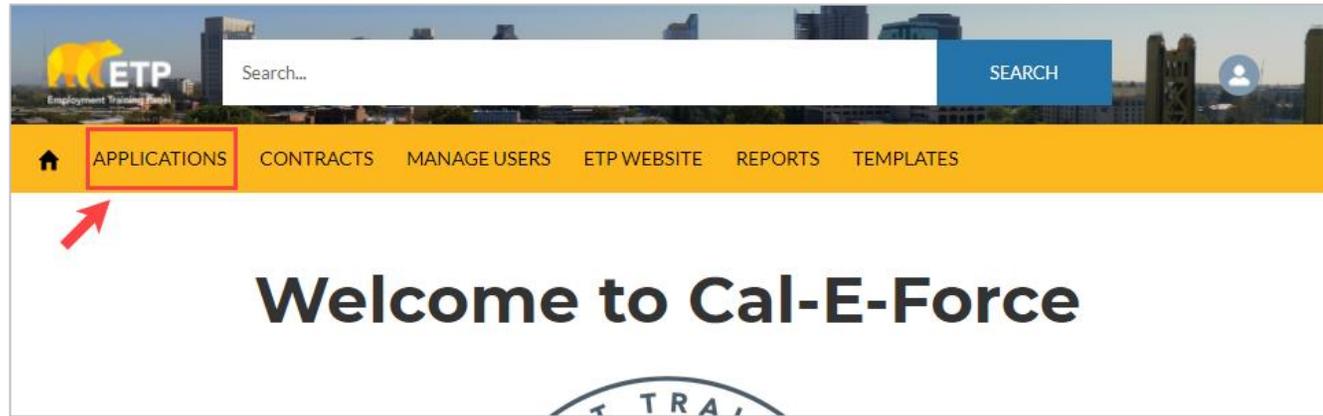


CAL-E-FORCE REFERENCE GUIDE: APPLYING FOR FUNDS SINGLE EMPLOYER

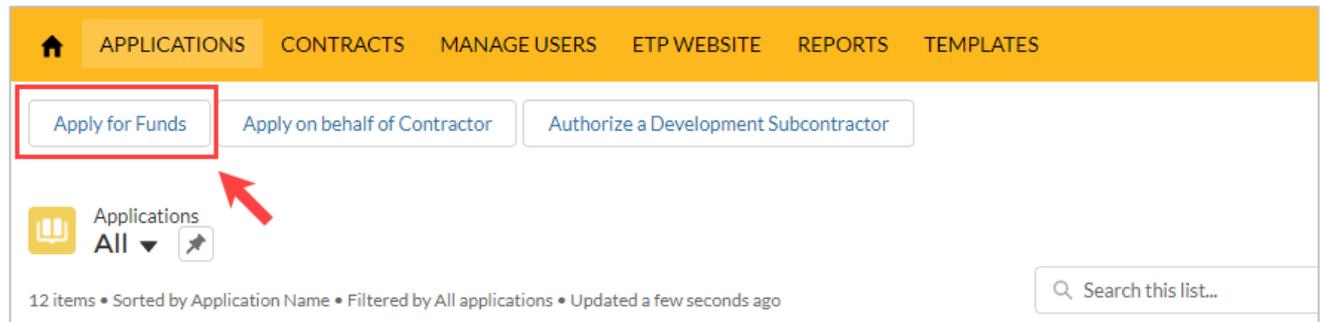
1. At the top of the landing page, select the **Applications** button on the navigation bar



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 Development Subcontractor guide](#)



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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



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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.

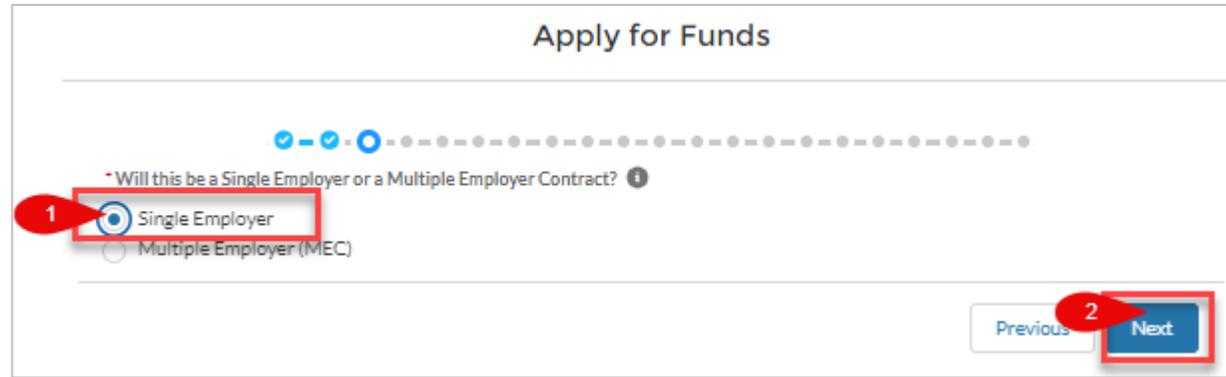
- Agree 
 Disagree

*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](#)

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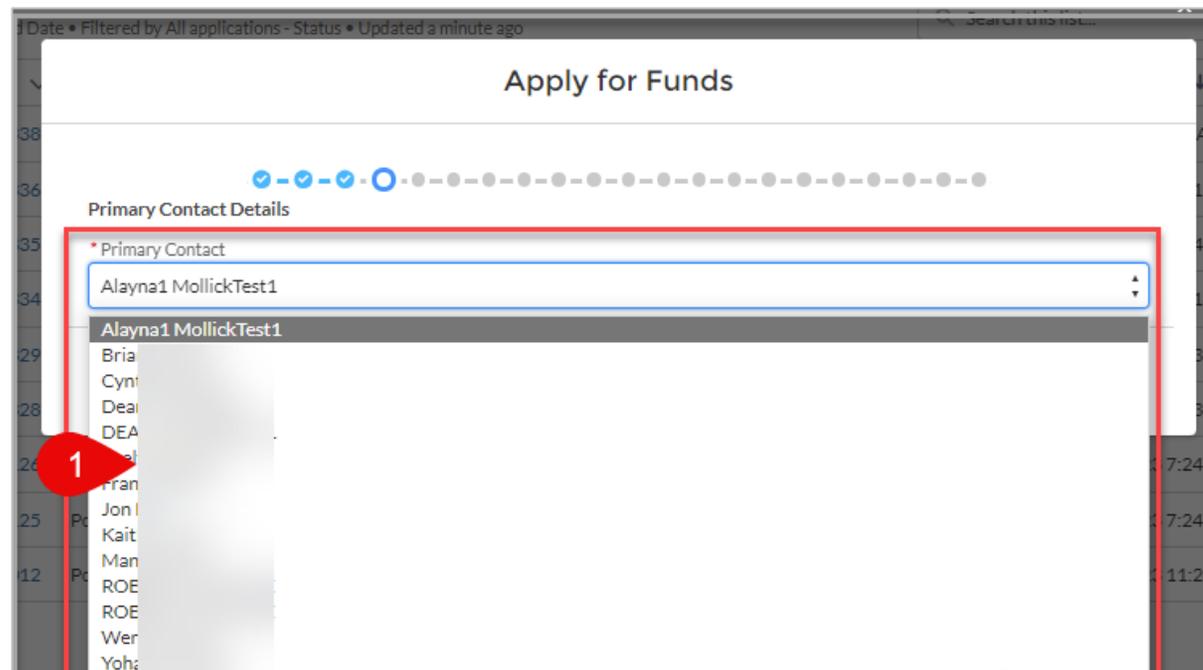
5. Select the radio button for **Single Employer** and then select the **Next** button



The screenshot shows the 'Apply for Funds' form. At the top, there is a progress indicator with several steps, the third of which is active. Below this, a question asks: '* Will this be a Single Employer or a Multiple Employer Contract?'. Two radio buttons are provided: 'Single Employer' (which is selected and highlighted with a red box and a red callout '1') and 'Multiple Employer (MEC)'. At the bottom right, there are two buttons: 'Previous' and 'Next' (which is highlighted with a red box and a red callout '2').

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

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



The screenshot shows the 'Apply for Funds' form with the 'Primary Contact Details' section. A dropdown menu is open, showing a list of names. The first name, 'Alayna1 MollickTest1', is highlighted with a blue box and a red callout '1'. The list includes: 'Alayna1 MollickTest1', 'Bria', 'Cyni', 'Dear', 'DEA', 'Fran', 'Jon I', 'Kait', 'Man', 'ROE', 'ROE', 'Wer', and 'Yoha'. The 'Next' button is visible at the bottom right of the form.

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7. 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

Progress indicator: 1-4 (1-3 checked, 4 selected), 5-10 (grey)

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](#)

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

**Click on the "i" in a circle symbol to view associated help text*

The screenshot shows a web form with two main sections. The first section, 'Primary Contact Information', is marked with a red circle containing the number '1'. It includes fields for '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), and 'Signatory Contact Details' (First Name, Last Name, Title, Email: you@example.com). The second section, 'Physical Address', is marked with a red circle containing the number '2'. It includes fields for '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), and 'Company / Organization Website (eg: https://www.etp.ca.gov)'. At the bottom right of the form are 'Previous' and 'Next' buttons.

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9. Fill in the required information (marked with a red asterisk) for **Company Information** section

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

**Conditional questions appear on this screen: Based off the answer selected, another required field may appear*

Apply for Funds

Company Information

* Year Founded

* Are you a division or subsidiary of another company / organization?

Yes

No

* Name of Parent Company / Organization

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

* Are you the headquarters location?

Yes

No

* Location of the Headquarters?

* List the city and state of all locations

* What are your products and/or services?

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

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10. Fill in the required information (*marked with a red asterisk*) for **Subcontractor Information** section

Leave this page **blank** if not applicable.

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

**Note: Conditional questions appear on this screen: Based off the answer selected, another required field may appear*

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

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

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13. 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

 Or drop files

14. 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



15. Complete the next section, if **YES** was selected, then the required fields will populate to **Add Training Subcontractor**

Fill in all required information marked with a red asterisk

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 |
|--------------------|------|-------|-----------------|

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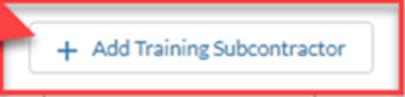
16. Click on **Add Training Subcontractors** and the **New Training Subcontractor** form will populate

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 |
|--------------------|------|-------|-----------------|
|--------------------|------|-------|-----------------|

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17. Fill in all required information marked with a red asterisk

Click the **Submit** button when finished with this page

*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-20214910

* Subcontractor Name

* Country
United States of America

* City

* State
CA

* Estimated Cost of Service

* Description of Service ⓘ

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

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

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18. All Training Subcontractors will now be listed

Click the **Next** button when complete with the page

Apply for Funds

Progress: 100% (10 steps, 10th active)

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

 **Training Subcontractor(s)** + Add Training Subcontractor

| Subcontractor Name | City | State | Cost of Service |
|--------------------|------------|-------|-----------------|
| test co | Sacramento | CT | \$12.00 |
| test 2 | Sacramento | CA | \$12.00 |
| test test 22 | Sacramento | test | \$12.00 |

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19. Select the acceptance criteria suitable to you on the **PEO** section
If **YES** was selected, then the required fields will populate

Fill in all required information 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 for Funds

Progress: 1-10 (Step 1 is active)

Are you using a Professional Employer Organization (PEO)? ⓘ

Yes 

No

* PEO Name

PEO CEAN

Or drop files

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

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

**Note: 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

Exclude the following from the number of separations during the most recent calendar year:

- Voluntary quits
- Layoffs (30 days or less)
- Outside consultants and contractors
- Workers from temporary help agencies
- Workers on strike
- Seasonal workers
- Transfers to another company facility
- Permanent separations due to disability
- Retirements
- Deaths

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

*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)

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21. Complete **Affiliates & Locations** section by clicking 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*

Must select the checkbox before being able to click on the **Next button*

Apply for Funds

Progress indicator: 12 steps, step 12 (Affiliates & Locations) is active.

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: [dropdown] CEAN [dropdown]

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

Locations + Add Location

Locat... [dropdown] | Locat... [dropdown] | Num... [dropdown] | Affli... [dropdown] | Street [dropdown] | City [dropdown] | Posta... [dropdown] | County [dropdown]

I confirm I added Affiliates and locations above

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22. Enter in the required information ((*marked with a red asterisk*) of the **New Affiliate** form

Select the **Submit** button when complete

Repeat for each affiliate needed to be added

New Affiliate

*Application
APP-20210120 X

*Affiliate Name

*CEAN

Cancel Submit

23. Click the **Add Location** button to add a new location, if applicable.

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

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

Progress indicator: 10 dots, 7th highlighted

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

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24. 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 for each location needed to be added

New Location

| | |
|---|----------------------------------|
| * Application <input type="text" value="APP-20210803"/> | * Street <input type="text"/> |
| * Location Type <input type="text" value="Contractor Location"/> | * City <input type="text"/> |
| * Location Name <input type="text"/> | * Zip <input type="text"/> |
| * CEAN <input type="text"/> | |
| * Number of Total Trainees <input type="text"/> | |

Select the name of the affiliate that you selected above if this location applies for the affiliate

Name of Affiliate

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25. 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

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

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26. Fill in all required information marked with a red asterisk

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

Apply for Funds

Progress indicator: 12 steps, step 12 is active.

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 Employees in California

* No. of Employees Country Wide ⓘ

* No. of Employees World Wide ⓘ

* Provide the estimated number of employees to be trained:

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27. The data in this section will be prepopulated based off the NAICS code entered on the previous screen.

This provides helpful information regarding the NAICS priority status and Out of State Competition (OSC) Qualification.

Confirm all data is correct and click the **Next** button or click the **Previous** button to make edits

Apply for Funds

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
[Redacted]

NAICS Title
[Redacted]

ETP Industry Name
[Redacted]

Priority Industry
Yes

Faces Out of State Competition (OSC)
Yes

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28. Fill in all required information marked with a red asterisk in the **Need for Training** section

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

**Note: Conditional questions appear on this screen. 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

* 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

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29. Fill in all required information marked with a red asterisk for the **Commitment to Training** section

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

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30. Fill in all required information marked with a red asterisk for the **Special Categories** section

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

**Note: Conditional questions appear on this screen. Based off the answer selected, additional required fields may appear*

Progress indicator: 15 steps, step 15 is active.

Special Categories

1

* 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?



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31. Fill in all required information marked with a red asterisk on the **Occupations** section. Click the **Add Occupation** button to add occupations, if applicable.

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

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

Apply for Funds

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 that will be participating in the contract.

* Does your company 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

Please upload your union letter and notice of intent document if any of the added occupations has a union trainees

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 and Notice of Intent

Upload Files Or drop files

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

Select **Submit** when finished with this page

Repeat steps for each occupation that needs 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, make sure to scroll to the bottom of the page before selecting Submit*

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

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

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33. 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

34. Complete the remaining required fields (marked with a red asterisk)
Occupations

**Conditional question 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

| Occupati... | # Trainees | # Hours | Union | Wage R... |
|-------------|------------|---------|-------|---------------|
| TEST91423-2 | 8 | 80 | | \$20 - \$25 |
| TEST91423-1 | 4 | 40 | | \$15.5 - \$20 |

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

* Does your company pay health benefits? *****

Yes
 No

* Projected Number of Managers/Supervisors *****

1

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

Yes
 No

* Will any training occur out-of-state?

Yes
 No

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35. 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

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36. Fill in all required information marked with a red asterisk in the Training Plans section

Click the **Add Training Plan** button to add a training plan, if applicable

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.*

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 # of Trainees | Total # Hours | Rate | Est. Amount |
|---|---------------------|---------------|------|-------------|
| <p>Estimated Total Trainees from Occupations Screen: 103 <i>Please make sure to match the total trainee counts in both screens before proceeding further</i></p> <p>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)</p> | | | | |

I confirm I added all 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 |
|---|---------------------|---------------|------|-------------|
| <p>Estimated Total Trainees from Occupations Screen: 103 <i>Please make sure to match the total trainee counts in both screens before proceeding further</i></p> <p>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)</p> | | | | |

I confirm I added all training plans Previous

**

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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 |
|------------------------------|---------------------|---------------|---------|-------------|
| Priority Industry NAICS -... | 103 | 2,163 | \$28.00 | \$60,564.00 |

Estimated Total Trainees from Occupations Screen: 103

Estimated Total Trainees from Training Plans: 103
 Estimated Total Amount: \$60,564.00
 (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

37. Enter in the required information 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

* Training Plan Type

* Total Number of Trainees

* Average Hours Per Trainee

Average Hours Per Trainee Justification ⓘ

Cancel Submit

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38. 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

Progress indicator: 15 steps, step 15 is active.

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

Training Plans

[+ Add Training Plan](#)

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

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

I confirm I added all training plans

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SINGLE EMPLOYER

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

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

The screenshot shows the 'Apply for Funds' interface. At the top, there is a progress bar with 15 steps. The 14th step is active, and the 15th step is highlighted with a blue circle. Below the progress bar, the section is titled 'Employer in Kind Information'. There are two required fields, both marked with a red asterisk: 'Trainee wages paid during training (\$)' and 'Other contributions to the training program in excess of ETP funding (\$)'. Both fields are currently empty. At the bottom right, there are two buttons: 'Previous' and 'Next'.

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

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

The screenshot shows the 'Apply for Funds' interface, step 40: 'Other Resources'. The progress bar at the top shows 15 steps, with the 15th step being the current active step. The section is titled 'Other Resources'. There are three required fields, all marked with a red asterisk: 'Are you taking advantage of Enterprise Zones hiring tax credits, WIA funding, or other federal workforce incentives?', 'Type of Funding', and 'Amount of Funding (\$)'. The first field has two radio button options: 'Yes' and 'No'. A red arrow points from the 'Yes' radio button to a larger, detailed view of the same question. In this detailed view, the 'Yes' radio button is selected. Below the radio buttons is a text area for 'Give overview of any other applicable resources supporting the proposed training project.' At the bottom right, there are two buttons: 'Previous' and 'Next'.

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41. Complete the **Curriculum** section and click the **Add Curriculum** button to add curriculum to the application

The screenshot shows a progress bar at the top with 18 blue checkmarks, indicating that all previous steps have been completed. Below the progress bar, the text reads: "Please add your curriculum by selecting the 'Add Curriculum' button below." The main section is titled "Curriculum" with a yellow icon of a book. A red rectangular box highlights the "+ Add Curriculum" button. Below this, there are two dropdown menus: "Delivery Method" and "Training Type". At the bottom of the section, there is a checkbox labeled "I confirm I added curriculum". At the very bottom of the form, there are two buttons: "Previous" and "Next".

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42. 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

**Note: 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

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43. 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 a red asterisk)

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 + 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.

Previous Next

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44. The table will auto populate with the Training Types

Confirm the Percentage allocation

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

Apply for Funds

Training Type % Allocation

| Training Type | Percentage |
|-------------------------|----------------------------------|
| Commercial Skills | <input type="text" value="100"/> |
| Total Percentage | 100 |

Save Successful. Please navigate to the next screen by clicking Next button for further updates

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SINGLE EMPLOYER

45. Fill out the required information (marked with a red asterisk) in **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*

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

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46. A warning screen will appear

To formally submit the application, 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

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

It will be reviewed on a first in, first out basis

Click the **Finish** button to exit



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

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

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

Finish

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48. 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 |

49. 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](#)

