ETP Application Template

Multiple Employer Contractor (MEC)

IMPORTANT: This is an optional template for Applicants to collect ETP Application data offline. Please note the ETP Application is a web-based Application process and must be completed and submitted in Cal-E-Force system to ETP to request ETP Funding.

Funding Type: Core Funding

The core-funded ETP Program is supported by the Employment Training Tax and is a performance-based program, providing funds for trainees who successfully complete training and are retained in good-paying jobs at a required minimum wage. This funding supports employers in strengthening their competitive edge in the economy by providing funds to off-set the costs of necessary job skills training. [More information on Eligible Entities](#)

Terms & 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.

Self-Attestations

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

2. 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. *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).	☐ Agree ☐ Disagree
3. 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. *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).	☐ Agree ☐ Disagree

Contract Type Selection

1. Will this be a Single Employer or a Multiple Employer Contract?	Multiple Employer Contract

2. Choose the MEC category that applies:	☐ Professional Association (Chambers of Commerce) ☐ Trade Association ☐ Joint Apprenticeship Training Committee (JATC)/ Unilateral Apprenticeship Committee (UAC) ☐ Economic Development Corporation ☐ Public or Private Training Agency ☐ Workforce Development Board ☐ Workforce Innovation & Opportunity Act (WIOA) Grant Recipient or WIOA Admin

If you are a Joint Apprenticeship Training Committee (JATC)/ Unilateral Apprenticeship Committee (UAC), answer the following section:

1. Is your Joint Apprenticeship Training Committee's proposed training part of an apprenticeship program approved by the Division of Apprenticeship Standards?	☐ Yes ☐ No
If Yes, answer the following 1 question (b) before moving on to the next section.	
a. What is the DAS File number on File?	
The following documents will need to be submitted. Provide the following documents: Trust, Collective Bargaining Agreement/ Master Labor Agreement.	

If you are a Public or Private Training Agency, answer the following section:

1. Is your Training Agency approved by an independent entity?	☐ 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 *(If selected, answer question d)*
a. Other Independent Entity or Entities:	

Contact information

1. Primary Contact Email	

2. Last Name	
3. First Name	
4. Title	
5. Company or Entity Full Legal Name	
6. Doing Business As (DBA)	
Signatory Contact Details	
7. First Name	
8. Last Name	
9. Title	
10. Email	
Physical Address:	
11. Street	
12. City	
13. State	CA
14. Zip/Postal Code	
Mailing Address:	
15. Street	
16. City	
17. State	
18. Zip/Postal Code	
19. Phone Number	
20. Company / Organization Website *eg:https//www.etp.ca.gov*	

Company Information

1. Year Founded	
2. Organization's Primary Function	
3. What are your products and/or services?	
4. Identify your customers / clients (i.e. employers/trainee population or healthcare/patient population)	
5. 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).	
6. What are the cities and counties of the participating employers you may serve under this contract?	

Subcontractor Information

If not applicable, leave blank

Development Subcontractor Information	
1. Development Subcontractor	
a. Development Cost of Services ($)	
b. Description of Services	

2. Is there a secondary development subcontractor company assisting with your application?	☐ Yes ☐ No	

If Yes, answer the following 2 questions (a-b) before moving on to question 3

a. Secondary Development Subcontractor		
b. Secondary Development Cost of Services ($):		

Administrative Subcontractor Information

3. Administrative Subcontractor		
a. Administrative Cost of Services (%)		
b. Description of Services		
4. Is there a secondary administrative subcontractor company assisting with your application?	☐ Yes ☐ No	

If Yes, answer the following 2 questions (a-b) before moving on to question 5

a. Secondary Administrative Subcontractor		
b. Secondary Administrative Cost of Services (%)		

Training Subcontractor Information

5. Will there be any Training Subcontractor(s) assisting with your training?	☐ Yes ☐ No ☐ Unsure/To Be Determined	

If Yes, answer the following 5 questions (a-e) before moving on to the next section.

[Repeat/copy this table for each Training Subcontractor]

a. Subcontractor Name	
b. Country	
c. City	
d. State	
e. Estimated Cost of Service ($)	
f. Description of Service	

If Training Vendor is not located in California, answer the following questions (f) before moving on to the next section.

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."

g. Out of State Verification	

of Individuals / Industries

1. 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)
Participating Employer Demand Document

Industries

2. 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
a. Other Industries:	

Need for Training

1. Describe the need for training	
2. How did you determine employer need for this program? Did you perform individual employer assessments?	
3. Describe the changes that have taken or will take place requiring training.	
4. Is there new equipment/technology related to training?	☐ No ☐ Yes
If Yes, answer the following 4 questions (a-d) before moving on to question 5.	
a. Type of Equipment	
b. Installation Date	
c. Cost of Equipment	
d. Is training included in the purchase price of new equipment?	☐ No ☐ Yes
If Yes, answer the following 1 question (e) before moving on to question 5.	
e. What is the impact of the equipment/technology?	

5. How will training facilitate these changes and give workers the skills they need to remain employed?	
6. How will training help the core participating employers' job creation/expansion in the next 12 – 24 months?	
7. Describe how you work with Employer Advisory Groups and how they assisted in developing the training program (New Hires)	
8. How do you get feedback and assess the effectiveness of training?	
9. Impact/Outcome Specify any certifications that will be earned from training for each type of training	
10. Describe how your proposed project demonstrates the ETP priorities as listed in Unemployment Insurance Code (UIC) section 10200(b), including: - reducing imports to and increasing exports from CA; - supporting new and growing businesses with high-wage jobs in CA; - training in new technologies and methods; - training for displaced or laid-off workers; - projects that are jointly developed by management and labor representatives; - develop high-road jobs with demonstrated wage progression and/or participation in a high road training partnership; and - projects that promote CA's manufacturing sector	

Services and Resources

A New Hire trainee is an unemployed person at the start of training and meet one of the following criteria:

1.) Has established a UI claim in this State and has been determined eligible for UI by the Employment Development Department (EDD).

2.) Has exhausted their UI benefits from this State within the preceding 24 months.

If the above requirements are not met, some ETP program attributes may qualify under a New Hire training project. Additional information and requirements will be discussed during development with an ETP analyst.

1. Will you be recruiting New Hire Trainees?	☐ No ☐ Yes
If Yes, answer the following 5 questions (a-e) before moving on to question 2	
a. Describe your plan for recruiting New Hire Trainees	
b. Have you provided training and job placement services to unemployed individuals?	
c. Please describe your services.	
d. Describe (if any) current relationship with One-Stop Centers or other Unemployment Insurance referral sources.	
e. How do you assess the trainees' skill level and what training they need?	
2. Provide local/regional occupational job outlook for training that will be provided.	
3. How do you Market/Advertise your programs?	☐ Flyers ☐ E-mail ☐ Trade Shows ☐ Advertisements ☐ Other
4. How did you customize the training to the needs of the participating employers?	
5. Describe your plan for recruiting participating employers.	
6. Describe how you work with employer organizations and the name of those organizations.	
7. Describe your prior history in providing incumbent worker training.	
8. Describe your plan for administering the project.	
9. How many Staff members will be dedicated to Recruitment?	

10. How many Staff members will be dedicated to Scheduling Training?	
11. How many Staff members will be dedicated to Needs Assessment?	
12. How many Staff members will be dedicated to ETP Administration?	
13. Provide justification for support costs requested	
14. What percentage of training will be delivered by outside vendors?	
15. How did you develop your ETP curriculum?	
16. How does the curriculum meet the needs of your participating employers?	
17. How do you get feedback and update the curriculum?	
18. Where will training be conducted	☐ At Employer Worksite ☐ At Training Facility
19. Number of Large Employers (over 100 employees in CA) that you propose will participate in training	

Small Business Employers consist of 100 or less employees in California but no more than 250 employees worldwide. This includes all geographical locations, parent company, and those at any other subsidiary and/or branch. The business must be located in California and independently owned and operated. A small business must be completely independent without financial ties to any other organization. A Small Business owner may be trained with their employees. At least one employee must also participate in training. A Small Business owner is an individual having all or substantial (at least 20%) financial investment in the business, and is directly involved full-time in the day-to-day operation of the business. The owner need not be subject to the eligibility provisions of the UI Code Section 10201. Partners may be considered owners if they meet the above criteria. Partners who do not meet the owner criteria may qualify under Top-Level Executive criteria.	
20. Number of Small Business Employers (fewer than 100 employees in CA and not exceed 250 Worldwide) that you propose will participate in training	

Commitment to Training

1. Describe the curriculum provided to employees and training delivered to employees in the past.	
2. Explain how ETP funding will not displace the training resources of the core group of participating employers	

3. Projected Training Start Date	

Special Categories

1. Do you plan on providing Entrepreneurial training?	☐ Yes ☐ No
2. Describe any barriers to employment that will qualify trainees	
3. Do you plan on providing CNA to LVN training?	☐ Yes ☐ No
4. Do you plan on providing training to Ex-Offender/At-Risk Youth?	☐ Yes ☐ No
5. Do you plan on providing training to Seasonal Workers?	☐ Yes ☐ No
6. Do you plan on providing training to Temporary to Permanent Workers?	☐ Yes ☐ No
7. Do you anticipate any participating employers having trainees in a Workshare program?	☐ Yes ☐ No
8. Do you plan on training Veterans?	☐ Yes ☐ No
9. Describe your plan for marketing training opportunities specifically to Veterans. Please include if you have a working relationship with any veterans organizations.	
10. Do you plan on training Apprentices; Journeyworkers; or Pre-Apprentices?	☐ Yes ☐ No
If Yes, answer the following 1 questions (a) before moving on to question 11	
a. Do you plan on training Apprentices; Journeyworkers; or Pre-Apprentices? Check all that apply	☐ Apprentices ☐ Journeyworkers ☐ Pre-Apprentices
11. Do you plan on providing Literacy Skills training?	☐ Yes ☐ No
If Yes, answer the following 1 questions (a) before moving on to question 12.	
a. Estimated amount of literacy skills training hours per trainee	
12. Do you plan on providing Safety Training?	☐ Yes ☐ No
If Yes, answer the following 1 questions (a) before moving on to question 13.	
a. Estimated amount of safety training hours per trainee	
Underserved Communities:	

13. How do you market/advertise your programs to underserved communities (i.e.: women, minorities, multiple barriers to employment, ex-offenders, at risk youth etc.)?	
14. Describe how you work with community organizations and the name of those organizations:	
15. Do any of these organizations actively market to women?	☐ Yes ☐ No
16. Do any of these organizations actively market to Veterans?	☐ Yes ☐ No
17. Do any of these organizations actively market to minorities?	☐ Yes ☐ No
18. Do any of these organizations actively market to at risk youth or ex-offenders?	☐ Yes ☐ No

Occupations

Please add all your occupations that will be participating in the contract

[Repeat/copy this table for each occupation]

1. **Occupation Name**	
2. Min Wage	
3. Max Wage	
4. Estimated Number of Training Hours	
5. Current hourly wage at enrollment	
6. 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)	
7. $20 and Under	
8. $20.01 to $25 Hourly Wage	
9. $25.01 and above Hourly Wage	
10. Estimated Number of Trainees	
Union Information	
11. Are staff in this occupation represented by a collective bargaining agreement/union?	☐ Yes ☐ No
If Yes, answer the following 3-4 questions (a-d) before moving on to question 13.	
a. Enter the total number of staff in this occupation who will participate in the ETP Training Project who are represented by a collective bargaining agreement	

b. Union	☐ Amalgamated Transit Union
	☐ American Federatation of State, County, and Municipal Employees
	☐ Bakery Confectioners
	☐ Boilermakers
	☐ Bricklayers
	☐ CA Professional Fire Fighters
	☐ California Nurses Association
	☐ Carpenters 46 Northern California Counties Conference Board
	☐ Communications Workers (Pacific Media Workers)
	☐ Electrical Workers
	☐ Food & Commercial Workers
	☐ Glass, Molders, Pottery
	☐ Hotel and Restaurant Workers
	☐ International Brotherhood of Electrical Workers
	☐ Inti. Association of Machinists
	☐ Iron Workers
	☐ Laborers
	☐ Longshore Workers Union
	☐ Northern California Carpenters
	☐ Office & Professional Employees
	☐ Operating Engineers
	☐ Other *(If selected, answer question c)*
	☐ Painters, Glaziers, Carpet Layers & Allied Crafts
	☐ Plasterers & Cement Masons
	☐ Plumbers & Pipe Fitters
	☐ Professional & Technical Employees Union
	☐ Pulp and Paper Workers
	☐ Roofers and Waterproofers
	☐ Service Employees International Union
	☐ Sheet Metal Workers
	☐ Steelworkers
	☐ Teamsters
	☐ Theatrical Stage Employees
	☐ United Auto Workers
	☐ United Farm Workers
c. Union (Other):	
d. Union Local	

Health Benefits & Full Time Hours

12. Employer-paid Hourly Health Benefits (Health plan benefits includes Medical, Dental, and Vision only. Up to $2.50 per hour of employer-paid health benefits may be used to supplement an employee's regular base wage for the purpose of meeting ETP's minimum wage requirements. If employer-paid health benefits will be used to meet the ETP wage requirement, the application must include the least actual hourly benefit amount for an individual employee. There is one exception available for applicants subject to a collective bargaining agreement, which allows for the actual value of employer-paid Health Benefits to exceed $2.50 per hour with reliable, verifiable written documentation as to the actual value of said employer-paid Health Benefits. Verifiable written documentation accepted by the Panel include: a Collective Bargaining Agreement, a contract of employment, or monthly payroll reporting (i.e. paystub)).	
13. Full-Time Work Week Hours (How many hours do full time employees work per week? If under 35 hours per week provide justification)	
14. Full-time Work Week Hours Explanation	

Additional Compensation

Commission means a percentage or proportion of the sale price, for services rendered in the sale of goods or services, paid to employees whose principal job duty is sales.

Bonuses are payable in addition to any other compensation, and are normally paid to reward extraordinary work or induce continued employment.

Mandatory Service Charges means a non-voluntary surcharge for service that is: (1) imposed on the patron of a business, and (2) added to the amount due for goods, food, drink or articles sold to the patron, and (3) taxable to the employer as a portion of gross receipts, and (4) payable to the trainee in its entirety, or payable as a fixed percentage that is subject to prior approval by the Panel.

Commission + Bonuses includes the use of Commission and Bonuses as stated above

15. Type of Additional Compensation	☐ Commission ☐ Bonuses ☐ Mandatory Service Charges ☐ Commission + Bonuses
16. Additional Compensation Per Hour	
17. Additional Information	

1. Do any Participating Employers pay health benefits?	☐ Yes ☐ No	
If Yes, answer the following 1 questions (a) before moving on to next question.		
a. Will any of the added occupations use Health Benefits to meet the ETP Minimum Wage?	☐ Yes ☐ No	
2. Include the amount of fringe benefits paid to trainees. Fringe benefits are generally cash, goods, property, or services received from the employer in addition to an employee's regular pay. Fringe benefits may include, but are not limited to: vacation; health benefits; pension fund contributions; life and disability insurance; etc. Please provide a detailed summary of the types of fringe benefits your company provides, and how they are distributed.		
3. Please describe your company's strategy for wage progression for your employees. Include information such as: average starting salaries for included occupations, length of time between raises, performance review procedures, and upward mobility possibilities provided.		
4. Projected Number of Managers/Supervisors		
5. Will the % of Managers/Supervisors to be trained be over 20%?	☐ Yes ☐ No	
If Yes, answer the following 1 questions (a) before moving on to next question.		
a. Provide a justification of why over 20%		
6. Will any training occur out-of-state?	☐ Yes ☐ No	
If Yes, answer the following 1 questions (a) before moving on to next section.		
a. Please provide justification for out-of-state training.		

Please have your *union letter* and *notice of intent* document ready for upload 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.

Training Plan

[Repeat/copy this table for each training plan]

Training Plan Name	☐ Priority Industry NAICS - $23 ☐ Non-Priority Industry NAICS - $20 ☐ Job Creation Program - $23 ☐ CNA to LVN Trainees - $23 ☐ Ex-Offender/At-Risk Youth - $23 ☐ Veteran Trainees - $23 ☐ MEC Only - Apprenticeship Trainees - $16 ☐ MEC Only - Journeyworker Trainees - $23 ☐ MEC Only - Pre-Apprenticeship Trainees - $23 ☐ MEC Only - New Hire Trainees - $23 ☐ MEC Only - Entrepreneurial - $23
Total Number of Trainees	
Average Hours Per Trainee	
Average Hours Per Trainee Justification	

Employer in Kind Information

1. Trainee wages paid during training ($)	
2. Other contributions to the training program in excess of ETP funding ($):	
3. MEC contribution – What additional services/ training not funded by ETP will be provided?	

Funding from Other Sources

1. Will you or participating employers be receiving training funds from any other source?	☐ Yes ☐ No
If Yes, answer the following 1 questions (a) before moving on to next section.	

a. Explain other funding sources that will be received for this training program	
If you are planning on training new hire trainees, answer the following 1 question (2) before moving on to next section.	
2. Will ETP be exclusive source of funds for the New Hire training program?	☐ Yes ☐ No
If No, answer the following 1 question (a) before moving on to the next section.	
a. What other funding will be used and what will be covered?	

Other Resources

1. Are you or any participating employers taking advantage of Enterprise Zones hiring tax credits, WIOA funding, or other federal workforce incentives?	☐ Yes ☐ No
If Yes, answer the following 1 questions (a) before moving on to next section.	
a. Give overview of any other applicable resources supporting the proposed training project.	
2. Type of Funding	
3. Amount of Funding ($)	

Curriculum

[Repeat/copy this table for each delivery method/training type]

1. Delivery Method	☐ Classroom/Simulated Laboratory / E-Learning ☐ Productive Laboratory ☐ Computer Based Training (CBT)

2. **Training Type** * = Training Type not available under Productive Lab Delivery Method	☐ Business Skills ☐ Commercial Skills ☐ Commercial Skills - Advanced Technology* ☐ Computer Skills ☐ Computer Skills - Advanced Technology ☐ Continuous Improvement Skills* ☐ Green/Clean Skills* ☐ Hazardous Materials Skills* ☐ HazWoper* ☐ Job Readiness Skills* ☐ Literacy Skills* ☐ Management Skills* ☐ Manufacturing Skills ☐ Manufacturing Skills - Advanced Technology ☐ Medical Skills (Didactic)* ☐ Medical Skills (Preceptor) ☐ Other ☐ RSI (Apprenticeship)* ☐ Safety Skills - OSHA 10* ☐ Safety Skills - OSHA 30*
3. Class Titles	
4. Brief overview of this training	
5. Select Occupations this training will be offered? (System will display all occupations that were added above)	

If Computer Based Training (CBT) is added to curriculum, answer the following section:

1. Provide the maximum hours of CBT training a trainee could take.	
If maximum hours of CBT is greater than 60, answer the following 1 questions (a) before moving on to next section.	
a. Higher Than Standard CBT Hours Justification:	

If Productive Lab (PL) is added to curriculum, answer the following section:

1. Explain the need for productive laboratory (PL) training.	
2. Describe the equipment/processes to be used in delivering PL training.	
3. Explain how PL training differs from actual work	
4. What is the PL trainer-to-trainee ratio?	
5. How many trainees will receive PL?	
6. What are the occupations of trainees who will receive PL?	

7. What is the maximum number of PL training hours that a trainee may receive?		
8. Provide Justification for requesting PL		
9. Location of PL Training		
10. Explain how production will be affected during training.		
11. Who will provide the PL training?		
12. Is a dedicated trainer or vendor hired to provide PL training?	☐ Yes ☐ No	
13. Describe Trainer Qualifications		
14. Describe the method you will use to determine if expected outcomes/goals are met		
15. Are the trainees earning any certificate(s) at the completion of PL training?	☐ Yes ☐ No	
If trainees are earning certificate(s) at the completion of PL Training, answer the following 1 questions (a) before moving on to next section.		
a. Provide the name of the certificate(s) with brief description		
16. Is there a wage progression for trainees receiving PL training?	☐ Yes ☐ No	
If there is a wage progression, answer the following 1 questions (a) before moving on to next section.		
a. What is the wage progress amount and how long will it take to obtain it?		
If Yes, the following document will need to be submitted. Ensure that you have the following available for upload: *Competency checklist or matrix for each PL course topic which should include, but not limited to, a list of task(s) needed to complete to attain competency and the number of hours for each task.*		

If Advanced Technology (AT) is added to curriculum, answer the following section:

1. Explain the need for AT training	
2. Advanced Technology Justification	
3. Provide justification to exceed 10% (total training hours per trainee)	

Training Type % Allocation:
[Only those training types that were selected in the above curriculum section will require percentages below – Overall Percentage Allocation should be equal to 100]

Training Type	Percentage
Business Skills	
Commercial Skills	
Commercial Skills - Advanced Technology	

Computer Skills	
Computer Skills - Advanced Technology	
Continuous Improvement Skills	
Green/Clean Skills	
Hazardous Materials Skills	
HazWoper	
Job Readiness Skills	
Literacy Skills	
Management Skills	
Manufacturing Skills	
Manufacturing Skills - Advanced Technology	
Medical Skills (Didactic)	
Medical Skills (Preceptor)	
Other	
RSI (Apprenticeship)	
Safety Skills - OSHA 10	
Safety Skills - OSHA 30	

Electronic Training Documentation

1. Do you plan to use an electronic recordkeeping system (i.e. Learning Management System – LMS) for tracking training & hours?	☐ Yes ☐ No

If Yes:
Your Electronic Recordkeeping System must include all of the following 7 data points:
1. **Date of Training**
2. **Type of Training & Delivery Method**
3. **Full course title**
4. **Actual length of time trainee attended (system must track the actual hours/minutes)**
5. **Instructor Names & Proof that multiple instructors can be listed for one class**
6. **Trainee names**
7. **Data Retention for up to 4 years**

For Computer Based Training (CBT) 3 additional data points are required
1. **Date system was last accessed for a specific course**
2. **Number of hours designated to complete a course**
3. **Percentage of course completed**

Ensure that you have documentation demonstrating the above requirements are met readily available for upload.