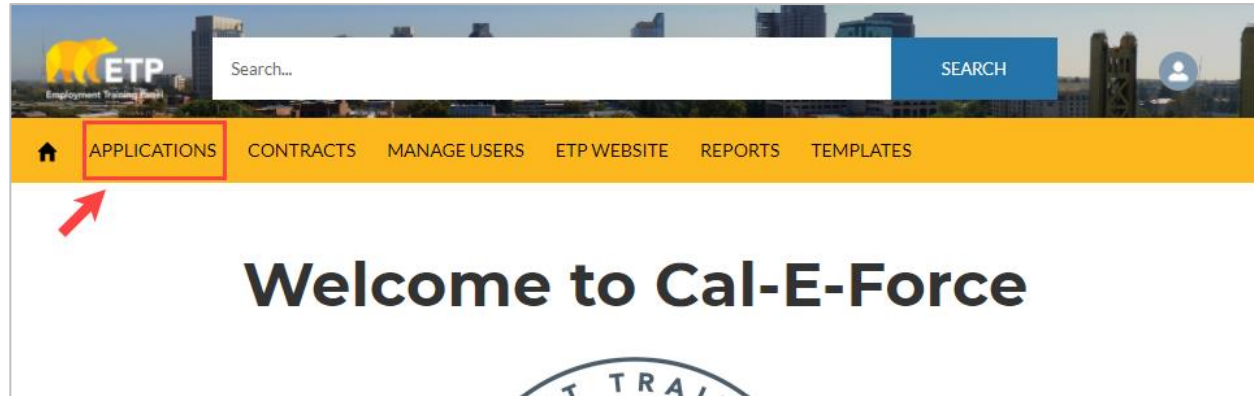


CAL-E-FORCE REFERENCE GUIDE: APPLYING FOR FUNDS MULTIPLE EMPLOYER

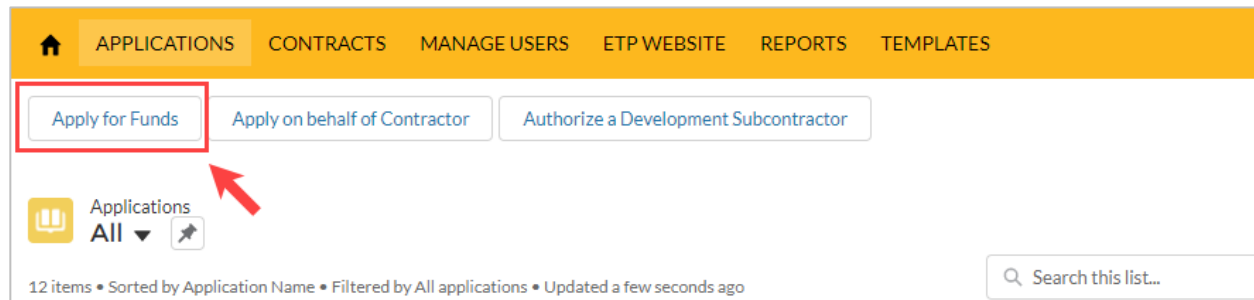
1. At the top of the landing page, select the **Applications** button on the navigation bar



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](#)



CAL-E-FORCE REFERENCE GUIDE: APPLYING FOR FUNDS

MULTIPLE EMPLOYER

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 indicator at the top consisting of 12 dots, with the first two being filled. Below the progress indicator is a question: "Will this be a Single Employer or a Multiple Employer Contract?" with an information icon (i) to its right. There are two radio button options: "Single Employer" and "Multiple Employer (MEC)". The "Multiple Employer (MEC)" option is selected. Below this question is another question: "Choose the MEC category that applies:" with 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", and "Workforce Innovation & Opportunity Act (WIOA) Grant Recipient or WIOA Admin". The "Workforce Innovation & Opportunity Act (WIOA) Grant Recipient or WIOA Admin" option is selected. A red arrow points from the information icon to a tooltip box on the right. The tooltip box has a close button (X) in the top right corner and contains the following text: "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."

CAL-E-FORCE REFERENCE GUIDE: APPLYING FOR FUNDS

MULTIPLE EMPLOYER

4. If Joint Apprenticeship Training Committee (JATC)/ Unilateral Apprenticeship Committee (UAC) or Public or Private Training Agency is selected as the MEC category, Page 2 will be additional questions related to that MEC entity

****For JATC only:** To upload a copy of the JATC Agreement, select the **Upload File** button on the form*




* Is your Joint Apprenticeship Training Committee's proposed training part of an apprenticeship program approved by the Division of Apprenticeship Standards?

Yes
 No

The following documents will need to be submitted. Provide the following documents: Trust, Collective Bargaining Agreement/ Master Labor Agreement.

Or drop files



* Is your Training Agency approved by an independent entity? (check all that apply or add new)

Accrediting Bureau of Health Education Schools (ABHES)
 Accrediting Commission of Career Schools and Colleges of Technology (ACCSCCT)
 Accrediting Council for Independent Colleges and Schools (ACICS)
 Council on Occupational Education (COE)
 Intrastate Training Resource and Information Network (I-TRAIN)
 Western Association of Schools and Colleges (WASC)
 Accrediting Council for Continuing Education and Training (ACCET)
 Bureau for Private Postsecondary Education (BPPE)
 Board of Vocational Nursing and Psychiatric Technicians (BVNTP)
 California Department of Education (CDE)
 Other

* Other Independent Entity or Entities:

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

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)*


Progress indicator: 10 steps, step 1 highlighted with a red circle containing the number 1.

<p>Primary Contact Email</p> <input type="text" value="test.test@etp.ca.gov.invalid"/>	<p>Physical Address</p> <p>* Street</p> <input type="text" value="test"/>
<p>* Last Name</p> <input type="text" value="Contact 1+"/>	<p>* City</p> <input type="text" value="test"/>
<p>* First Name</p> <input type="text" value="test"/>	<p>State</p> <p>CA</p>
<p>* Title</p> <input type="text" value="test"/>	<p>* Zip/Postal Code</p> <input type="text" value="95814"/>
<p>* Company or Entity Full Legal Name</p> <input type="text" value="Account 1"/>	<p>Mailing Address</p> <p>* Street</p> <input type="text" value="99, Winthrop Avenue, Apt - C"/>
<p>Doing Business As (DBA)</p> <input type="text" value="Test 123"/>	<p>* City</p> <input type="text" value="test"/>
<p>Signatory Contact Details</p> <p>First Name</p> <input type="text"/>	<p>* State</p> <p>NY</p>
<p>Last Name</p> <input type="text"/>	<p>* Zip/Postal Code</p> <input type="text" value="12203"/>
<p>Title</p> <input type="text"/>	<p>* Phone Number</p> <input type="text" value="1234564567"/>
<p>Email</p> <input type="text" value="you@example.com"/>	<p>Company / Organization Website (eg: https://www.etp.ca.gov)</p> <input type="text"/>

Navigation buttons: Previous (disabled), Next (active)

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

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?

CAL-E-FORCE REFERENCE GUIDE: APPLYING FOR FUNDS


MULTIPLE EMPLOYER

7. Fill out any applicable information on Page 6: **Subcontractor Information.** Leave this page **blank** if not applicable

**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 dev or admin subcontractor fields, three additional fields will appear. Cost of Services, Description of Services, and Yes/No option for adding secondary subcontractor

Apply for Funds



Subcontractor Information
(Please leave blank if it is not applicable)

Development Subcontractor

Administrative Subcontractor

* Will there be any Training Subcontractor(s) assisting with your training?

Yes
 No
 Unsure/To Be Determined

[Previous](#) [Next](#)

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

8. Once a Development Subcontractor is inputted, the required fields will populate

Fill in all required information

Apply for Funds

✓ - ✓ - ✓ - ✓ - ✓ - **○** - - - - -

Subcontractor Information
(Please leave blank if it is not applicable)

Development Subcontractor Information

Development Subcontractor

test


* Development Cost of Services (\$)

* Description of Services

9. If **YES** was selected, then the required fields will populate

Fill in all required information

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



Yes 

No

* Secondary Development Subcontractor ⓘ

* Secondary Development Cost of Services (\$)

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

<p>10. Complete the next section</p> <p>Once the Administrative Subcontractor is inputted, the required fields will populate</p> <p>Fill in all required information</p>	<div data-bbox="632 237 1871 646"><p>Administrative Subcontractor Information</p><p>Administrative Subcontractor</p><input data-bbox="674 326 1829 370" type="text" value="test"/></div> <div data-bbox="632 375 1871 646" style="border: 2px solid red;"><p>* Administrative Cost of Services (%)</p><input data-bbox="674 423 1829 472" type="text"/></div> <div data-bbox="632 488 1871 646" style="border: 2px solid red;"><p>* Description of Services</p><input data-bbox="674 521 1829 613" type="text"/></div>
<p>11. If YES was selected, then the required fields will populate</p> <p>Fill in all required information</p>	<div data-bbox="632 688 1871 1036" style="border: 2px solid red;"><p>* Is there a secondary administrative subcontractor company assisting with your application?</p><p><input checked="" data-bbox="674 743 705 768" type="radio"/> Yes </p><p><input data-bbox="674 776 705 800" type="radio"/> No</p><p>* Secondary Administrative Subcontractor </p><input data-bbox="674 857 1829 906" type="text"/></div> <div data-bbox="632 922 1871 1036" style="border: 2px solid red;"><p>* Secondary Administrative Cost of Services (%)</p><input data-bbox="674 954 1829 1003" type="text"/></div>
<p>12. Upload a copy of your subcontractor agreement, if available</p> <p><i>Note: Only .doc, .docx, or .pdf file types are accepted</i></p>	<div data-bbox="632 1078 1488 1300"><p>Subcontractor Agreement:</p><p>Please upload a copy of your subcontractor agreement</p><div data-bbox="674 1214 1073 1279"><input data-bbox="674 1214 905 1279" type="button" value="Upload Files"/> Or drop files</div></div>

CAL-E-FORCE REFERENCE GUIDE: APPLYING FOR FUNDS

MULTIPLE EMPLOYER

13. Once the upload is complete, a green check mark will appear

Click the **Done** button to complete the upload

Upload Files

test.docx
11 KB

1 of 1 file uploaded

Done

14. If **YES** was selected, then the required fields will populate

Fill in all required information

Training Subcontractor Information

* Will there be any Training Subcontractor(s) assisting with your training?

Yes

No

Unsure/To Be Determined

Training Subcontractor(s)

+ Add Training Subcontractor

Subcontractor Name	City	State	Cost of Service
--------------------	------	-------	-----------------

15. Click **Add Training Subcontractor** button to add training subcontractor(s)

Training Subcontractor Information

* Will there be any Training Subcontractor(s) assisting with your training?

Yes

No

Unsure/To Be Determined

Training Subcontractor(s)

+ Add Training Subcontractor

Subcontractor Name	City	State	Cost of Service
--------------------	------	-------	-----------------

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

16. Fill in all required information in the new popup form and then select **Submit** to move forward

New Training Subcontractor

* Application
APP-20214344

* Subcontractor Name

* City

* State
--None--

* Estimated Cost of Service

* Description of Service ⓘ

* Do you have a subcontractor agreement to upload?
 Yes
 No

Cancel **Submit**

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

17. Click **Next** to complete the upload and move onto the next step

Subcontractor Agreement Document

 Upload Files Or drop files

Training Subcontractor Information

* Will there be any Training Subcontractor(s) assisting with your training?

- Yes
 No
 Unsure/To Be Determined

Previous

Next

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

18. 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 the **Next** button when finished with this page

* Provide the estimated number of individuals to be trained:

Participating Employer Demand - Upload
Please use the [template](#) provided by ETP and upload as a Microsoft Word file (.doc and .docx). This template can also be found in the [Cal-E-Force Templates Menu](#).

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: ⓘ

- Accommodation and Food Services
- Administrative and Support and Waste Management and Remediation Services
- Agriculture, Forestry, Fishing and Hunting
- Arts, Entertainment, and Recreation
- Construction
- Finance and Insurance
- Health Care and Social Assistance
- Information
- Manufacturing
- Mining, Quarrying, and Oil and Gas Extraction
- Other Services (except Public Administration)
- Professional, Scientific, and Technical Services
- Transportation and Warehousing
- Utilities
- Wholesale Trade

Previous Next

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

19. Fill out the required information (marked with a red asterisk) on Page 8: **Need for Training**. Select the **Next** button when finished with this page

**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*

Progress indicator: 12 steps, step 12 is active.

Need for training

* Describe the need for training

* How did you determine employer need for this program? Did you perform individual employer assessments?

* 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?

* How will training help the core participating employers' job creation/expansion in the next 12 - 24 months?

* Describe how you work with Employer Advisory Groups and how they assisted in developing the training program (New Hires)

* How do you get feedback and assess the effectiveness of training?

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

* Is there new equipment/technology related to training?

Yes No

* Type of Equipment

* Installation Date

* Cost of Equipment

Previous Next

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

20. 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*

The screenshot shows a web form titled "Services and Resources" with a progress indicator at the top. A red arrow points to the question: "Will you be recruiting New Hire Trainees?" with radio buttons for "Yes" and "No". Below this are several text input fields for providing local/regional occupational job outlook, marketing/advertising programs (with checkboxes for Flyers, E-mail, Trade Shows, Advertisements, and Other), customizing training to employer needs, recruiting participating employers, working with employer organizations, prior history in providing incumbent worker training, and a plan for administering the project. A red circle with the number "1" is in the top right corner, and a smaller version of the "Will you be recruiting New Hire Trainees?" question is shown in a callout box on the right.

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

21. 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

Progress indicator: 10 steps, step 10 is active.

Commitment To Training

* Describe the curriculum provided to employees and training delivered to employees in the past. (See Help text) ⓘ

* Explain how ETP funding will not displace the training resources of the core group of participating employers

* Projected Training Start Date

Previous Next

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

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

**Three 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*

**Not all questions appear in this screenshot, there are 18 total – make sure to scroll to the bottom of the page before selecting Next*

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.

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

23. 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

Occupation	# Trainees	# Hours	Union	Wage Range
------------	------------	---------	-------	------------

I confirm I added all occupations participating in the contract

* Do any Participating Employers pay health benefits? ⓘ

Yes

No

* Projected Number Of Managers/Supervisors ⓘ

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

Yes

No

* Will any training occur out-of-state?

Yes

No

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

24. 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*

**Not all questions appear in this screenshot, there are 17 total – make sure to scroll to the bottom of the page before selecting Next*

New Occupation

* Occupation Name	* Estimated Number of Training Hours
<input type="text"/>	<input type="text"/>
* Min Wage	* Current hourly wage at enrollment
<input type="text"/>	<input type="text"/>
* Max Wage	* Estimated hourly wage at Retention end
<input type="text"/>	<input type="text"/>

Wage Breakdown

For this particular occupation trainee population, please identify how many trainees for this occupation fall into each wage bracket below (if there are no trainees in this occupation in a particular wage bracket enter 0)

* Under \$15 Hourly Wage	<input type="text" value="0"/>
* \$15-\$20 Hourly Wage	<input type="text" value="0"/>
* \$20.01 to \$25 Hourly Wage	<input type="text" value="0"/>
* \$25.01 and above Hourly Wage	<input type="text" value="0"/>
* Estimated Number of Trainees	<input type="text" value="0"/>

Union Information

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

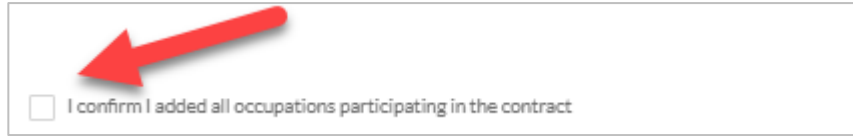
Other Wage Information

Employer-paid Hourly Health Benefits

* Additional Compensation Per Hour

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

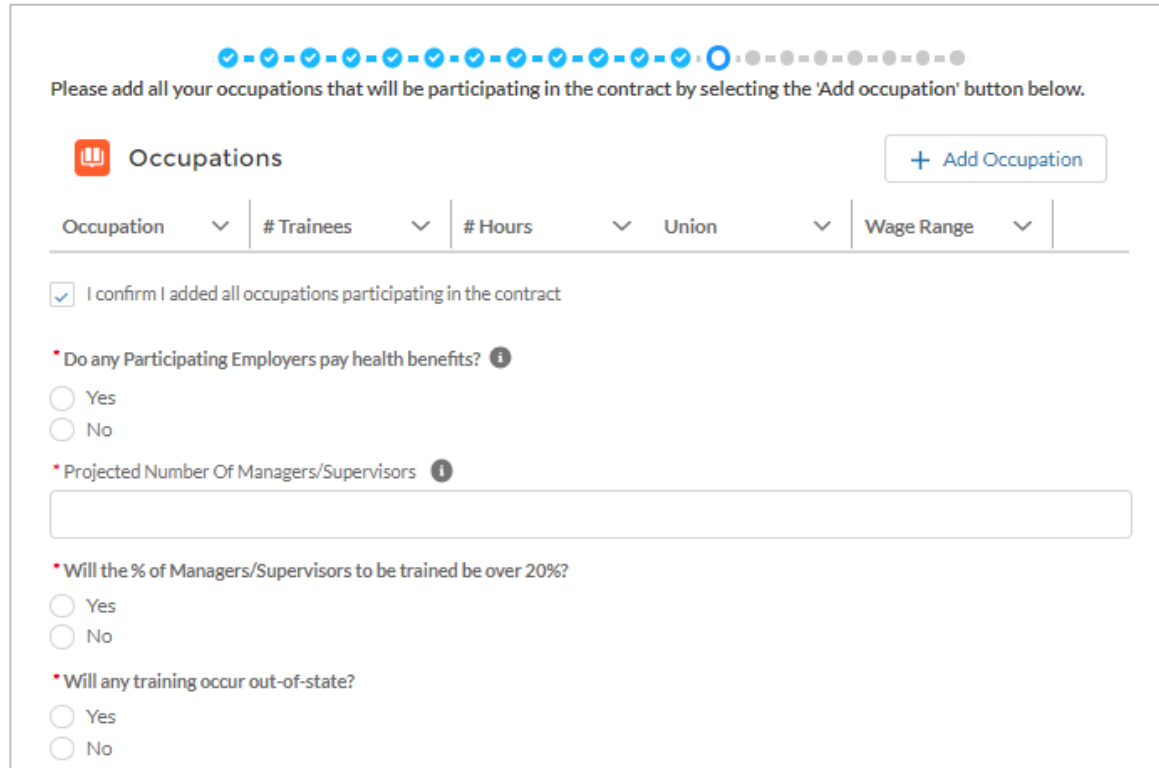
25. Confirm you have added all occupations that will be participating in the contract by selecting the required checkbox



I confirm I added all occupations participating in the contract

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

**Three conditional questions appears on this screen: "Do any participating employers pay health benefits?", "Will the % of Managers/Supervisors to be trained be over 20%?" & "Will any training occur out-of-state?" Based off the answer selected, an additional justification field may appear*



Progress bar: 15 steps, 14th step active.

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

Occupations + Add Occupation

Occupation	# Trainees	# Hours	Union	Wage Range
------------	------------	---------	-------	------------

I confirm I added all occupations participating in the contract

* Do any Participating Employers pay health benefits? i

Yes
 No

* Projected Number Of Managers/Supervisors i

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

Yes
 No

* Will any training occur out-of-state?

Yes
 No

CAL-E-FORCE REFERENCE GUIDE: APPLYING FOR FUNDS

MULTIPLE EMPLOYER

27. 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](#)

28. 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

[Previous](#) [Next](#)

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

29. 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

* Training Plan Type

* Total Number of Trainees

* Average Hours Per Trainee

Average Hours Per Trainee Justification ⓘ

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

30. 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

If the count of Trainees from the 'Occupation' screen is **not matching the 'Training Plans' screen, user should see the message in red and should not see the 'NEXT' button until the correction has been made*

***If the count of Trainees from the 'Occupation' screen matches the 'Training Plan' screen, the text will be shown in green and user should be able to proceed to the next screen by selecting the 'NEXT' button.*

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

*

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

Training Plans + Add Training Plan

Plan Type	Total # of Trainees	Total # Hours	Rate	Est. Amount
MEC Only - Apprentices...	12	2,400	\$16.00	\$38,400.00

Estimated Total Trainees from Occupations Screen: 0
Please make sure to match the total trainee counts in both screens before proceeding further

Estimated Total Trainees from Training Plans: 12
Estimated Total Amount: \$38,400.00
(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 Previous

**

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

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

Training Plans + Add Training Plan

Plan Type	Total # of Trainees	Total # Hours	Rate	Est. Amount
MEC Only - Apprentices...	0	0	\$16.00	\$0.00

Estimated Total Trainees from Occupations Screen: 0
Estimated Total Trainees from Training Plans: 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

Previous Next

31. 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?

Previous Next

CAL-E-FORCE REFERENCE GUIDE: APPLYING FOR FUNDS

MULTIPLE EMPLOYER

32. 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

The screenshot shows a progress bar at the top with 15 steps, the 14th of which is selected. The form title is "Funding from Other Sources". It contains a question: "* Will you be receiving training funds from any other source?" with radio buttons for "Yes" (selected) and "No". Below is a text input field for "* Explain other funding sources that will be received for this training program." At the bottom right are "Previous" and "Next" buttons.


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

The screenshot shows a progress bar at the top with 15 steps, the 15th of which is selected. The form title is "Other Resources". It contains a question: "* Are you taking advantage of Enterprise Zones hiring tax credits, WIA funding, or other federal workforce incentives?" with radio buttons for "Yes" (selected) and "No". A red arrow points to the "Yes" radio button. Below are two text input fields: "* Type of Funding" and "* Amount of Funding (\$)". To the right is a larger text input field for "* Give overview of any other applicable resources supporting the proposed training project." At the bottom right are "Previous" and "Next" buttons.

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

34. 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

Previous Next

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

35. 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)"

New Curriculum

* Application
APP-20214100

* Delivery Method
Classroom/Simulated Laboratory/E-Learning

* Training Type
Business Skills

* Class Titles ⓘ

Salesforce Sans 12 B I U ↺ ☰ ☷ ☹ ☺

☰ ☷ ☹ ☺ 🔗 🖼️ I_x

class titles go here

* Brief overview of this training
brief overview goes here

* Select Occupations this training will be offered?

Analyst

Janitor

Select All Occupations

Cancel Submit

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

36. 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

Progress indicator: 15 steps, step 15 is active.

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

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.

CAL-E-FORCE REFERENCE GUIDE: APPLYING FOR FUNDS

MULTIPLE EMPLOYER

37. 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*

Progress indicator: 15 steps, step 15 is active.

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

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

38. 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

39. 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

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

40. 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


41. 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](#)