

# ETP Application Template

## Single Employer

***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.

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## 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

<p>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.</p> <p>*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).</p>	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
<p>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.</p> <p>*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).</p>	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

**Contract Type**

<p>4. Will this be a Single Employer or a Multiple Employer Contract?</p>	<p>Single Employer</p>
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**Contact Information**

<p>1. Primary Contact Email</p>	
<p>2. Last Name</p>	
<p>3. First Name</p>	
<p>4. Title</p>	

5. Company or Entity Full Legal Name	
6. Doing Business As (DBA)	
<b>Signatory Contact Details</b>	
7. First Name	
8. Last Name	
9. Title	
10. Email	
<b>Physical Address:</b>	
11. Street	
12. City	
13. State	CA
14. Zip/Postal Code	
<b>Mailing Address:</b>	
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>	
21. California Employer Account Number	

### Company Information

1. Year Founded	
2. Are you a division or subsidiary of another company / organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, answer the following 1 question (a) before moving on to question 3</b>	
a. Name of Parent Company / Organization	
3. How many affiliated companies are you including in the application, if any?	
4. Are you the headquarters location?	
<b>If No, answer the following 1 question (a) before moving on to question 5</b>	
a. Location of the Headquarters?	
5. List the city and state of all locations	
6. What are your products and/or services?	
7. Identify your customers / clients (i.e. employers/trainee population or healthcare/patient population)	

### Subcontractor Information

*If not applicable, leave blank*

<b>Development Subcontractor Information</b>	
1. Development Subcontractor	
a. Development Cost of Services (\$)	

b. Description of Services	
2. Is there a secondary development subcontractor company assisting with your application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, answer the following 2 questions (a-b) before moving on to question 3</b>	
a. Secondary Development Subcontractor	
b. Secondary Development Cost of Services (\$):	
<b>Administrative Subcontractor Information</b>	
3. Administrative Subcontractor	
a. Administrative Cost of Services (%)	
b. Description of Services	
4. Is there a secondary administrative subcontractor company assisting with your application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, answer the following 2 questions (a-b) before moving on to question 5</b>	
a. Secondary Administrative Subcontractor	
b. Secondary Administrative Cost of Services (%)	
<b>Training Subcontractor Information</b>	
5. Will there be any Training Subcontractor(s) assisting with your training?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure/To Be Determined
<b>If Yes, answer the following 5 questions (a-e) before moving on to the next section.</b>	
<i>[Repeat/copy this table for each Training Subcontractor]</i>	
a. Subcontractor Name	
b. Country	
c. City	
d. State	
e. Estimated Cost of Service (\$)	
f. Description of Service	
<b>If Training Vendor is not located in California, answer the following questions (f) before moving on to the next section.</b>	
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	

**PEO**

1. Are you using a Professional Employer Organization (PEO)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>If Yes, answer the following 2 questions (a-b) before moving on to the next section</b>	
a. PEO Name	
b. PEO CEAN	
<b>If using a PEO, the following document will need to be submitted. Ensure that you have the following available for upload: <i>Copy of PEO Agreement</i></b>	

## Turnover Information

<p>Instructions to calculate turnover rate:</p> <p>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.</p> <p>Include all the following in the number of separations during the most recent calendar year:</p> <ul style="list-style-type: none"> <li>• Quits (involuntary)</li> <li>• Layoffs exceeding 30 days</li> <li>• Discharges with or without cause</li> </ul> <p>Exclude the following from the number of separations during the most recent calendar year:</p> <ul style="list-style-type: none"> <li>• Voluntary quits</li> <li>• Layoffs (30 days or less)</li> <li>• Outside consultants and contractors</li> <li>• Workers from temporary help agencies</li> <li>• Workers on strike</li> <li>• Seasonal workers</li> <li>• Transfers to another company facility</li> <li>• Permanent separations due to disability</li> <li>• Retirements</li> <li>• Deaths</li> </ul>	
1. What is your California turnover rate % for full-time staff the last calendar year at the site(s) where training will take place?	
<b>If turnover rate is more than 20%, answer the following 5 questions (a-e) before moving on to the next section</b>	
a. 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)	
b. Most recent turnover since January 1 of the current calendar year	
c. Reasons for prior calendar year(s) high turnover (be specific)	
d. Remedies the company will initiate to reduce turnover (be specific)	

e. Turnover rate your company projects during the last 12 months of the Contract?	
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## Affiliates & Locations

### Affiliates

If you have any affiliates that will be participating, please add the Affiliate CEAN and Name.

*[Repeat/copy this table for each Affiliate]*

1. Affiliate Name	
2. Affiliate CEAN	

### Locations

Please add all your locations that will be participating in the training

*[Repeat/copy this table for each Location]*

1. Location Type:	<input type="checkbox"/> Contractor Location <input type="checkbox"/> Affiliate Location
2. Location Name	
3. CEAN	
4. Number of Total Trainees	
5. Street	
6. City	
7. Zip	
<b>If this is an Affiliate Location, please answer the following 1 question (a) before moving on to next section</b>	
a. Name of Affiliate	

### 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.

1. NAICS Code (6-digit)	
2. No. of Full Time Employees in California	
3. No. of Full Time Employees Country Wide	
4. No. of Full Time Employees World Wide	
5. Provide the estimated number of employees to be trained:	

## Out of State Competition

[All companies retraining workers and who do not have a NAICS code identified under 22CCR Section 4416(i) MUST complete this Appendix to be reviewed and request for Out-of-State Competition (OSC) – If your NAICS code is identified under 22CCR Section 4416(i) – please skip to [Need for Training section](#)]

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

ONLY fill out the following section(s) that best match your company's California operations and, if possible, the function of trainees to participate in ETP-funded training. (NOTE: You may be asked for additional information or documentation to complete the determination of OSC eligibility.)

- Manufacturing or Related Industries: [Complete Section 1](#)
- Significant Business Presence/Corporate Headquarters: [Complete Section 2](#)
- Mortgage Banking Functions: [Complete Section 3](#)
- Destination Resort, Convention/Conference Center, or Convention/Conference Hotel: [Complete Section 4](#)
- Call Center / Telemarketing: [Complete Section 5](#)
- Services Provider / Service Industry: [Complete Section 6](#)
- For Companies who do not meet the profiles identified in items 1 – 6: [Complete Section 7](#)

### Section 1: Manufacturing Related Industries

If your company's California operations including the trainees to participate in ETP-funded training are engaged in Manufacturing or related industries deemed by the Panel to meet out-of-state competition (see CCR 4416. Out-of-State Competition) complete the following:

1. Is your primary business manufacturing?

 Yes  
 No

2. List the primary raw materials or component parts that you use or assemble.

3. List primary finished products

4. Describe your customers

5. Provide a brief description of the nature of your business

### Section 2: Significant Business Presence / Corporate Headquarters

A company's California operations including a specific location or functional group (e.g. Human Resources, Information Technology, Administrative Support) may meet the out-of-state Competition requirement if the company is training personnel that provide internal corporate support to one or more offices, divisions, branches stores or franchises located outside of California. Please complete the following:

1. Identify the company location and functional group to be trained

2. Do these employees provide internal support to company operations located outside of California?

 Yes  
 No

3. Is this facility the corporate headquarters of a company located in California, but doing significant business outside of California?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does your facility provide significant support services to the company's office, operations, division, branches, stores or franchises located outside of California?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the company maintain at least 25 percent of the company's permanent offices, divisions, branches, stores or franchises outside of California?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the company maintain at least 25 percent of the company's permanent full-time employees at locations outside of California?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 3: Mortgage Banking**

If the company or the training population provides mortgage banking functions -excluding loan origination activities - please complete the following section:	
1. Does the facility engage in packaging/sales or servicing activities related to loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Job titles of employees to be trained	
3. Do the above trainees work in jobs directly related to the mortgage banking function?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 4: Destination Resort, Convention/Conference Center, Convention/Conference Hotel**

Complete this section for each Destination Resort, Convention/Conference Center, Convention/Conference Hotel that will participate in the proposed training. A company may qualify for Out-of-State Competition under this industry if it meets one of the following requirements: A destination resort is an establishment and its affiliated facilities that are a recognized destination, or operates in conjunction with, or by virtue of, a destination recreational complex or attraction and has derived at least 25 percent of its gross annual revenue from out-of-state visitors. "Destination" refers to the establishment, recreational complex, or attraction being itself the primary reason for people traveling to it. A city is not, in and of itself, a destination.	
1. a. Is your company a destination resort, convention/conference center or hotel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. b. Is your Company a convention/conference center which is an establishment deriving at least 25 percent of its gross annual revenue (inclusive of rooms and food/beverage revenues) from conventions, conferences, trade	<input type="checkbox"/> Yes <input type="checkbox"/> No



shows, or exhibits involving transient lodging requirements?	
3. c. Is your Company a convention/conference center which is established primarily dedicated to holding conventions, conferences, trade shows or exhibits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
To qualify for Out-of-State Competition under any of the above criteria (a-c), your company must also meet at least three (3) of the following requirements. Your ETP Contractor must send the documentation to the ETP Analyst to determine that your Company meets the criteria selected below	
4. We participate in out-of-state sales missions or trade shows	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. We routinely conduct out-of-state sales efforts	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. We routinely advertise in media also used by our out-of-state competitors	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. We contribute financially to both community based and national marketing efforts	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. We have a marketing plan addressing the national or international market	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. We are in competition with establishments similar to ours outside of California	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 5: Services Provider / Service Industry**

Complete this section for any company facilities or functional groups that provide services outside of California using their California operations or that compete directly with out-of-state competitors for services provided to customers inside California:	
1. Does your company provide services to customers located outside of California using locations included in the proposed training program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. What percentage of your total gross annual revenues for the locations included in the proposed training program are derived from services to customers located outside of California?	
3. Does your company regularly compete with companies located outside of California for business inside the state? (Note: A company headquartered outside of California is not considered an out-of-state competitor if it provides the competing services using California locations.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. List your major competitors, their location and any relevant information about them including website and an example of business lost (if available).	
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### Section 6: Call Center / Telemarketing

Complete this section for any company facilities that are engaged in taking customer orders and providing customer service functions in a call center environment.	
1. Describe the services provided by the training population at the call center facilities	
2. What percentage of the call center's overall call volume is originating from outside of California?	
3. Does the call center have any outbound call volume not solicited by the customer	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Section 7: Other

<p>If your company or the participating company facilities do not clearly meet the profiles in Sections 1 - 6, complete the following. Supply as much information as necessary to provide evidence that your company is in competition with businesses located out of state:</p> <p>Your justification must include:</p> <ol style="list-style-type: none"> <li>1) the product or service the company (at the training site) produces or provides that is sold out of state or overseas, or</li> <li>2) the product or service the company has that competes with products and/or services produced out of state or overseas, or</li> <li>3) discussion of how jobs for which training is proposed are being threatened by out-of-state competitors, or</li> <li>4) a list of the company's primary out-of-state competitors.</li> </ol>	
1. Justification:	

### Need for Training

1. Describe the need for training	
2. Was a training needs assessment conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Yes <input type="checkbox"/> No
<b>If Yes, please answer the following 4 question (a-d) before moving on to question 9</b>	
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"/> Yes <input type="checkbox"/> No
5. How will training facilitate these changes and give workers the skills they need to remain employed?	
6. Impact/Outcome Specify any certifications that will be earned from training for each type of training	
7. Describe any expansion and/or hiring plans you may have in the next 2 years?	
8. Do you plan on hiring new employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, please answer the following 1 question (a) before moving on to question 9</b>	
a. Please explain the reason for hiring new employees? (Select One)	<input type="checkbox"/> New Customer Base <input type="checkbox"/> Expanded Customer Base <input type="checkbox"/> New Product Line <input type="checkbox"/> Expanded Product Line <input type="checkbox"/> New Facility <input type="checkbox"/> Expanded Facility <input type="checkbox"/> New Equipment <input type="checkbox"/> New Technology
9. What training will you do after the completion of your ETP program?	
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	

## Commitment to Training

1. Explain how training is different from previous Contracts/How will this training build from previous Contracts?	
2. What is your annual training budget in CA per facility?	
3. How is the new training different from previous projects?	
4. How will ETP funding improve your organization's / company's current training efforts?	
5. Administration of ETP training program - Describe the organization's / company's plan for administering the project:	
6. Number of occupations and titles of those overseeing/coordinating the project (scheduling/enrolling/tracking training hours, and meeting with ETP staff);	
7. If more than one facility, how will training be coordinated?	
8. Does the organization / company have a detailed training schedule and ready to begin training?	
9. Projected Training Start Date	
10. I certify that ETP Funding will not displace my company's training resources	<input type="checkbox"/>

## Special Categories

1. Describe any barriers to employment that will qualify trainees	
2. Do you plan on providing CNA to LVN training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you plan on providing training to Ex-Offender/At-Risk Youth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you plan on providing training to Seasonal Workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you plan on providing training to Temporary to Permanent Workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, please answer the following 4 questions (a-d) before moving on to question 6</b>	

a. Will your company train any temporary workers with the intention of hiring them into full-time, permanent positions after training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. How many workers will be trained under the Temporary-to-Permanent program?	
c. What is the average time for "converting" temporary workers into full-time permanent employment?	
d. When do temporary workers receive employer-paid health benefits?	
6. Do you plan on having trainees in a Workshare program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you plan on training Veterans?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your company employ Veterans?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Describe your plan for recruiting Veterans, including any veteran organizations you work with.	
10. Do you plan on providing Literacy Skills training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, answer the following 1 questions (a) before moving on to question 11</b>	
a. Estimated amount of literacy skills training hours per trainee	
11. Do you plan on providing Safety Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, answer the following 1 questions (a) before moving on to question 12</b>	
a. Estimated amount of safety training hours per trainee	
<b>Underserved Communities:</b>	
12. 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".	
13. 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.)?	

**Occupations**

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

*[Repeat/copy this table for each occupation]*

<b>1. Occupation Name</b>	
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	
<b>Wage Breakdown</b>	
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	
<b>Union Information</b>	
11. Are staff in this occupation represented by a collective bargaining agreement/union?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, answer the following 3-4 questions (a-d) before moving on to question 13.</b>	
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 Federation 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	
<b>Health Benefits &amp; Full Time Hours</b>	

<p><b>12. Employer-paid Hourly Health Benefits</b>          (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><b>13. Full-Time Work Week Hours</b>          (How many hours do full time employees work per week? If under 35 hours per week provide justification)</p>	
<p><b>14. Full-time Work Week Hours Explanation</b></p>	
<p><b>Additional Compensation</b></p>	
<p><b>Commission</b> 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.</p> <p><b>Bonuses</b> are payable in addition to any other compensation, and are normally paid to reward extraordinary work or induce continued employment.</p> <p><b>Mandatory Service Charges</b> 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.</p> <p><b>Commission + Bonuses</b> includes the use of Commission and Bonuses as stated above</p>	
<p><b>15. Type of Additional Compensation</b></p>	<p><input type="checkbox"/> Commission</p> <p><input type="checkbox"/> Bonuses</p> <p><input type="checkbox"/> Mandatory Service Charges</p> <p><input type="checkbox"/> Commission + Bonuses</p>
<p><b>16. Additional Compensation Per Hour</b></p>	
<p><b>17. Additional Information</b></p>	



1. Does your company pay health benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, answer the following 1 questions (a) before moving on to next question.</b>	
a. Will any of the added occupations use Health Benefits to meet the ETP Minimum Wage?	<input type="checkbox"/> Yes <input type="checkbox"/> 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%?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, answer the following 1 questions (a) before moving on to next question.</b>	
a. Provide a justification of why over 20%	
6. Will any training occur out-of-state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, answer the following 1 questions (a) before moving on to next section.</b>	
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]

<b>Training Plan Name</b>	<input type="checkbox"/> Priority Industry NAICS - \$23 <input type="checkbox"/> Non-Priority Industry NAICS - \$20 <input type="checkbox"/> Job Creation Program - \$23 <input type="checkbox"/> CNA to LVN Trainees - \$23 <input type="checkbox"/> Ex-Offender/At-Risk Youth - \$23 <input type="checkbox"/> Veteran Trainees - \$23 <input type="checkbox"/> MEC Only - Apprenticeship Trainees - \$16 <input type="checkbox"/> MEC Only - Journeyworker Trainees - \$23 <input type="checkbox"/> MEC Only - Pre-Apprenticeship Trainees - \$23 <input type="checkbox"/> MEC Only - New Hire Trainees - \$23 <input type="checkbox"/> 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 (\$) (This is Calculated by taking the total training hours and multiply by the average wage)	
2. Other contributions to the training program in excess of ETP funding (\$):	

### Other Resources

1. Are you taking advantage of Enterprise Zones hiring tax credits, WIA funding, or other federal workforce incentives?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, answer the following 1 questions (a) before moving on to question 2.</b>	

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]*

<b>1. Delivery Method</b>	<input type="checkbox"/> Classroom/Simulated Laboratory / E-Learning <input type="checkbox"/> Productive Laboratory <input type="checkbox"/> Computer Based Training (CBT)
<b>2. Training Type</b>  * = Training Type not available under Productive Lab Delivery Method	<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"/> 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 *
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 in the <i>Occupations</i> section)	

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.	
<b>If maximum hours of CBT is greater than 60, answer the following 1 questions (a) before moving on to next section.</b>	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If trainees are earning certificate(s) at the completion of PL Training, answer the following 1 questions (a) before moving on to next section.</b>	
a. Provide the name of the certificate(s) with brief description	
16. Is there a wage progression for trainees receiving PL training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If there is a wage progression, answer the following 1 questions (a) before moving on to next section.</b>	
a. What is the wage progress amount and how long will it take to obtain it?	
<b>If Yes, the following document will need to be submitted. Ensure that you have the following available for upload: <i>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.</i></b>	

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)	
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**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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**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.***