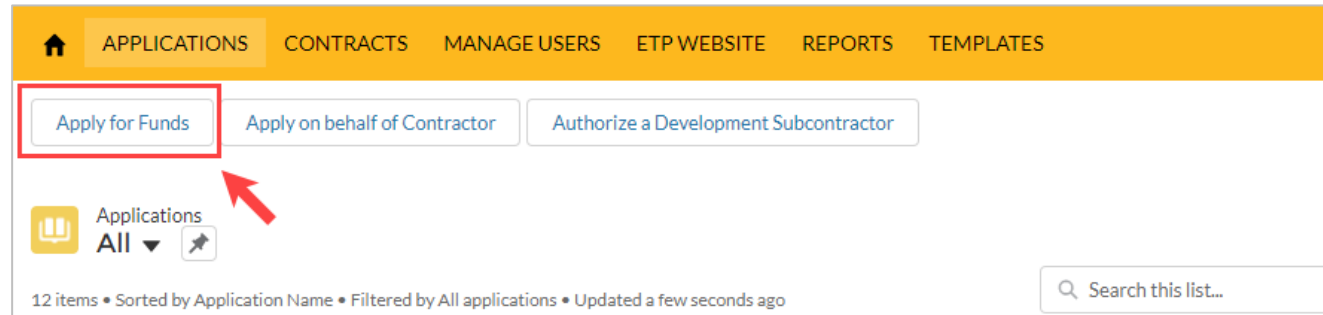|	
1. At the top of the landing page, select the **Applications** button on the navigation bar	
2. Select the **Apply for funds** button *Note: If you are a Development Subcontractor, select **Apply on behalf of Contractor*** *If needing to authorize a subcontractor to apply on your behalf, please see Authorizing a Development Subcontractor guide*	
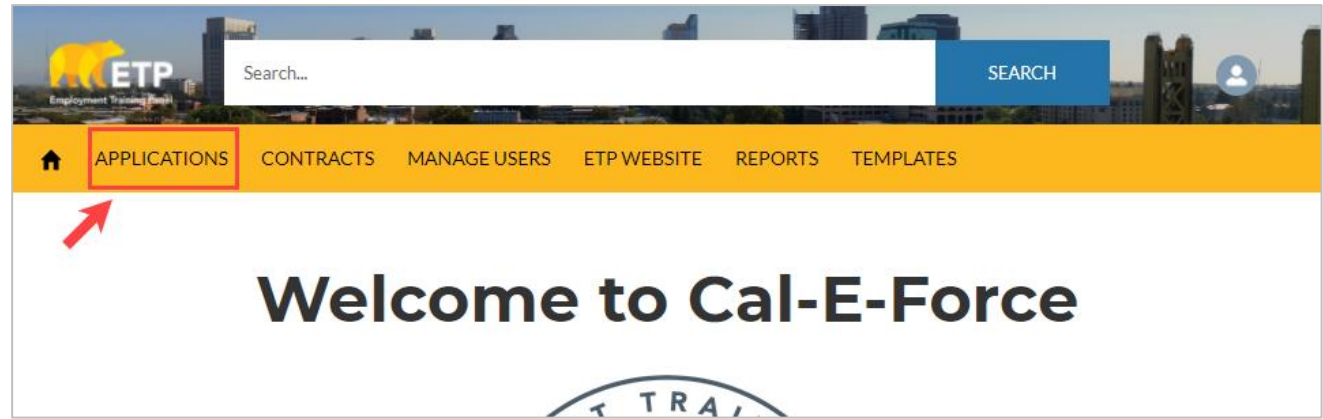
3. Read the **Terms & Conditions** and select whether you Accept or Decline them

Application Terms and Conditions

Employment Training Panel applications must be submitted only by authorized representatives and contain accurate and complete information.

By selecting "Accept", you hereby attest to the following:

- You are an authorized employee of the entity submitting the application, or you have been given written authority to submit the application on behalf of the entity submitting the application.
- You will only provide information that is accurate and complete to the best of your knowledge.
- You are submitting an application that is thorough and complete to the best of your ability, and you are not submitting an application merely as a placeholder to be completed at a later time.
- You are submitting only one application per applicant at a time, and you are not submitting multiple applications for the same applicant at the same time.
- You acknowledge that concurrent enrollment of any trainee in more than one Employment Training Panel funded training program is prohibited.

* Accept Terms and Conditions?

○ Accept

○ Decline

4. Read each **Self-Attestation** and answer whether you Agree or Disagree with each one. Click **Next** to move to next page

Self-Attestations

*I certify under penalty of perjury under the laws of the State of California that at the time of submission of this application, to the best of my knowledge, information, and/or belief, the applicant is in compliance with all state and federal labor and health and safety laws. ⓘ

○ Agree
○ Disagree

*NOTE: If any applicant fails to affirm this attestation, development of their proposal will not continue, as per UIC section 10205(e)(1)(F).

*I certify under penalty of perjury under the laws of the State of California that at the time of submission of this application, to the best of my knowledge, information, and/or belief, that the applicant is not ineligible to bid, be awarded, or subcontract on a public works project.

○ Agree
○ Disagree

*NOTE: If any applicant is ineligible to bid, be awarded, or subcontract on a public works project, development of their proposal will not continue, as per UIC section 10205(e)(2)(B).

*I certify under penalty of perjury under the laws of the State of California that at the time of submission of this application, to the best of my knowledge, information, and/or belief, that the applicant does not have a final determination, order, judgment, or award issued against them for violations of labor law that remain unabated or unsatisfied following the period during which an appeal may be made.

○ Agree
○ Disagree

*NOTE: If any applicant has a final determination, order, judgment, or award issued against them for violations of labor law that remain unabated or unsatisfied following the period during which an appeal may be made, development of their proposal will not continue, as per UIC section 10205(e)(2)(C).
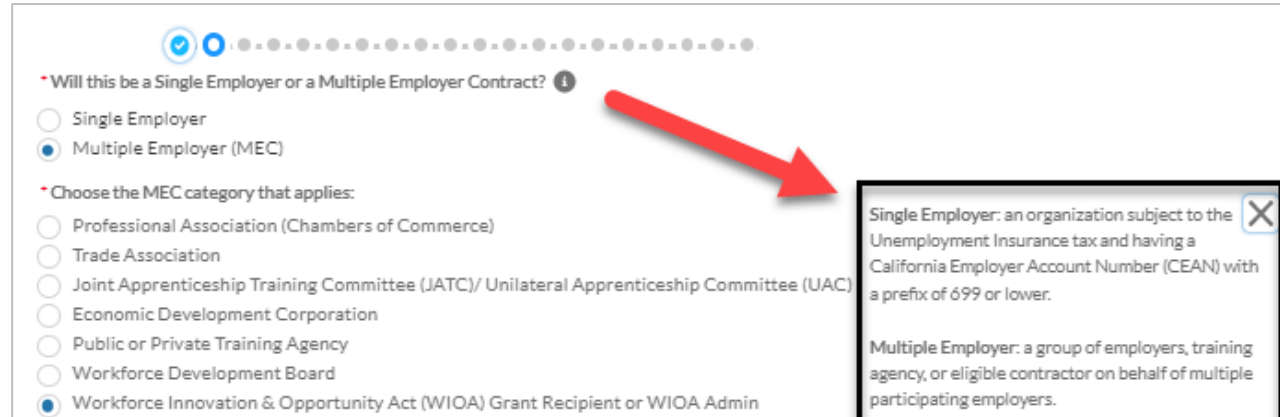
Next

5. 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

6. 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.

⬆ Upload Files   Or drop files

Previous   **Next**

* 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 (ACCSCT)
☐ 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:

Previous   **Next**

7. Select the **Primary Contact** and then click the **Next** button

    All contacts will be listed on the drop down to select from.

Apply for Funds

Primary Contact Details

* Primary Contact

AlaynaTest1 MollickTest1

--None--
AlaynaTest1 MollickTest1

1

Primary Contact is not listed

Apply for Funds

Primary Contact Details

* Primary Contact

AlaynaTest1 MollickTest1

2 Next

8. To add a contact that is not listed, select **Primary Contact is not listed**

   Input all required information indicated by the red asterisk and click the **Next** button

Apply for Funds

Primary Contact Details

* Primary Contact

Primary Contact is not listed

* First Name

* Last Name

* Title

Primary Contact Email

you@example.com

* Phone Number

Previous   Next

9. Fill out the required information *(marked with a red asterisk)* the **Primary Contact Details** section

   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)

Panel 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

Panel 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)

Previous   Next

10. Fill out the required information *(marked with a red asterisk)* on the **Company Information** section

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   Next

11. Fill out any applicable information on the **Subcontractor Information** section

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

12. 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

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

   Fill in all required information (*marked with a red asterisk*)

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

○ Yes
○ No

* Secondary Development Subcontractor ⓘ

* Secondary Development Cost of Services ($)

14. Complete the next section

    Once the Administrative Subcontractor is inputted, the required fields will populate

    Fill in all required information

Administrative Subcontractor Information

Administrative Subcontractor

test

* Administrative Cost of Services (%)

* Description of Services

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

    Fill in all required information

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

  ● Yes
  ○ No

* Secondary Administrative Subcontractor ⓘ

* Secondary Administrative Cost of Services (%)

16. Upload a copy of your subcontractor agreement, if available

    Note: Only .doc, .docx, or .pdf file types are accepted

Subcontractor Agreement:
Please upload a copy of your subcontractor agreement

⬆ Upload Files   Or drop files

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

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

Upload Files

DOC test.docx
11 KB

1 of 1 file uploaded

Done

18. If **YES** was selected, then the required fields (marked with a red asterisk) 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 ∨

19. 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 ∨

20. Fill in all required information in the new popup form (*marked with a red asterisk*)

Select **Submit** to move forward

*Note: If a Country other than United States of America or a state other than California was select, the **Out-of-State Justification** sections will appear*

*Input the justification and then select the **Submit** button*

New Training Subcontractor

* Application

APP-20214912

* Subcontractor Name

* Country

--None--

* City

* State

--None--

* Estimated Cost of Service

* Description of Service ⓘ

* Do you have a subcontractor agreement to upload?

○ Yes

○ No

Cancel   Submit

*

Out-of-State Justification

Provide a justification for using an out-of-state training vendor, including information on how the vendor's services are unique to the needs of the contractor, AND on the efforts made to locate an in-state training vendor or information on why no in-state vendor provides the needed services. Per Regulation 22 CCR 4421: "The Panel may authorize reimbursement for the cost of services provided by an out-of-state vendor which does not have a California office and employees only if the Panel finds that such services are unique to the need of the employer or contractor and are unavailable in California."

* Out-of-State Training Justification

Cancel   Submit

---

21. 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
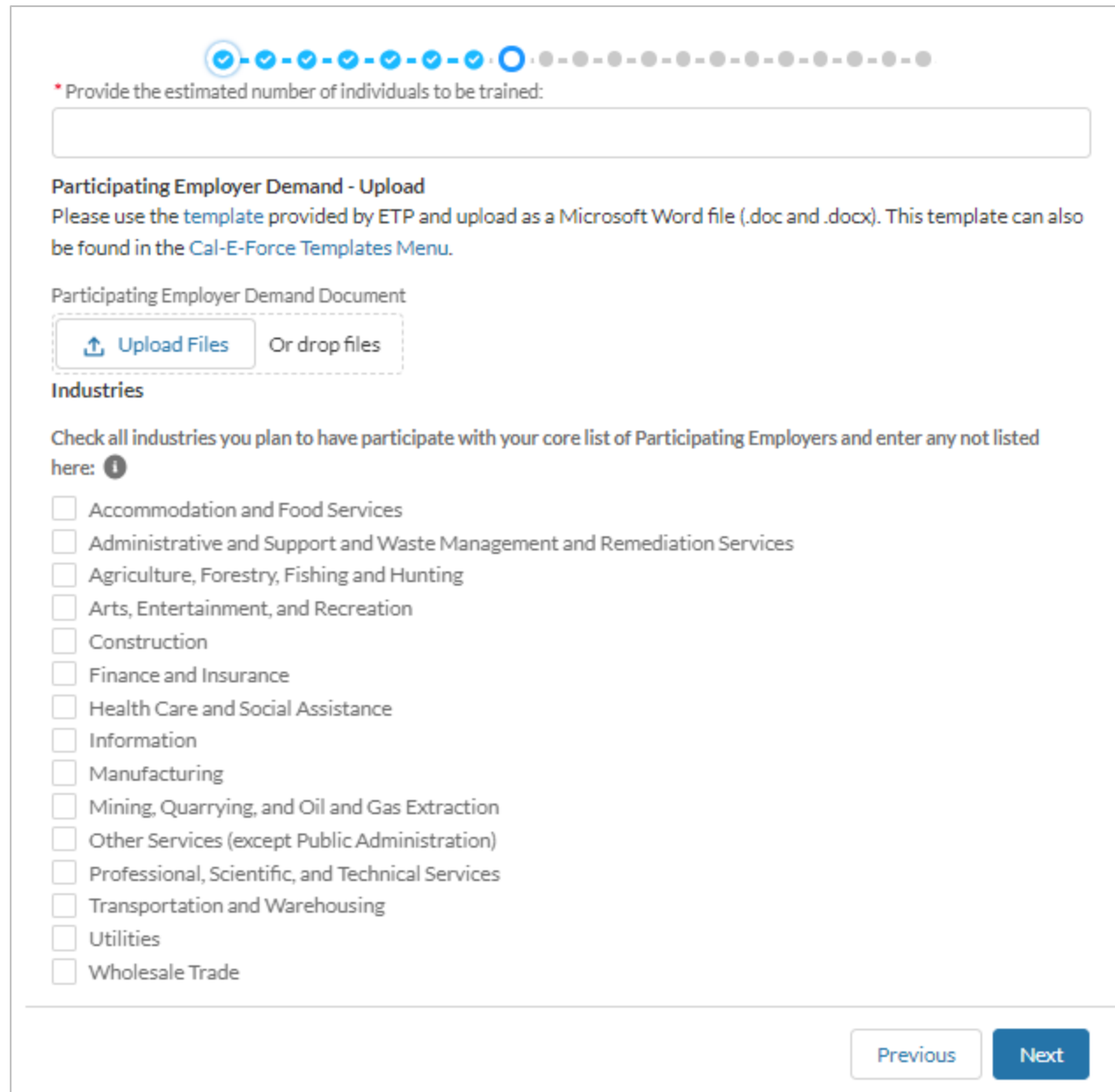○ Unsure/To Be Determined

Previous   Next

22. Fill out the required information (marked with a red asterisk) on 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

23. Fill out the required information *(marked with a red asterisk)* on the **Need for Training** section

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

Conditional question appears on this screen. Based off the answer selected, additional required fields may appear

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
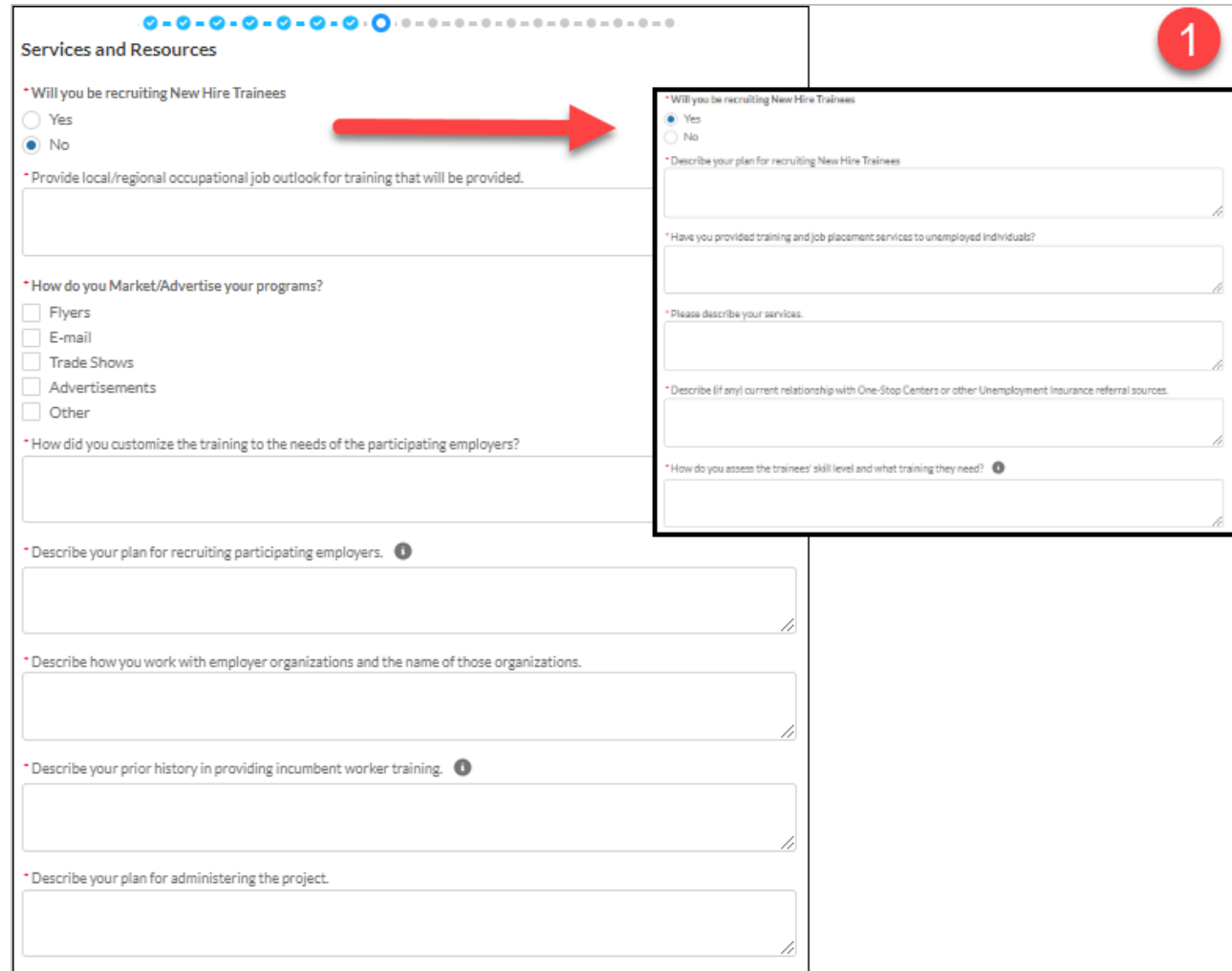
24. Fill out the required information *(marked with a red asterisk)* on the **Services and Resources** section

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

Conditional question appears on this screen. 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? ⓘ

25. Fill out the required information *(marked with a red asterisk)* on the **Commitment to Training** section

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

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

26. Fill out the required information *(marked with a red asterisk)* on the **Special Categories** section

Select the **Next** button when finished

Conditional questions appear on this screen. 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.

①

27. On the **Occupations** section, 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

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

28. Enter in the required information of the **New Occupation Form**

Select **Submit** when finished with this page

Repeat steps for each occupation needed to be added

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

**Note: Conditional question appears on the screen. 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

* Min Wage

* Current hourly wage at enrollment

* Max Wage

* Estimated hourly wage at Retention end

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

0

* $15-$20 Hourly Wage

0

* $20.01 to $25 Hourly Wage

0

* $25.01 and above Hourly Wage

0

* Estimated Number of Trainees

0

Union Information

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

--None--

Other Wage Information

Employer-paid Hourly Health Benefits

ⓘ

* Additional Compensation Per Hour

29. 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
30. Answer the remaining required fields (marked with a red asterisk) on the **Occupations** section *Conditional questions appears on this screen. 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 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

31. 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

32. On the **Training Plan** section, 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

33. Enter in the required information (*marked with red asterisks*) of the **New Training Plan Form**

Select **Submit** when finished with this page

Repeat steps 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

34. 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

**

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: $0.00
(This Cost is an <u>estimate</u> based on the information your provided on the Training Plan(s), and is subject to ETP FY$ caps and subject to change during the application development)

☐ I confirm I added training plans   Previous   Next

---

35. Fill out the required information *(marked with a red asterisk)* on the **Employer in Kind Information** section

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

36. Fill out the required information *(marked with a red asterisk)* on the **Funding from Other Sources** section

    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.

[   ]

Previous   Next

37. Fill out the required information *(marked with a red asterisk)* on the **Other Resources** section

    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

38. On the **Curriculum** section, 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

39. Enter in the required information of the **New Curriculum Form**

    Select **Submit** when finished with this page

    Repeat steps 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 | S | ≡ | ≡ | ≡ | ≡ |

| ≡ | ≡ | ≡ | 𝒫 | ▣ | Tₓ |

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

40. 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 (*marked with red asterisk*)

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.
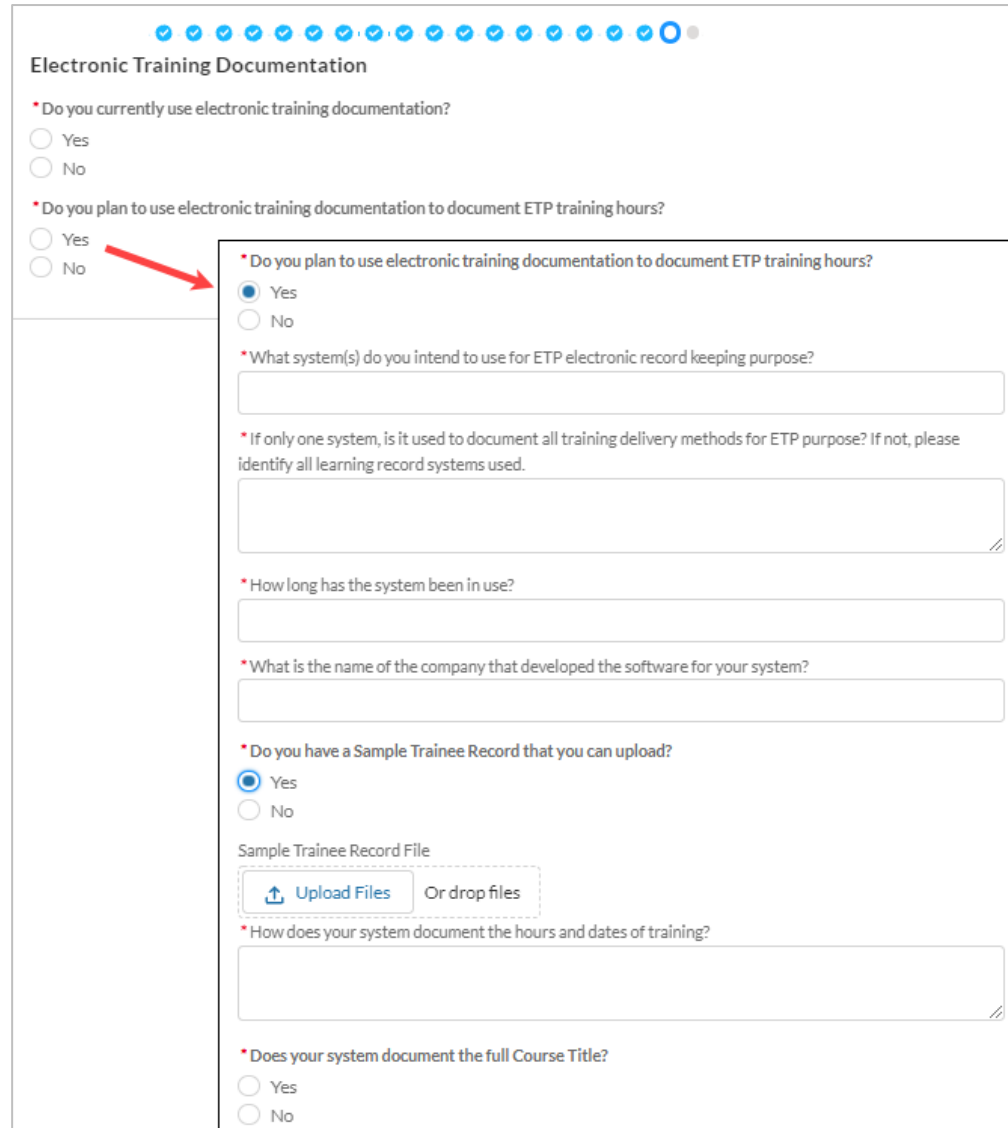
1:1

Previous   Next

41. Fill out the required information *(marked with a red asterisk)* on the **Electronic Training Documentation** section

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

42. A warning page will appear. To formally submit the application, click 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

43. Your application has been formally submitted and a reference number has been assigned.

    Click the **Finish** button to exit.

    Note: Application will be reviewed on a first in, first out basis

    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

44. 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

∨ **Application Type**

Application Name
APP-20213373

Status
Submitted

Reference Number
22-0884

Sub Status

Contract Type
SE

Requested Funding
CORE

45. 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