ETP Application Word Template

Single Employer - Healthcare Workforce Advancement Fund (HWAF)

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: Healthcare Workforce Advancement Fund

This funding supports the training of health and social workers that meet the definition of "high road" as a set of economic and workforce development strategies to achieve economic growth, economic equity, shared prosperity and a clean environment.

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?	Single Employer

Contact Information

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

21. California Employer Account Number *To qualify for the HWAF funding, the first 3 digits of the CEAN must be higher than 699*	

Company Information

1. Year Founded	
2. Are you a division or subsidiary of another company / organization?	☐ Yes ☐ No
If Yes, answer the following 1 question (a) before moving on to question 3	
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?	
If No, answer the following 1 question (a) before moving on to question 5	
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

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	

PEO

1. Are you using a Professional Employer Organization (PEO)?	☐ Yes ☐ No
If Yes, answer the following 2 questions (a-b) before moving on to the next section	
a. PEO Name	
b. PEO CEAN	
Upload Copy of PEO Agreement	

Turnover Information

Instructions to calculate turnover rate:

Divide the number of full-time employees at the training site(s) who separated from their jobs during the most recent calendar year (January - December) by the average number of total employees of the company at the same site(s) during the same time period.

Include all the following in the number of separations during the most recent calendar year:

- Quits (involuntary)
- Layoffs exceeding 30 days
- Discharges with or without cause

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

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

1. What is your California turnover rate % for full-time staff the last calendar year at the site(s) where training will take place?	
If turnover rate is more than 20%, answer the following 5 questions (a-e) before moving on to the next section	
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?	

Affiliates & Locations
Affiliates

If you have any affiliates that will be participating, please add the Affiliate CEAN and Name.
** Any Affiliate or Location with a CEAN below 699 will be removed once the Application is submitted **
[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:**	☐ **Contractor Location** ☐ **Affiliate Location**
2. Location Name	
3. CEAN	
4. Number of Total Trainees	
5. Street	
6. City	
7. Zip	
If this is an Affiliate Location, Please answer the following 1 question (a) before moving on to next section	
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:	

Need for Training

1. Describe the need for training	
2. Was a training needs assessment conducted?	☐ Yes ☐ No

3.	Describe the changes that have taken or will take place requiring training.	
4.	Is there new equipment/technology related to training?	☐ Yes ☐ No
If Yes, please answer the following 4 question (a-d) before moving on to question 9		
	a. Type of Equipment	
	b. Installation Date	
	c. Cost of Equipment	
	d. Is training included in the purchase price of new equipment?	☐ Yes ☐ 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?	☐ Yes ☐ No
If Yes, please answer the following 1 question (a) before moving on to question 9		
	a. Please explain the reason for hiring new employees? (Select One)	☐ New Customer Base ☐ Expanded Customer Base ☐ New Product Line ☐ Expanded Product Line ☐ New Facility ☐ Expanded Facility ☐ New Equipment ☐ New Technology
9.	What training will you do after the completion of your ETP program?	

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	☐

Special Categories

1.	Describe any barriers to employment that will qualify trainees	
2.	Do you plan on providing CNA to LVN training?	☐ Yes ☐ No
3.	Do you plan on providing training to Ex-Offender/At-Risk Youth?	☐ Yes ☐ No
4.	Do you plan on providing training to Seasonal Workers?	☐ Yes ☐ No
5.	Do you plan on providing training to Temporary to Permanent Workers?	☐ Yes ☐ No
If Yes, please answer the following 4 questions (a-d) before moving on to question 6		
a.	Will your company train any temporary workers with the intention of hiring them into full-time, permanent positions after training?	☐ Yes ☐ 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?	☐ Yes ☐ No

7. Do you plan on training Veterans?	☐ Yes ☐ No
8. Does your company employ Veterans?	☐ Yes ☐ No
9. Describe your plan for recruiting Veterans, including any veteran organizations you work with.	
10. Do you plan on providing Literacy Skills training?	☐ Yes ☐ No
If Yes, answer the following 1 questions (a) before moving on to question 11	
a. Estimated amount of literacy skills training hours per trainee	
11. Do you plan on providing Safety Training?	☐ Yes ☐ No
If Yes, answer the following 1 questions (a) before moving on to question 12	
a. Estimated amount of safety training hours per trainee	
Underserved Communities:	
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]

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?	☐ Yes ☐ No
If Yes, answer the following 3-4 questions (a-d) before moving on to question 13.	
a. Enter the total number of staff in this occupation who will participate in the ETP Training Project who are represented by a collective bargaining agreement	
b. Union	☐ Amalgamated Transit Union ☐ American Federatation of State, County, and Municipal Employees ☐ Bakery Confectioners ☐ Boilermakers ☐ Bricklayers ☐ CA Professional Fire Fighters ☐ California Nurses Association ☐ Carpenters 46 Northern California Counties Conference Board ☐ Communications Workers (Pacific Media Workers) ☐ Electrical Workers ☐ Food & Commercial Workers ☐ Glass, Molders, Pottery ☐ Hotel and Restaurant Workers ☐ International Brotherhood of Electrical Workers ☐ Intl. Association of Machinists ☐ Iron Workers ☐ Laborers ☐ Longshore Workers Union ☐ Northern California Carpenters ☐ Office & Professional Employees ☐ Operating Engineers ☐ Other *(If selected, answer question c)* ☐ Painters, Glaziers, Carpet Layers & Allied Crafts ☐ Plasterers & Cement Masons ☐ Plumbers & Pipe Fitters ☐ Professional & Technical Employees Union ☐ Pulp and Paper Workers ☐ Roofers and Waterproofers ☐ Service Employees International Union ☐ Sheet Metal Workers ☐ Steelworkers ☐ Teamsters ☐ Theatrical Stage Employees ☐ United Auto Workers ☐ United Farm Workers
c. Union (Other):	
d. Union Local	

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

1. Projected Number of Managers/Supervisors	
2. Will the % of Managers/Supervisors to be trained be over 20%?	☐ No ☐ Yes
If Yes, answer the following 1 questions (a) before moving on to next section.	
a. Provide a justification of why over 20%	

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	☐ Priority Industry NAICS - $23 ☐ Non-Priority Industry NAICS - $20 ☐ Job Creation Program - $23 ☐ CNA to LVN Trainees - $23 ☐ Ex-Offender/At-Risk Youth - $23 ☐ Veteran Trainees - $23 ☐ MEC Only - Apprenticeship Trainees - $18 ☐ MEC Only - Journeyworker Trainees - $23 ☐ MEC Only - Pre-Apprenticeship Trainees - $23 ☐ MEC Only - New Hire Trainees - $23 ☐ MEC Only - Entrepreneurial - $23
Total Number of Trainees	
Average Hours Per Trainee	
Average Hours Per Trainee Justification	

Employer in Kind Information

1. Trainee wages paid during training ($)	
2. Other contributions to the training program in excess of ETP funding ($):	

Other Resources

1. Are you taking advantage of Enterprise Zones hiring tax credits, WIA funding, or other federal workforce incentives?	
If Yes, answer the following 1 questions (a) before moving on to question 2.	
a. Give overview of any other applicable resources supporting the proposed training project.	
2. Type of Funding	

3. Amount of Funding ($)	

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

1. **Delivery Method**	☐ Classroom/Simulated Laboratory / E-Learning ☐ Productive Laboratory ☐ Computer Based Training (CBT)
2. **Training Type** * = Training Type not available under Productive Lab Delivery Method	☐ Business Skills ☐ Commercial Skills ☐ Commercial Skills - Advanced Technology* ☐ Computer Skills ☐ Computer Skills - Advanced Technology ☐ Continuous Improvement Skills* ☐ Green/Clean Skills* ☐ Hazardous Materials Skills* ☐ HazWoper* ☐ Job Readiness Skills* ☐ Literacy Skills* ☐ Management Skills* ☐ Manufacturing Skills ☐ Manufacturing Skills - Advanced Technology ☐ Medical Skills (Didactic)* ☐ Medical Skills (Preceptor) ☐ Other ☐ RSI (Apprenticeship)* ☐ Safety Skills - OSHA 10 * ☐ Safety Skills - OSHA 30 *
3. Class Titles	

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

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

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

1. Explain the need for productive laboratory (PL) training.	
2. Describe the equipment/processes to be used in delivering PL training.	
3. What is the Productive Lab Minimum class ratio trainer to trainees when more than one class.	

4. What is the Productive Lab maximum class ratio trainer to trainees when more than one class.	
5. What is the maximum number of PL training hours per a trainee may receive?	
6. PL Justification Max Training Hours	
7. Location of PL Training	
8. Explain how production will be affected during training.	
9. Describe Trainer Qualifications	
10. Describe the method you will use to determine if expected outcomes/goals are met	

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)	

Electronic Training Documentation

1. Do you currently use electronic training documentation?	☐ Yes ☐ No
2. Do you plan to use electronic training documentation to document ETP training hours?	☐ Yes ☐ 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. What is the name of the company that developed the software for your system?	
e. Do you have a Sample Trainee Record that you can upload?	☐ Yes ☐ No
If Yes, The following document will need to be submitted. Ensure that you have the following available for upload: *Sample Trainee Record File*	
f. How does your system document the hours and dates of training?	
g. Does your system document the full Course Title?	☐ Yes ☐ 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?	☐ Yes ☐ 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?	☐ Yes ☐ No
k. Does the system retain the date of each data entry and revision (log date)?	☐ Yes ☐ No
l. Does the system record the reason for each new revision?	☐ Yes ☐ 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?	☐ Yes ☐ No
o. How long are the records maintained and are accessible by ETP?	

Healthcare Workforce Advancement Fund (HWAF) – Supplemental Questions

See HWAF Guidelines on ETP Website The Unemployment Insurance (UI) code defines "high road" as a set of economic and workforce development strategies to achieve economic growth, economic equity, shared prosperity and a clean environment. The strategies include, but are not limited to, interventions that: 1) Improve job quality and job access, including for women and people from underserved and underrepresented populations. 2) Meet the skill and profitability needs of employers. 3) Meet the economic, social, and environmental needs of the community.	
1. Describe how the overall training of workforce (trainees) will contribute to any or all of the above workforce strategies.	
2. Describe the overall / or specific workforce health and human service worker needs (including demonstrated shortage of workers in entry-level positions). In addition, any demonstrated regional or local workforce needs.	

3. Describe the overall / or specific employer current or planned structured support to build company/organization -wide strategic career pathways that lead to wage progression for entry-level worker trainees.	
4. Describe any worker populations which require additional training resources (i.e. such as formally incarcerated women and workers in rural areas of the state).	

5. The guidelines have identified the following intended outcomes to address the healthcare and behavioral health workforce needs. Specify which of the following results your company / organization intends to achieve as a result of training funded by the HWAF, and describe how. Please be as specific as possible (include any qualitative and quantitative information) and add any other expected results and outcomes not listed below - • Build and create innovative and accessible opportunities to recruit, train, hire, retain healthcare and behavioral health workers • Support Pathways to quality jobs and build ladders of career advancement opportunity for entry-level and other workers in care, healthcare, and human service social work settings. • Train workers for jobs critical to California economy & the growing demands of healthcare workers. • Increase economic mobility across health/ direct care service sectors to increase inclusivity & diversity in higher paid jobs to achieve equity and wage advancement out of poverty. • Meet the unique regional & community health & social service needs. • Leverage a broad coalition of partners in workforce training & community planning.	
6. Priority will be given to applicants with demonstrated wage progression of 10% or more from the start of training to the end of trainee retention period. Describe wage and occupational progression. Please be as specific as possible (include any qualitative and quantitative information).	

7. Contract terms may be up to four (4) years. Please state if the submitted training plan and retention period can be delivered in less than 4 years (if so how long)	
8. Describe how proposed training (curriculum) will lead to: • Career or wage progression. (Include information on any change in trainee occupations from start of training to end of training/ retention) • Retention of healthcare & behavioral care workers. • Licensing and certification (if applicable)	
9. Applicants may request up to 400 hours of ETP funded training per trainee. Provide justification a higher number of hours requested (be as specific as possible).	
Provide Upload employer Diversity, Equity, and Inclusion plan or policy for both Applicant and core group of Participating Employers, if any.	