

ETP Application Word Template

Multiple Employer Contractor (MEC) – Workforce Literacy Pilot Program

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: Workforce Literacy Pilot Program

This funding will enable eligible contractors to create or expand workplace literacy training in English, math, digital skills, workforce preparation activities, and technical skills for eligible trainees who are immigrants, refugees, and English Language Learners.

For more information regarding *Healthcare Workforce Advancement Fund* or *Workforce Literacy Pilot Program*, please visit our [Pilots and Guidelines](#) page.

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:	<input type="checkbox"/> Professional Association (Chambers of Commerce) <input type="checkbox"/> Trade Association <input type="checkbox"/> Joint Apprenticeship Training Committee (JATC)/ Unilateral Apprenticeship Committee (UAC) <input type="checkbox"/> Economic Development Corporation <input type="checkbox"/> Public or Private Training Agency <input type="checkbox"/> Workforce Development Board <input type="checkbox"/> Workforce Innovation & Opportunity Act (WIOA) Grant Recipient or WIOA Admin <input type="checkbox"/> Community Based Organization

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Accrediting Bureau of Health Education Schools (ABHES) <input type="checkbox"/> Accrediting Commission of Career Schools and Colleges of Technology (ACCSCT) <input type="checkbox"/> Accrediting Council for Independent Colleges and Schools (ACICS) <input type="checkbox"/> Council on Occupational Education (COE) <input type="checkbox"/> Intrastate Training Resource and Information Network (I-TRAIN) <input type="checkbox"/> Western Association of Schools and Colleges (WASC) <input type="checkbox"/> Accrediting Council for Continuing Education and Training (ACCET) <input type="checkbox"/> Bureau for Private Postsecondary Education (BPPE) <input type="checkbox"/> Board of Vocational Nursing and Psychiatric Technicians (BVNTP) <input type="checkbox"/> California Department of Education (CDE) <input type="checkbox"/> Other (If selected, answer question d)
a. Other Independent Entity or Entities:	

If you are a Community Based Organization, answer the following section:

a. Does your organization have at least two year's experience providing literacy education or workforce development services to adult immigrants, refugees, or English Language Learners?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is your organization a 501c3?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide documents showing proof of 501c3 status.	

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 <i>eg:https://www.etp.ca.gov</i>	

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

1. Development Subcontractor	
a. Development Cost of Services (\$)	
b. Description of Services	
2. Administrative Subcontractor	
a. Administrative Cost of Services (%)	
b. Description of Services	
3. Training Subcontractor	
a. Training Cost of Services (\$)	
b. Description of Services	

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:	<input type="checkbox"/> Agriculture <input type="checkbox"/> Allied Healthcare <input type="checkbox"/> Biotechnology and Life Sciences <input type="checkbox"/> Construction <input type="checkbox"/> Goods Movement and Transport Logistics <input type="checkbox"/> Green/Clean Technology <input type="checkbox"/> Information Technology Services <input type="checkbox"/> Manufacturing/Food Production <input type="checkbox"/> Multimedia/Entertainment <input type="checkbox"/> Other (<i>If selected, answer question a</i>) <input type="checkbox"/> Technical Services
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?	<input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> No <input type="checkbox"/> 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	
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Services and Resources

<p>A New Hire trainee is an unemployed person at the start of training and meet one of the following criteria:</p> <ol style="list-style-type: none"> 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. <p>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.</p>	
1. Will you be recruiting New Hire Trainees?	<input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Flyers <input type="checkbox"/> E-mail <input type="checkbox"/> Trade Shows <input type="checkbox"/> Advertisements <input type="checkbox"/> 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	<input type="checkbox"/> At Employer Worksite <input type="checkbox"/> At Training Facility
19. Number of Large Employers (over 100 employees in CA) that you propose will participate in training	
<p>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.</p> <p>A Small Business owner may be trained with their employees. At least one employee must also participate in training.</p> <p>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.</p>	
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.	
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Describe any barriers to employment that will qualify trainees	
3. Do you plan on providing CNA to LVN training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you plan on providing training to Ex-Offender/At-Risk Youth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you plan on providing training to Seasonal Workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you plan on providing training to Temporary to Permanent Workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you anticipate any participating employers having trainees in a Workshare program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you plan on training Veterans?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Apprentices <input type="checkbox"/> Journeyworkers <input type="checkbox"/> Pre-Apprentices
11. Do you plan on providing Literacy Skills training?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Do any of these organizations actively market to Veterans?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Do any of these organizations actively market to minorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Do any of these organizations actively market to at risk youth or ex-offenders?	<input type="checkbox"/> Yes <input type="checkbox"/> 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. Under \$15 Hourly Wage	
8. \$15-\$20 Hourly Wage	
9. \$20.01 to \$25 Hourly Wage	
10. \$25.01 and above Hourly Wage	
11. Estimated Number of Trainees	
Union Information	
12. Are staff in this occupation represented by a collective bargaining agreement/union?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Amalgamated Transit Union <input type="checkbox"/> American Federatation of State, County, and Municipal Employees <input type="checkbox"/> Bakery Confectioners <input type="checkbox"/> Boilermakers <input type="checkbox"/> Bricklayers <input type="checkbox"/> CA Professional Fire Fighters <input type="checkbox"/> California Nurses Association <input type="checkbox"/> Carpenters 46 Northern California Counties Conference Board <input type="checkbox"/> Communications Workers (Pacific Media Workers) <input type="checkbox"/> Electrical Workers <input type="checkbox"/> Food & Commercial Workers <input type="checkbox"/> Glass, Molders, Pottery <input type="checkbox"/> Hotel and Restaurant Workers <input type="checkbox"/> International Brotherhood of Electrical Workers <input type="checkbox"/> Inti. Association of Machinists <input type="checkbox"/> Iron Workers <input type="checkbox"/> Laborers <input type="checkbox"/> Longshore Workers Union <input type="checkbox"/> Northern California Carpenters <input type="checkbox"/> Office & Professional Employees <input type="checkbox"/> Operating Engineers <input type="checkbox"/> Other <i>(If selected, answer question c)</i> <input type="checkbox"/> Painters, Glaziers, Carpet Layers & Allied Crafts <input type="checkbox"/> Plasterers & Cement Masons <input type="checkbox"/> Plumbers & Pipe Fitters <input type="checkbox"/> Professional & Technical Employees Union <input type="checkbox"/> Pulp and Paper Workers <input type="checkbox"/> Roofers and Waterproofers <input type="checkbox"/> Service Employees International Union <input type="checkbox"/> Sheet Metal Workers <input type="checkbox"/> Steelworkers <input type="checkbox"/> Teamsters <input type="checkbox"/> Theatrical Stage Employees <input type="checkbox"/> United Auto Workers <input type="checkbox"/> United Farm Workers
c. Union (Other):	
d. Union Local	
Other Wage Information	

<p>13. 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.</p> <p>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)).</p>	
<p>14. Additional Compensation Per Hour</p>	
<p>15. Full-Time Work Week Hours (How many hours do full time employees work per week? If under 35 hours per week provide justification)</p>	
<p>16. Full-time Work Week Hours Explanation</p>	
<p>17. Type of Additional Compensation (commission, bonuses, mandatory service charges (Banquet Tips))</p>	
<p>18. Additional Information</p>	

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.

Training Plan

[Repeat/copy this table for each training plan]

Training Plan Name	<input checked="" type="checkbox"/> Workforce Literacy Employer - \$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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Classroom Simulated Laboratory / E-Learning <input type="checkbox"/> Computer Based Training (CBT)
2. Training Type	<input type="checkbox"/> Digital Literacy Skills <input type="checkbox"/> English Literacy Skills <input type="checkbox"/> Math Literacy Skills <input type="checkbox"/> Technical Skills <input type="checkbox"/> Workforce Preparation Activities
3. Class Titles	

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:	

Electronic Training Documentation

1. Do you currently use electronic training documentation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you plan to use electronic training documentation to document ETP training hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, answer the following 15 questions (a-o) before moving on to next section.	
a. What system(s) do you intend to use for ETP electronic record keeping purpose?	
b. 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.	

c. How long has the system been in use?	
d. Do you have a Sample Trainee Record that you can upload?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, the following document will need to be submitted. Ensure that you have the following available for upload: <i>Sample Trainee Record File</i>	
e. What is the name of the company that developed the software for your system?	
f. How does your system document the hours and dates of training?	
g. Does your system document the full Course Title?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. What are the smallest time increments that your system is capable of documenting?	
i. Does your system document the Name(s) of the Instructor(s) and the Trainer/Trainee ratio?	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. If a trainee is separated from employment during (or after) the Contract Term, would the training data remain in the system for ETP review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. Does the system retain the date of each data entry and revision (log date)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. Does the system record the reason for each new revision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
m. What are the titles of the employees who administer the system?	
n. Does the system have the capability to separate ETP-funded training and other non-ETP-funded training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
o. How long are the records maintained and are accessible by ETP?	

Workforce Literacy Pilot Program – Supplemental Questions

1. Describe your training program, including the benefits of the training to your trainees, pathways to upward mobility, duration and intensity of the training program, and any other relevant details.	
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<p>2. Provide further information if the training program includes the complementing of literacy and technical skills, such as Contextualized Instruction, which refers to the use of occupationally specific materials for instruction.</p>	
<p>3. What efforts will you take to ensure trainees make it through the end of the training program?</p>	
<p>4. Does your trainee population target immigrants, refugees, and/or English Language Learners?</p>	
<p>5. Describe how at least seventy percent (70%) of the hours trained for each trainee will include a significant portion dedicated to English literacy skills.</p>	
<p>6. Describe how much of the training hours will rely on instructor led training methodologies, with or without self-paced training as a complement.</p>	
<p>7. I certify that all training under this program will only be delivered by qualified instructors. (A qualified instructor is someone who is competent in the subject matter, holds a bachelor’s degree, and has a minimum of two years of directly relevant teaching experience.)</p>	<input type="checkbox"/>
<p>8. Describe how the trainees will remain employed after completion of your training program.</p>	
<p>9. Describe how your program will promote the benefits of literacy training to frontline managers/supervisors to help ensure they support their employees doing the training program.</p>	
<p>10. Will any of the employees participating in this training be working part-time at the start of training? If so, will the training result in full-time employment within 90 days after completion of training for the participating part-time employees?</p>	