



ETP Application Template

Single Employer (SE)

Core Funding

Important: This template is provided as an optional tool for applicants to collect ETP Application data offline. Please be advised that the ETP Application must be completed and submitted electronically via the Cal-E-Force system to request ETP Funding.

Compliance & Self-Attestation

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 will submit only one application per applicant at a time, and you will not submit 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.
- You understand applications that remain unsubmitted and have no activity for 90 consecutive days will be marked as inactive.
- You understand your application is for the current Fiscal Year (FY) and understand it is valid for the current FY only and will expire if not processed/approved by June 30th.

Accept Terms and Conditions

Accept

Decline

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.

**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



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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

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

Applicant Type

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

- Single Employer
 Multiple Employer (MEC)

Has your organization previously held an ETP Contract?

- Yes
 No

Are you identified as a Critical Proposal project by the Governor's Office of Business and Economic Development and/or ETP's Executive Director?

- Yes
 No

Applicant Details

Primary Contact Details

Full Name

Click or tap here to enter text.

Title

Click or tap here to enter text.

Email Address

Click or tap here to enter text.



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Phone Number

Click or tap here to enter text.

Signatory Contact Details

Full Name

Click or tap here to enter text.

Title

Click or tap here to enter text.

Email

Click or tap here to enter text.

Company/Organization Details

Company or Entity Full Legal Name

Click or tap here to enter text.

Doing Business As (DBA)

Click or tap here to enter text.

Company / Organization Website

Click or tap here to enter text.

California Employer Account Number (CEAN)

Click or tap here to enter text.

Are you using a Professional Employer Organization (PEO) as your Employer of Record?

Yes

No

PEO Name

Click or tap here to enter text.

PEO CEAN

Click or tap here to enter text.

Physical Address

Click or tap here to enter text.

Mailing Address

Click or tap here to enter text.

Subcontractor Details

Development Subcontractor Details

Will there be any Development Subcontractor(s) assisting with your contract?

Yes

No

Development Subcontractor Name:



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Click or tap here to enter text.
Development Cost of Services (\$)
Click or tap here to enter text.
Description of Services
Click or tap here to enter text.
Is there a secondary Development subcontractor company assisting with your application?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
Secondary Development Subcontractor Name:
Click or tap here to enter text.
Secondary Development Cost of Services (\$)
Click or tap here to enter text.
Secondary Development Subcontractor City & State
Click or tap here to enter text.

Administrative Subcontractor Details

Will there be any Administrative Subcontractor(s) assisting with your contract?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
Administrative Subcontractor Name:
Click or tap here to enter text.
Administrative Cost of Services (%):
Click or tap here to enter text.
Description of Services:
Click or tap here to enter text.
Is there a secondary administrative subcontractor company assisting with your application?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
Secondary Administrative Subcontractor Name:
<i>*Note: The secondary administrative subcontractor will not have login access to Cal-E-Force.</i>
Click or tap here to enter text.
Secondary Administrative Cost of Services (%)
Click or tap here to enter text.
Secondary Administrative Subcontractor City & State
Click or tap here to enter text.

Training Subcontractor Details

Will there be any Training Subcontractor(s) assisting with your training?
<input type="checkbox"/> Yes
<input type="checkbox"/> No



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Unsure/To Be Determined

Complete the following table for each Training Subcontractor

Training Subcontractor Name
Click or tap here to enter text.
City, State, Country
Click or tap here to enter text.
Out of State Training Justification (If Not in CA)
Click or tap here to enter text.
Estimated Cost of Service (\$)
Click or tap here to enter text.
Description of Service
Click or tap here to enter text.

Applicant Details

Year Founded:
Click or tap here to enter text.
Are you a division or subsidiary of another company / organization?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
Name of Parent Company / Organization
Click or tap here to enter text.
How many affiliated companies are you including in the application, if any?
Click or tap here to enter text.
Are you the headquarters location?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
Location of the Headquarters?
Click or tap here to enter text.
If training occurs in two or more locations, how will training be coordinated? If only training at one location, enter "N/A".
Click or tap here to enter text.
Will any training occur out-of-state?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
Provide justification for out-of-state training.
Click or tap here to enter text.
What are your products and/or services?
Click or tap here to enter text.



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

Click or tap here to enter text.

Affiliates

Complete the following table for each Affiliate (If Applicable)

Affiliate Name
Click or tap here to enter text.
Affiliate CEAN
Click or tap here to enter text.

Locations

Complete the following table for each Location (Must enter at least one)

Location Name
Click or tap here to enter text.
Location Type
<input type="checkbox"/> Affiliate Location
<input type="checkbox"/> Contractor Location
CEAN
Click or tap here to enter text.
Number of Total Trainees
Click or tap here to enter text.
Address
Click or tap here to enter text.
Name of Affiliate (if Applicable)
Click or tap here to enter text.

Turnover Details

What is your California turnover rate % for full-time staff the last calendar year at the site(s) where training will take place?
Click or tap here to enter text.
Turnover for each of the prior three calendar years
Click or tap here to enter text.
Most recent turnover since January 1 of the current calendar year
Click or tap here to enter text.
Reasons for prior calendar year(s) high turnover
Click or tap here to enter text.
Remedies the company will initiate to reduce turnover
Click or tap here to enter text.



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Turnover rate your company projects during the last 12 months of the Contract?

Click or tap here to enter text.

Workforce & Industry Details

No. of Full Time Employees in California

Click or tap here to enter text.

No. of Full Time Employees in the United States

Click or tap here to enter text.

No. of Full Time Employees World Wide

Click or tap here to enter text.

Provide the estimated number of employees to be trained:

Click or tap here to enter text.

NAICS Code (6-digit)

Click or tap here to enter text.

Out of State Competition Eligibility Form

(To be completed if NAICS code is not subject to Out-of-State Competition)

If your organization faces competition from out-of-state, check the box below and provide a detailed description of how this competition impacts your organization.

I believe that my company is subject to Out-of-State Competition.

Choose one or more options that best match your organization's California operations:

Our organization manufactures a product. (Section 1)

Our organization provides services in California that regularly competes with service providers located outside of California. (Section 2)

Our organization provides services directly to customers located outside of California (Section 2)

Our organization or corporate headquarters provides internal support services (e.g. HR, IT, finance, operations) to locations outside of California. (Section 3)

Our organization is a mortgage lender, services mortgage loans or packages/sells mortgage loans (Section 4)

Our organization is a destination resort, convention/conference hotel, or convention/conference center. (Section 5)

Our organization operates a call center primarily handling inbound customer calls or service requests (Section 6)

Section 1: Manufacturer

What product(s) does your organization manufacture?

Click or tap here to enter text.

Where does your organization manufacture your product(s)?

Click or tap here to enter text.



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Where does your organization sell products?

- Within California
- Outside of California
- Both

Section 2: Service Provider

What services does your organization provide?

Click or tap here to enter text.

Provide details of how your organization's services *regularly* competes with providers located outside of California (including examples of out-of-state companies your organization *regularly* competes with).

Click or tap here to enter text.

What services does your organization provide to out-of-state customers?

Click or tap here to enter text.

How are these services delivered (e.g., remote, online, in-person)?

Click or tap here to enter text.

Estimated percent (%) of total gross annual revenue from out-of-state customers:

Click or tap here to enter text.

Section 3: Significant Business Presence Outside California

Complete at least one of the following three questions:

Provide percent (%) of gross annual revenue from out-of-state operations:

Click or tap here to enter text.

Provide percent (%) of permanent locations (offices, branches, stores, etc.) outside of California:

Click or tap here to enter text.

Provide percent (%) of permanent full-time employees working outside of California:

Click or tap here to enter text.

Describe your out-of-state operations:

Click or tap here to enter text.

Section 4: Mortgage Banking

Our organization conducts its business or support services in California

- Yes
- No

The trainees hold positions that are directly related to the lending, servicing, packaging/selling function

- Yes
- No

Provide a description of mortgage-related activities:



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Click or tap here to enter text.

Section 5: Destination / Convention / Conference

Select the option that best describes your organization.

Destination Resort

How is your resort a place people travel to primarily for recreation, where the destination is the resort itself (rather than the surrounding city or region)? OR, if applicable, how does your hotel operate in conjunction with or in proximity a recreational attraction, and directly derive at least 25 percent (%) of its gross annual revenue from out-of-state visitors?

Click or tap here to enter text.

Convention/Conference Hotel

How does your hotel directly derive at least 25 percent (%) of its gross annual revenue from transient lodging or related services provided to out-of-state visitors attending conventions, conferences, or trade shows?

Click or tap here to enter text.

Convention/Conference Center

How does your center primarily support the meeting and exhibiting needs of out-of-state visitors attending conventions, conferences, or trade shows?

Click or tap here to enter text.

Marketing & Competition (select all that apply)

- Advertise in the same media as out-of-state competitors
- Conduct targeted marketing to attract out-of-state customers
- Participate in out-of-state trade shows or sales missions
- Contribute financially to joint or regional out-of-state marketing efforts
- Market directly to out-of-state customers (e.g., internet, phone, mail)
- Compete directly with similar out-of-state businesses

Describe how your organization attracts and competes for out-of-state visitors:

Click or tap here to enter text.

Section 6: Call Center

Provide percent (%) of call volume originating from outside of California:

Click or tap here to enter text.

The call center is an internal operation

- Yes
- No

The customer initiates contact by a call or other inquiry

- Yes
- No

We do not engage in telemarketing (outbound sales calls).

- Yes



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No

Provide a description of your organization's call center services:

Click or tap here to enter text.

I certify the information provided is correct to the best of my knowledge.

Yes

No

Need for Training

Select the need for training (Check all that apply):

- New Equipment/Software
- Expansion
- Workforce Skill Development
- New Employees
- Industry Changes
- Other

New Equipment/Software

Type of Equipment

Click or tap here to enter text.

Installation Date

Click or tap here to enter text.

Cost of Equipment:

Click or tap here to enter text.

Is training included in the purchase price of new equipment?

Yes

No

Expansion

Describe any expansion and/or hiring plans you may have in the next 2 years?

(e.g., Opening new facilities; expanding existing facilities; expanding business capacity by adding new production shifts or adding newly hired workers to an existing function.)

Click or tap here to enter text.

Workforce Skill Development

How will training facilitate these changes and give workers the skills they need to remain employed?

Click or tap here to enter text.

New Employees

Describe the need for hiring new employees



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Click or tap here to enter text.

Industry Changes

What recent or anticipated industry changes have occurred that trainees may need training to adapt to (e.g., New Regulations, AI Incorporation):

Click or tap here to enter text.

Other

Describe the changes that have taken or will take place requiring training.

Click or tap here to enter text.

Does your organization currently use Artificial Intelligence (AI) or Generative AI (GenAI) tools in any part of your workforce training or business operations?

Yes

No

Explain how training is different from previous Contracts/How will this training build from previous Contracts?

Click or tap here to enter text.

Impact/Outcome: Specify any certifications that will be earned from training for each type of training (e.g., International Organization for Standardization (ISO) certification for Continuous Improvement, Microsoft Certified Solutions Expert (MCSE) for Computer Skills, Board of Vocational Nursing and Psychiatric Technicians (BVNPT) accreditation for Medical Skills.)

Click or tap here to enter text.

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

Click or tap here to enter text.

Commitment to Training

What is your annual training budget in CA per facility?

Click or tap here to enter text.

Administration of ETP training program - Describe the organization's/company's plan for administering the project:



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Click or tap here to enter text.

Number of occupations and titles of those overseeing/coordinating the project (scheduling/enrolling/tracking training hours, and meeting with ETP staff);

Click or tap here to enter text.

Does the organization/company have a detailed training schedule and ready to begin training?

- Yes
- No

What additional services/training not funded by ETP will be provided?

Click or tap here to enter text.

Projected Training Start Date

Click or tap here to enter text.

I certify that ETP funding will not displace the training resources of the participating employers

- Yes
- No

Special Categories

Do you plan on providing training to any of the following populations?

- Seasonal Worker ([Guidelines](#))
- Temporary to Permanent Workers ([Guidelines](#))
- Veterans ([Guidelines](#))

Temporary to Permanent Workers

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?

Click or tap here to enter text.

What is the average time for "converting" temporary workers into full-time permanent employment?

Click or tap here to enter text.

When do temporary workers receive employer-paid health benefits?

Click or tap here to enter text.

Veterans

Does your company employ individuals who have served in the United States military?

- Yes
- No



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Describe your plan for recruiting Veterans, including any veteran organizations you work with.

Click or tap here to enter text.

Underserved Communities

Does your company work with any groups or organizations to help you identify and hire workers in underserved communities? If so, which one(s)? If no, type "N/A".

Click or tap here to enter text.

Please describe your company's current method(s) of identifying, recruiting, and hiring underserved communities (women, minorities, multiple barriers to employment, ex-offenders, at risk youth etc.)?

Click or tap here to enter text.

Occupations

Complete the following table for each Occupation

Occupation Name
Click or tap here to enter text.
Min Wage
Click or tap here to enter text.
Max Wage
Click or tap here to enter text.
Estimated Number of Training Hours
Click or tap here to enter text.
Current hourly wage at enrollment
Click or tap here to enter text.
Estimated hourly wage at Retention end
Click or tap here to enter text.
Wage Breakdown
___ \$20 and under
___ \$20.01 to \$25 Hourly Wage
___ \$25.01 and above Hourly Wage
___ Total Estimated Number of Trainees
Are staff in this occupation represented by a collective bargaining agreement/union?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
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
Click or tap here to enter text.
Union/Local:



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Click or tap here to enter text.
Employer-paid Hourly Health Benefits
Click or tap here to enter text.
Full-Time Work Week Hours
Click or tap here to enter text.
Full-time Work Week Hours Explanation:
Click or tap here to enter text.
Type of Additional Compensation:
<input type="checkbox"/> Commission
<input type="checkbox"/> Bonuses
<input type="checkbox"/> Mandatory Service Charges
<input type="checkbox"/> Commission + Bonuses
Additional Compensation Per Hour
Click or tap here to enter text.
Additional Information
Click or tap here to enter text.
Is the additional compensation applied to ETP Minimum Wage?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
Does your company pay health benefits?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
Will any of the added occupations use Health Benefits to meet the ETP Minimum Wage?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
Include the amount of fringe benefits paid to trainees
Click or tap here to enter text.
Please describe your company's strategy for wage progression for your employees
Click or tap here to enter text.
Projected Number of Managers/Supervisors
Click or tap here to enter text.
Will the % of Managers/Supervisors to be trained be over 20%?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
Provide a justification of why over 20%
Click or tap here to enter text.



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Training Plan

Complete the following table for each Training Plan

Training Plan Type
<input type="checkbox"/> Priority Industry NAICS - \$28 <input type="checkbox"/> Non-Priority Industry NAICS - \$24 <input type="checkbox"/> CNA to LVN Trainees - \$28 <input type="checkbox"/> Justice-Involved/Opportunity Youth - \$28 <input type="checkbox"/> Veteran Trainees - \$28
Total Number of Trainees
Click or tap here to enter text.
Average Hours Per Trainee
Click or tap here to enter text.
Average Hours Per Trainee Justification
<i>If the average hours per trainee is less than the minimum or greater than the maximum average hours per trainee, a justification is required</i>
Click or tap here to enter text.
Total # of Hours (Average Hours Per Trainee * Total Number of Trainees)
Click or tap here to enter text.
Rate
Click or tap here to enter text.
Estimated Amount ((Reimbursement Rate * Average Hours Per Trainee) * Total Number of Trainees)
Click or tap here to enter text.

Funding & Resources

Employer In Kind Contribution

Trainee wages paid during training (\$)
Click or tap here to enter text.
Other contributions to the training program in excess of ETP funding (\$):
Click or tap here to enter text.

Other Resources

Are you taking advantage of Enterprise Zones hiring tax credits, WIOA funding, or other federal workforce incentives?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Give overview of any other applicable resources supporting the proposed training project.
Click or tap here to enter text.
Type of Funding



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Click or tap here to enter text.

Amount of Funding (\$)

Click or tap here to enter text.

Curriculum

Complete the following table for each Curriculum Delivery Method/Training Type

Delivery Method
<input type="checkbox"/> Classroom/Simulated Laboratory / E-Learning <input type="checkbox"/> Productive Laboratory <input type="checkbox"/> Computer Based Training (CBT)
Training Type
<input type="checkbox"/> Business Skills <input type="checkbox"/> Commercial Skills <input type="checkbox"/> Commercial Skills - Advanced Technology <input type="checkbox"/> Computer Skills <input type="checkbox"/> Computer Skills - Advanced Technology <input type="checkbox"/> Continuous Improvement Skills <input type="checkbox"/> Green/Clean Skills <input type="checkbox"/> Hazardous Materials Skills <input type="checkbox"/> Hazardous Materials Skills - Certified <input type="checkbox"/> HazWoper <input type="checkbox"/> Job Readiness Skills <input type="checkbox"/> Literacy Skills <input type="checkbox"/> Management Skills <input type="checkbox"/> Manufacturing Skills <input type="checkbox"/> Manufacturing Skills - Advanced Technology <input type="checkbox"/> Medical Skills (Didactic) <input type="checkbox"/> Medical Skills (Preceptor) <input type="checkbox"/> Other <input type="checkbox"/> RSI (Apprenticeship) <input type="checkbox"/> Safety Skills - OSHA 10 <input type="checkbox"/> Safety Skills - OSHA 30
Class Titles
Click or tap here to enter text.
Brief overview of this training
Click or tap here to enter text.
Select Occupations this training will be offered? <i>(System will display all occupations that were added above)</i>
Click or tap here to enter text.



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Computer Based Training (CBT) Justification

Provide the maximum hours of CBT training a trainee could take.
Click or tap here to enter text.
Higher Than Standard CBT Hours Justification:
Click or tap here to enter text.

Productive Lab (PL) Justification

Explain the need for productive laboratory (PL) training.
Click or tap here to enter text.
Describe the equipment/processes to be used in delivering PL training.
Click or tap here to enter text.
Explain how PL training differs from actual work
Click or tap here to enter text.
What is the PL trainer-to-trainee ratio?
Click or tap here to enter text.
How many trainees will receive PL?
Click or tap here to enter text.
What are the occupations of trainees who will receive PL?
Click or tap here to enter text.
What is the maximum number of PL training hours that a trainee may receive?
Click or tap here to enter text.
Provide PL Justification for the maximum PL hours to be provided to trainees.
Click or tap here to enter text.
Location of PL Training
Click or tap here to enter text.
Explain how production will be affected during training.
Click or tap here to enter text.
Who will provide the PL training?
Click or tap here to enter text.
Is a dedicated trainer or vendor hired to provide PL training?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
Describe Trainer Qualifications
Click or tap here to enter text.
Describe the method you will use to determine if expected outcomes/goals are met
Click or tap here to enter text.
Are the trainees earning any certificate(s) at the completion of PL training?
Click or tap here to enter text.
Provide the name of the certificate(s) with brief description



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Click or tap here to enter text.

Is there a wage progression for trainees receiving PL training?

- Yes
- No

What is the wage progress amount and how long will it take to obtain it?

Click or tap here to enter text.

Advanced Technology (AT) Justification

Explain the need for AT training

Click or tap here to enter text.

Advanced Technology Justification

Click or tap here to enter text.

Provide justification to exceed 10% (total training hours per trainee)

Safety Non-General is allowed up to 10% of total training hours per trainee. To request a waiver for more, enter the percentage amount and explanation

Click or tap here to enter text.

Training Type % Allocation:

Training Type <i>(System will display all training types that were added above)</i>	Percentage
Click or tap here to enter text.	Click or tap here to enter text.

Electronic Training Documentation

Do you plan to use an electronic recordkeeping system (i.e. Learning Management System – LMS) for tracking training & hours?

- Yes
- No