represented by a collective bargaining agreement/union?   --None--

* Min Wage

* Max Wage

* Min Wage at Retention

* Max Wage at Retention

* Estimated Number of Training Hours

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.

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

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

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

Search Unions...

Union Local

2

Full-time Work Week Hours Explanation ⓘ

commission, bonuses, mandatory service charges (Banquet Tips)

Type of Additional Compensation

Additional Information

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.
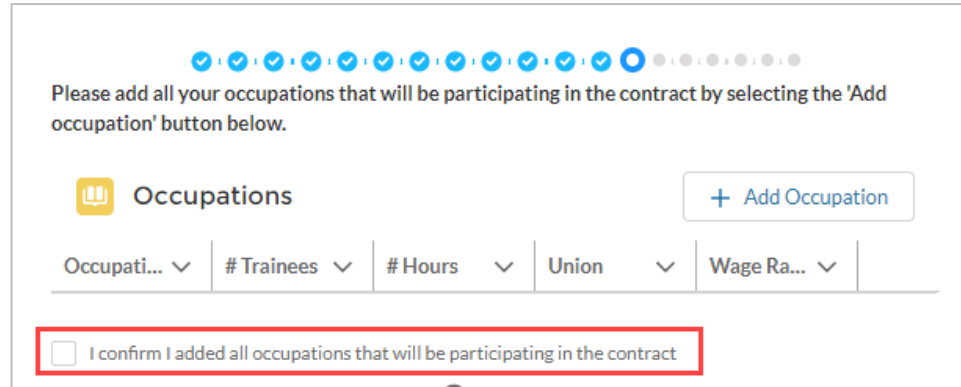
There is one exception available for applicants subject to a collective bargaining agreement, which allows for the actual value of employer-paid Health Benefits to exceed $2.50 per hour with reliable, verifiable written documentation as to the actual value of said employer-paid Health Benefits. Verifiable written documentation accepted by the Panel include: a Collective Bargaining Agreement, a contract of employment, or monthly payroll reporting (i.e. paystub).

Cancel   Submit

22. Confirm you have added all occupations that will be participating in the contract by selecting the required checkbox

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 that will be participating in the contract

23. Answer the remaining required fields (marked with a red asterisk) on Page 13: **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
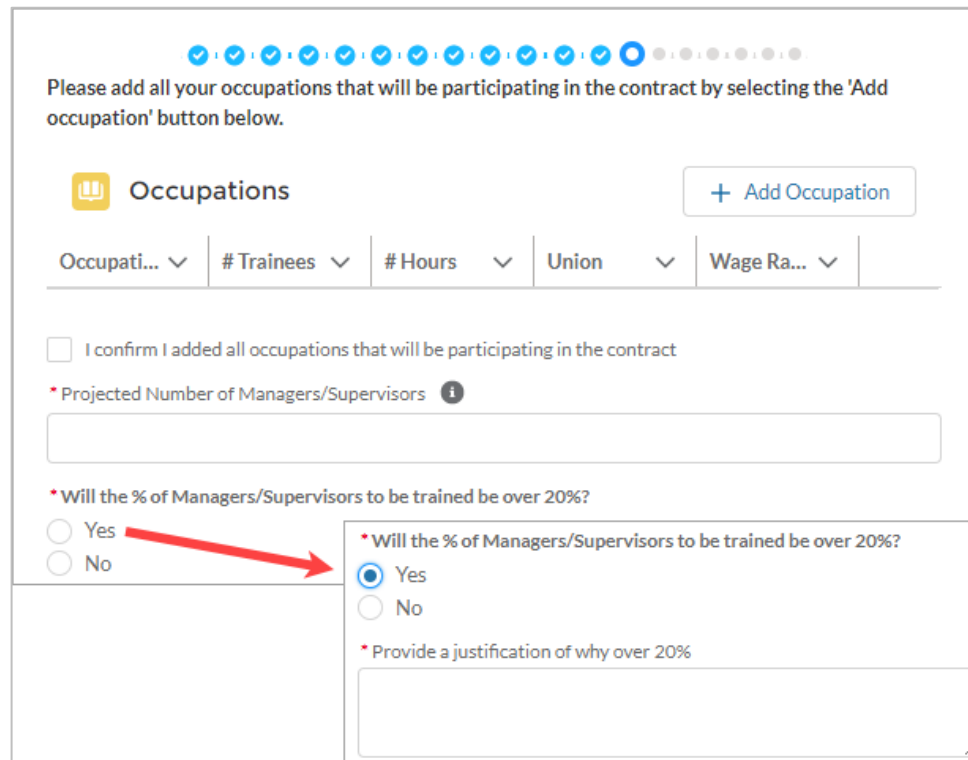
Please add all your occupations that will be participating in the contract by selecting the 'Add occupation' button below.

Occupations   + Add Occupation

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

☐ I confirm I added all occupations that will be participating in the contract

* Projected Number of Managers/Supervisors ⓘ

* Will the % of Managers/Supervisors to be trained be over 20%?
- ○ Yes
- ○ No

* Will the % of Managers/Supervisors to be trained be over 20%?
- ⦿ Yes
- ○ No

* Provide a justification of why over 20%

24. 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

Previous   Next

25. On Page 15: **Training Plans**, click the **Add Training Plan** button 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 all training plans

[Previous] [Next]

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

Repeat Steps 26-27 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 ⓘ

[   ]

[Cancel] [Submit]

27. The table will auto calculate after each training plan is entered

    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

                                        Previous   **Next**

28. Fill out the required information *(marked with a red asterisk)* on Page 16: **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 ($):

[   ]

                                        Previous   **Next**

29. Fill out the required information *(marked with a red asterisk)* on Page 17: **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.

Previous   Next

30. On Page 18: **Curriculum**, click the **Add Curriculum** button 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

Previous   Next

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

    Repeat Steps 31-32 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)"

New Curriculum

* Application

APP-20210010

* Delivery Method

--None--

✓ --None--

Classroom/Simulated Laboratory/E-Learning

Productive Laboratory

Computer Based Training (CBT)

Training Type

--None--

✓ --None--

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

* Class Titles ⓘ

Salesforce Sans   12

B I U S

Cancel   Submit

32. The table will auto populate after each curriculum item is entered

    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   ]

Previous   Next

33. Fill out the required information *(*)* on Page 19: **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

[⬆ Upload Files   Or drop files]

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

* Does your system document the full Course Title?
- ◯ Yes
- ◯ No

34. Page 20 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

35. 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

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

Application
APP-20213373

+ Follow   Edit Application   Printable View

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

∨ Application Type

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

37. 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