# Employment Training Panel

*Agriculture Funding Application Support: FY2023/24*

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# Welcome to ETP

**Introduction:**

- Housekeeping
- Agriculture Initiative Recap
- Cal-E-Force Navigation
- Application Topics

# Housekeeping

- The presentation is scheduled for an hour.

- The slide show takes 45 minutes and is followed by a Question and Answer Period.

- Please add your name, company name and email in the chat to forward a copy of the slide presentation.

- Please enter questions in the chat so we can address them at the end of the presentation.

- Please stay muted during the presentation.

- The presentation and slideshow will be recorded and posted to ETP's website:

*https://etp.ca.gov/fundingopportunities/aginitiative/*

# Agriculture Initiative Focus

**Intent**
- $10M investment
- Larger effort with LWDA
- Upskilling farmworkers

**Funding**
- Single Employers - $600k
- Multiple Employers - $1M*

*ETP's standard MEC cap is $750k, the additional $250k must be exclusively Ag related

# Eligible Agriculture Employers

Companies with Agriculture NAICS* Code (111110-115310)

- ETP will review on a case-by-case basis companies that are Agriculture Related including food packing, food processing, irrigation and fishing industries

The Company should be prepared to justify how it is closely related to Ag, whether it works seasonally in conjunction with growing seasons, trains farmworkers, etc.

***If employees are represented you will need to submit a Union Letter of Intent and Support***

*\*North American Industry Classification System*

# Agriculture Training and Trainees

**Who Can be Trained**

Good proposals will focus heavily on Ag related occupations

- Farmworkers
- Packers
- Processors

Others can be trained but the focus of funding should be on Agriculture related occupations

**ETP**

# Seasonal Workers

- **Employers** must be in a seasonal industry that bases its operations on one or more cycles of crop production.

  - ➢ Have a workforce that expands by at least 50% based on cycles of crop production and,

  - ➢ Retain at least 50% of the same employees for not less than 500 hours in the 12-month period preceding the end-of-training.

- **Trainees:** can be either employed or unemployed at the time of training, as long as they are engaged in cyclical employment related to crop production seasons, and meet the retention standard set forth above.

- 50% of training may be in literacy skills

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# Seasonal Workers

**Retention**

- 500 hours within 12 months of the end-of-training with up to three employers in the crop production industry within the term of the Contract

**Wages**

- The minimum wage for retraining may be reduced by up to 25% if it exceeds trainee's pre retention wage by 3%

**ETP**

# Agriculture Training and Trainees

**Need for Training**

- Good proposals will highlight how training is upskilling farmworkers

- Enabling trainees to work in good quality jobs that  pay good wages

- Provide opportunity for advancement

- And encourage worker voice

# Starting the Application Process

## Next Steps:

- Prepare data needed to complete the application.

- Registration: Register the person <u>within the company</u> (this is not a hired consultant) who will provide administration and oversee training for the  contract.

   *https://etp.ca.gov/fundingopportunities/apply-for-funds/*

- Complete and submit the ETP application in CEF.

# Data Needed to Complete Application

- Company California Employer Account Number (CEAN) and NAICS*

- Company Legal Name and all Company addresses/locations included in the Contract for ETP funded training

- **Description of the employers/trainees need for training specific to the Ag Initiative: how it will focus on upskilling farmworkers, provide good quality jobs paying family sustaining wages, provide opportunity for advancement and encourage worker voice.**

- Trainee Occupations to be Trained

- Number of trainees in each occupation

- Estimated Number of training hours to be trained in this Contract

- Min and Max Wage of trainees in the occupations included in the application

- Curriculum – Delivery Method, Type of Training, Course Titles

*Be sure to include the NAICS code for each Participating Employer (PE) on PE List*

ETP

https://etp.ca.gov/cefhub/

User Guides and Video Guides are available on the CEF Hub as quick references to help you navigate ETP's application & contract system and to prevent common issues

**ETP** Employment Training Panel

Home    About Us ▾    Funding Opportunities ▾    ETP Program ▾    Panel Meetings ▾    Legislation, Regulations & Rulemaking    Search

Planning Your Training ⌄    Cal-E-Force User Hub ⌄    Frequently Asked Questions ⌄

# Cal-E-Force User Hub

ETP continues to implement new technology infrastructures to support remote working, program efficiencies and cloud access for both staff and external stakeholders. The Cal-E-Force System remains a cornerstone to ETP's automated efforts and is based on the Salesforce platform soon to be added will be features to submit and manage grants and other funding vehicles. **Cal-E-Force training materials, videos, user guides, and FAQs are below.**

Log in to Cal-E-Force

**Questions? Please contact the Cal-E-Force help desk:**
**Open:** Monday – Friday 9:00am – 12:00pm & 1:00pm – 4:00pm
**Email:** ETPCalEForce@etp.ca.gov

Summarized below are a few key item links:

- *Multiple Employer Contract (MEC) Management Walkthrough*
- *Single Employer Contract (SE) Management Walkthrough*
- Cal-E-Force Upload Time & Process

**Quick Links**

- Helpful Tips
- User Guides
- Video Guides
- Cal-E-Force FAQs
- NAICS Lookup

**Submit Recommendations for Cal-E-Force**

https://caetp.force.com

**Note:** If you already have an account then enter your username and password

Or, if you're creating an account for the first time, select "**Sign Up**" located in the lower right corner

ETP
Employment Training Panel

To access this page, you have to log in to ETP.

Username

Password

Log In

☐ Remember me

Forgot Your Password?          →  Sign Up

California Employment Training Panel employee? Log In

If someone at your company has already signed up, please contact them to add you as a user. Otherwise, please continue to register for a new user below.

*Note:Passwords require the presence of both letters and numbers, and must be a minimum of 10 characters in length and the username should be in email format.*

* First Name

* Last Name

* Email

* Company Name

* Physical Street

* Physical City

Physical State

> CA

* Physical Zip

**Select Checkbox if Mailing Address is different than Physical Address**

☐

**Please check your email after selecting the sign up button to receive your username and instructions to login**

Sign Up

**Note:** When signing up for CEF for the first time, enter First & Last Name, Email, Company Name, Street, City, and Zip

In the ETP Application, red asterisks indicate the fields that are required

This Cal-E-Force Home Page will load after logging in



APPLICATIONS     CONTRACTS     MANAGE USERS     ETP WEBSITE     USER GUIDES     REPORTS     TEMPLATES

**This site is best viewed using one of the browsers recommended by Salesforce for the Lightning Experience. Please review their current recommendations here.

** On a regular basis we will be providing new features in the system and will continually provide these updates on the Cal-E-Force General Info page on ETP's website.
Please view the list by clicking below:
System Enhancements List

# Welcome to Cal-E-Force

**Tip:** From the Home Menu select "**Templates**" to get started with helpful application resources

**ETP** Employment Training Panel

Search...                    SEARCH

🏠 APPLICATIONS    CONTRACTS    MANAGE USERS    ETP WEBSITE    USER GUIDES                    TEMPLATES

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# Welcome to Cal-E-Force

CA
ETP
EMPLOYMENT TRAINING PANEL

Templates

| | |
|---|---|
| ETP Application Template - Multiple Employer Core Funded | View |
| ETP Application Template - Multiple Employer HWAF Funded | View |
| ETP Application Template - Multiple Employer Literacy Funded | View |
| ETP Application Template - Single Employer Core Funded | View |
| ETP Application Template - Single Employer HWAF Funded | View |
| ETP Application Template - Single Employer Literacy Funded | View |
| ETP Certification Template | View |
| ETP Legislative Data Questionnaire Template | View |
| Participating Employer Demand List (MEC) Template | View |
| Productive Laboratory (PL) Competency Checklist Template | View |
| Roster: Medical Skills Preceptor | View |
| Roster: Multi-Day | View |
| Roster: Single Day | View |
| Union Notice of Intent Template | View |
| Union Support Letter Template | View |

**Tip**: Prior to filling out and submitting your MEC application, download Participating Employer Demand List, Union Notice of Intent & Union Support Letter

**Note:** For MECs, the Participating Employer List (form 100b) is required. *If* trainees are in unions, the Notice of Intent & Support letters will also be required

**Note:** After clicking the name of the template, or "**View**" button, the document will appear in your downloads

**Tip:** On the Participating Employers List, **e**nter NAICS code *next to* company name

NAICS code indicates Out of State Competition (OSC) and Priority and Non-Priority industry and will help you later in the application when you select Training Plan Type
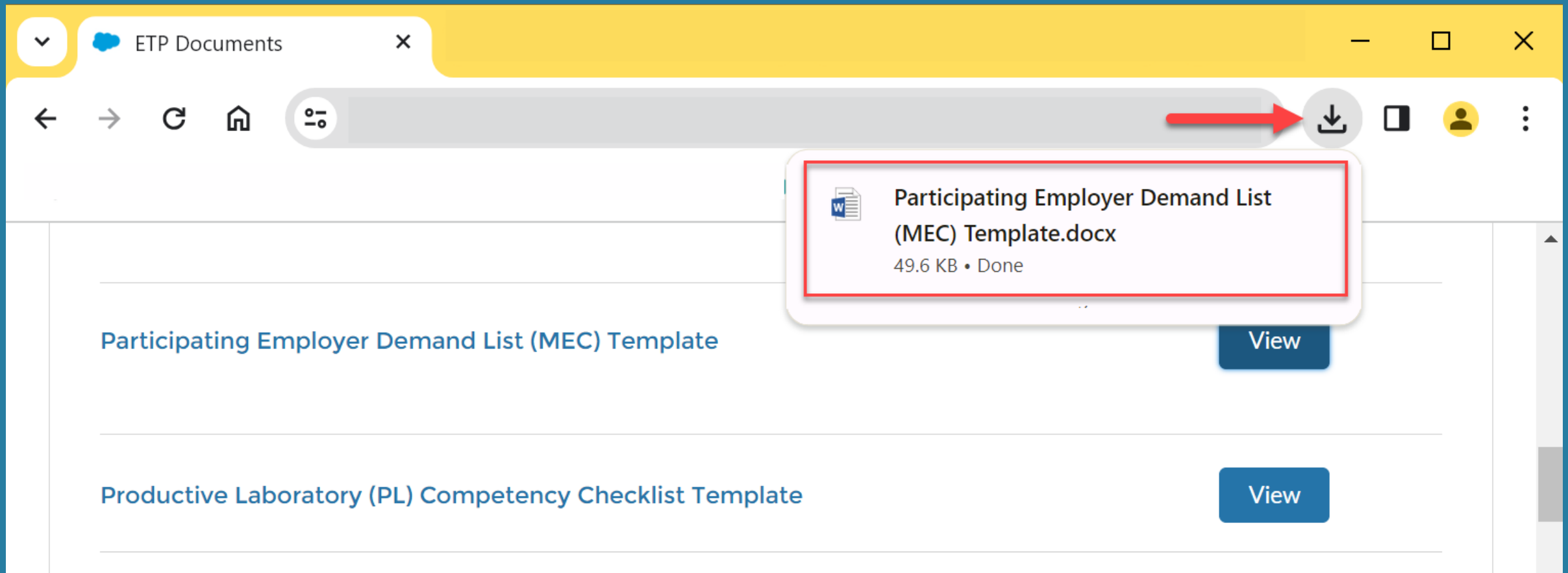
## Participating Employers in Retrainee Multiple Employer Contracts

*Self-reported listing of potential employers participating in the contract*

| Contractor's Name: | CCG No.: |
|---|---|
| Reference No: | Page 1 of 17 |

ALPHABETIZE BY COMPANY NAME

| Company: | NAICS | Priority Industry? ☐ Yes ☐ No |
|---|---|---|
| Address: | | |
| City, State, Zip: | | |
| Collective Bargaining Agreement(s): | | |
| Estimated # of employees to be retrained under this Contract: | | Small Business? ☐ Yes ☐ No |
| Total # of full-time company employees worldwide: | | |
| Total # of full-time company employees in California: | | |

| Company: | | Priority Industry? ☐ Yes ☐ No |
|---|---|---|
| Address: | | |
| City, State, Zip: | | |
| Collective Bargaining Agreement(s): | | |
| Estimated # of employees to be retrained under this Contract: | | Small Business? ☐ Yes ☐ No |
| Total # of full-time company employees worldwide: | | |
| Total # of full-time company employees in California: | | |

| Company: | | Priority Industry? ☐ Yes ☐ No |
|---|---|---|
| Address: | | |
| City, State, Zip: | | |
| Collective Bargaining Agreement(s): | | |
| Estimated # of employees to be retrained under this Contract: | | Small Business? ☐ Yes ☐ No |
| Total # of full-time company employees worldwide: | | |
| Total # of full-time company employees in California: | | |

| Company: | | Priority Industry? ☐ Yes ☐ No |

Start your application by selecting the "**Applications**" tab

**Note:** You may choose to start the application by selecting "**Apply for Funds**". However, if you choose to use a Development Subcontractor to fill out your application instead, select the button "**Authorize a Development Subcontractor**"

**Tip**: The entire application appears in a pop out window with "Next" and "Previous" buttons located at the bottom of the windows. Selecting "**Next**" saves the page you're working on (as long as all required fields are completed).

To close the application and come back to it later, click "**X**" in the upper right corner

# Application Topics:

- **Application Type & Contractor Category**
- **Contact and Company Information & Subcontractors/Training Vendors**
- **Individuals/Industries & Needs for Training**
- **Services and Resources**
- **Commitment to Training & Special Categories**
- **Occupations, Health Benefits & Out-of-State Training**
- **Employer in Kind Contributions & Funding from Other Sources**
- **Curriculum & Electronic Training Documentation**
- **Questions & Answers**

**Note**: *If* MEC is selected *then* MEC categories appear

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

○ Single Employer

◉ Multiple Employer (MEC)

* Choose the MEC category that applies:

○ Professional Association (Chambers of Commerce)

○ Trade Association

○ Joint Apprenticeship Training Committee (JATC)/ Unilateral Apprenticeship Committee (UAC)

○ Economic Development Corporation

◉ Public or Private Training Agency

○ Workforce Development Board

○ Workforce Innovation & Opportunity Act (WIOA) Grant Recipient or WIOA Admin

Next

**Note**: This next question appears based on what choice was selected on the previous window

Many questions on the application are *dependent* like this

* Is your Training Agency approved by an independent entity? (check all that apply or add new)

- [ ] Accrediting Bureau of Health Education Schools (ABHES)
- [ ] Accrediting Commission of Career Schools and Colleges of Technology (ACCSCT)
- [ ] Accrediting Council for Independent Colleges and Schools (ACICS)
- [ ] Council on Occupational Education (COE)
- [ ] Intrastate Training Resource and Information Network (I-TRAIN)
- [x] Western Association of Schools and Colleges (WASC)
- [ ] Accrediting Council for Continuing Education and Training (ACCET)
- [ ] Bureau for Private Postsecondary Education (BPPE)
- [ ] Board of Vocational Nursing and Psychiatric Technicians (BVNTP)
- [ ] California Department of Education (CDE)
- [ ] Other

Previous    Next

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Primary Contact Email

jordan.fetsch+1@etp.ca.gov

* Last Name

Main Contact Last Name

* First Name

Main Contact First Name

* Title

Main Contact Job Title

* Company or Entity Full Legal Name

Bunches of Buckets

Doing Business As (DBA)

**Signatory Contact Details**

First Name

If  different than above- The person who would sign the contract

Last Name

Title

If applicable- The Job Title of the person who would sign the contract

Email

you@example.com

**Physical Address**

* Street

11 Swish Lane

* City

San Francisco

State
CA

* Zip/Postal Code

94158

**Mailing Address**

* Street

11 Swish Lane

* City

San Francisco

* State

CA

* Zip/Postal Code

94158

* Phone Number

209 5555555

Company / Organization Website (eg: https://www.etp.ca.gov)

yourwebsite.com

Previous | Next

## Company Information

*Year Founded

1990

*Organization's Primary Function

Who do you serve? what are the industries you specialize in? What is the area you serve? This could be similar to the "about us" section on your website

*What are your products and/or services?

Explain the services you provide.

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

Who do you serve?

*Describe the type of businesses, industries, and trainee populations you provided training to in the past (only include training related to type of funding requested).

Large Businesses? Small Businesses? What industries? Type of training you offer

*What are the cities and counties of the participating employers you may serve under this contract?

List "ALL" counties that your participating employers reside in and the areas you serve.

Previous          Next

**Subcontractor Information**

*(Please leave blank if it is not applicable)*

**Development Subcontractor Information**

Development Subcontractor

> ABC Consulting

* Development Cost of Services ($)

> $0.00

* Description of Services

> Development of ETP Proposal

* **Is there a secondary development subcontractor company assisting with your application?**

○ Yes
● No

**Administrative Subcontractor Information**

Administrative Subcontractor

> ABC Consulting

* Administrative Cost of Services (%)

> 13.00

* Description of Services

> Data entry, invoicing, tech assistance

* **Is there a secondary administrative subcontractor company assisting with your application?**

○ Yes
● No

**Training Subcontractor Information**

* **Will there be any Training Subcontractor(s) assisting with your training?**

○ Yes
● No
○ Unsure/To Be Determined

Previous | Next

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**Note:** This estimate is important later for your Training Plan

\* Provide the estimated number of individuals to be trained:

150

**Participating Employer Demand - Upload**

Please use the template provided by ETP and upload as a Microsoft Word file (.doc and .docx). This template can also be found in the Cal-E-Force Templates Menu.

Participating Employer Demand Document

⬆ Upload Files    Or drop files

**Industries**

Check all industries you plan to have participate with your core list of Participating Employers and enter any not listed here: ⓘ

- ☐ Accommodation and Food Services
- ☐ Administrative and Support and Waste Management and Remediation Services
- ☑ Agriculture, Forestry, Fishing and Hunting
- ☐ Arts, Entertainment, and Recreation
- ☐ Construction
- ☐ Finance and Insurance
- ☐ Health Care and Social Assistance
- ☐ Information
- ☑ Manufacturing
- ☐ Mining, Quarrying, and Oil and Gas Extraction
- ☐ Other Services (except Public Administration)
- ☐ Professional, Scientific, and Technical Services
- ☐ Transportation and Warehousing
- ☐ Utilities
- ☐ Wholesale Trade

Previous    Next

# Need for training

* Describe the need for training

> Highlight upskilling farmworkers, enabling trainees to working quality jobs that pay good wages, opportunity for advancement, encourage worker voice.

* How did you determine employer need for this program? Did you perform individual employer assessments?

> What is your determination or assessment process?

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

> During your assessment process, what was described as your need for training from your employers?

* **Is there new equipment/technology related to training?**

◯ Yes
🔘 No

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

> This is where you highlight any upskilling of the workers.

* How will training help the core participating employers' job creation/expansion in the next 12 – 24 months?

> If there is any job growth? if applicable

* Describe how you work with Employer Advisory Groups and how they assisted in developing the training program (New Hires)

> Not applicable

* How do you get feedback and assess the effectiveness of training?

> Explain processes and tools used to measure the effectiveness of training.

* Impact/Outcome Specify any certifications that will be earned from training for each type of training ⓘ

> Provide any certifications if applicable.

Previous    Next

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**1 of 4**

## Services and Resources

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

1.) Has established a UI claim in this State and has been determined eligible for UI by the Employment Development Department (EDD).
2.) Has exhausted their UI benefits from this State within the preceding 24 months.

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

\* **Will you be recruiting New Hire Trainees?**

○ Yes
● No

\* Provide local/regional occupational job outlook for training that will be provided.

> Not applicable

\* **How do you Market/Advertise your programs?**

☑ Flyers
☑ E-mail
☑ Trade Shows
☑ Advertisements
☑ Other

**Note:** *Participating Employers* are subject to the same eligibility requirements as *Single Employers*

*How did you customize the training to the needs of the participating employers?

Explain process used to create a curriculum with your employers in mind.

*Describe your plan for recruiting participating employers. ⓘ

Explain your strategy to engage in existing and new employers for your project.

*Describe how you work with employer organizations and the name of those organizations.

What advisory groups or other industry organizations do you collaborate with? Name the organizations.

*Describe your prior history in providing incumbent worker training. ⓘ

outline your background in providing training? What industries have you trained in the past?

*Describe your plan for administering the project.

Outline who will be responsible for administration of this project. Provide titles and responsibilities.

* How many Staff members will be dedicated to Recruitment?

> 2

* How many Staff members will be dedicated to Scheduling Training?

> 2

* How many Staff members will be dedicated to Needs Assessment?

> 2

* How many Staff members will be dedicated to ETP Administration?

> 2

* Provide justification for support costs requested. ⓘ

> Justify additional outreach efforts, recruitment and job placement
> efforts to run a successful ETP Program.

* What percentage of training will be delivered by outside vendors?

> 10

* How did you develop your ETP curriculum?

> Explain the process of developing your ETP curriculum

* How does the curriculum meet the needs of your participating employers?

> Explain how curriculum implementation would provide successful
> outcomes for your employers.

* How do you get feedback and update the curriculum?

> Explain your review process to determine successful implementation
> of the curriculum.

* **Where will training be conducted**

☑ At Employer Worksite

☐ At Training Facility

* Number of Large Employers (over 100 employees in CA) that you propose will participate in training ⓘ

> 6

Small Business Employers consist of 100 or less employees in California but no more than 250 employees worldwide. This includes all geographical locations, parent company, and those at any other subsidiary and/or branch. The business must be located in California and independently owned and operated. A small business must be completely independent without financial ties to any other organization.

A Small Business owner may be trained with their employees. At least one employee must also participate in training.

A Small Business owner is an individual having all or substantial (at least 20%) financial investment in the business, and is directly involved full-time in the day-to-day operation of the business. The owner need not be subject to the eligibility provisions of the UI Code Section 10201. Partners may be considered owners if they meet the above criteria. Partners who do not meet the owner criteria may qualify under Top-Level Executive criteria.

* Number of Small Business Employers (fewer than 100 employees in CA and not exceed 250 Worldwide) that you propose will participate in training

> 5

Previous  Next

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- **Services and Resources**
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# Commitment To Training

\* Describe the curriculum provided to employees and training delivered to employees in the past. (See Help text) ⓘ

> Describe any training services that you normally provide that is not ETP funded

\* Explain how ETP funding will not displace the training resources of the core group of participating employers

> Explain how the additional funds will increase training opportunities for employers

\* Projected Training Start Date

> May 1, 2024    🗓

[ Previous ]   [ **Next** ]

**Special Categories**

* **Do you plan on providing Entrepreneurial training?** ⓘ

○ Yes
● No

* Describe any barriers to employment that will qualify trainees ⓘ

```
Literacy, Limited English Proficiency,  Limited Math Skills
```

* **Do you plan on providing CNA to LVN training?** ⓘ

○ Yes
● No

* **Do you plan on providing training to Ex-Offender/At-Risk Youth?** ⓘ

○ Yes
● No

* **Do you plan on providing training to** <mark>Seasonal Workers?</mark> ⓘ

● Yes
○ No

* **Do you plan on providing training to Temporary to Permanent Workers?** ⓘ

○ Yes
● No

* **Do you anticipate any participating employers having trainees in a Workshare program?**

○ Yes
● No

* **Do you plan to train individuals who have served in the United States military?**

○ Yes
● No

* Describe your plan for marketing training opportunities specifically to Veterans. Please include if you have a working relationship with any veterans organizations.

```
Describe marketing efforts made to Veterans.
```

* **Do you plan on training Apprentices, Journeyworkers, or Pre-Apprentices?**

○ Yes
● No

**Note:** For the Agriculture Funding Initiative, Seasonal Workers will most likely be included

**\* Do you plan on providing Literacy Skills training?** ⓘ

◉ Yes

◯ No

\* Estimated amount of literacy skills training hours per trainee

> 10

**\* Do you plan on providing Safety Training?** ⓘ

◉ Yes

◯ No

\* Estimated amount of safety training hours per trainee

> 15

**Underserved Communities:**

\* How do you market/advertise your programs to underserved communities (i.e.: women, minorities, multiple barriers to employment, ex-offenders, at risk youth etc.)?

> Explain outreach efforts made to the communities listed above

\* Describe how you work with community organizations and the name of those organizations:

> Do you have any partnerships with community organizations? List if applicable..

**\* Do any of these organizations actively market to women?**

◉ Yes

◯ No

**\* Do any of these organizations actively market to Veterans?**

◉ Yes

◯ No

**\* Do any of these organizations actively market to minorities?**

◉ Yes

◯ No

**\* Do any of these organizations actively market to at risk youth or ex-offenders?**

◉ Yes

◯ No

Previous    Next

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Please add all your occupations that will be participating in the contract by selecting the 'Add occupation' button below.

Occupations                          + Add Occupation

Occu... ⌄  | # Trai... ⌄  | # Ho... ⌄  | Union ⌄  | Wag... ⌄

## Edit Occupation

**Note:** The entries in this section are important. Please enter numbers to the best of your knowledge

**Tip:** You must scroll down until you see the "Submit" button to complete this Occupation entry.

* Occupation Name

Occupation 3

* Estimated Number of Training Hours

40

* Min Wage

21.00

* Current hourly wage at enrollment

21.00

* Max Wage

35.00

* Estimated hourly wage at Retention end

25.00

## 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)

* Under $15 Hourly Wage

0

* $15-$20 Hourly Wage

0

* $20.01 to $25 Hourly Wage

20

* $25.01 and above Hourly Wage

30

* Estimated Number of Trainees

50

## Union Information

Are staff in this occupation represented by a collective bargaining agreement/union?

Yes ▼

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:

50

Union

☐ United Farm Workers  ✕

Union Local

Local 111

## Other Wage Information

Employer-paid Hourly Health Benefits ⓘ

2.50

\* Additional Compensation Per Hour

0.00

Commission, bonuses, mandatory service charges (Banquet Tips)

Type of Additional Compensation

Additional Information

How many hours do full-time employees work per week?If under 35 hours per week provide justification.

\* Full-Time Work Week Hours

40.0

Full-time Work Week Hours Explanation ⓘ

## Employer-paid Hourly Health 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).

\* Application

☐ APP-20214345

Cancel     Submit

**Note:** Click "Submit" at the bottom to complete the Occupation entry. After clicking Submit, you may still *add, edit,* and *delete* occupations

**1 of 2**

Please add all your occupations that will be participating in the contract by selecting the 'Add occupation' button below.

## Occupations                    + Add Occupation

| Occu... ⌄ | # Tra... ⌄ | # Ho... ⌄ | Union ⌄ | Wag... ⌄ | |
|-----------|------------|-----------|---------|----------|---|
| Occupati... | 50 | 25 | | $25 - $35 | ⌄ |
| Occupati... | 50 | 40 | | $17 - $25 | ⌄ |
| Occupati... | 50 | 40 | United Fa... | $21 - $35 | ⌄ |

☐ I confirm I added all occupations participating in the contract

\* **Do any Participating Employers pay health benefits?** ⓘ

◉ Yes

◯ No

\* **Will any of the added occupations use Health Benefits to meet the ETP Minimum Wage?**

◉ Yes

◯ No

*More information regarding ETP Minimum Wages can be found here.*

**2 of 2** * Projected Number Of Managers/Supervisors ⓘ

0

* Will the % of Managers/Supervisors to be trained be over 20%?
○ Yes
◉ No

* Will any training occur out-of-state?
○ Yes
◉ No

**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.

Union Letter & Notice of Intent

⬆ Upload Files | Or drop files

Previous | Next

**Tip:** Download Union Letter Templates by clicking the Templates tab located back on the Cal-E-Force Home Menu

**Note:** It's important to upload Union Support Letters. If a submitted application is missing file uploads, that will significantly slow down the approval process. It may even prevent an application from moving forward

| Occu... ▾ | # Tra... ▾ | # Ho... ▾ | Union ▾ | Wag... ▾ | |
|---|---|---|---|---|---|
| Occupati... | 50 | 25 | | $25 - $35 | ▾ |
| Occupati... | 50 | 40 | | $17 - $25 | ▾ |
| Occupati... | 50 | 40 | United Fa... | $21 - $35 | ▾ |

**Ensure the "I confirm" checkbox is selected before clicking "Next"**

☐ I confirm I added all occupations participating in the contract

Please check this checkbox before proceeding

\* **Do any Participating Employers pay health benefits?** ⓘ

🔘 Yes
⚪ No

\* **Will any of the added occupations use Health Benefits to meet the ETP Minimum Wage?**

🔘 Yes
⚪ No

*More information regarding ETP Minimum Wages can be found* here.

\* Projected Number Of Managers/Supervisors ⓘ

| 0 |
|---|

\* **Will the % of Managers/Supervisors to be trained be over 20%?**

⚪ Yes
🔘 No

\* **Will any training occur out-of-state?**

⚪ Yes
🔘 No

**Please upload Union Letter & Notice of Intent document if any occupations added has a union trainee**

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Union Letter & Notice of Intent

| ⬆ Upload Files | Or drop files |
|---|---|

Previous  Next

Please add your training plan by selecting the 'Add Training Plan' button below

**Training Plans**

+ Add Training Plan

| Plan ... ⌄ | Total ... ⌄ | Total ... ⌄ | Rate ⌄ | Est. A... ⌄ |
|---|---|---|---|---|

**Tip:** Do your best to forecast if your Participating Employer is *priority* or *non-priority*. You can enter Participating Employer NAICS on ETP Website to determine if they're priority and non-priority:

**https://caetp.force.com/NAICSLookup/s/**

Also, do your best to determine how many small business and large businesses there will be for your MEC

* Training Plan Type

Priority Industry NAICS - $23

✓ 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 - $...

MEC Only - Journeyworker Trainees - $...

MEC Only - Pre-Apprenticeship Trainee...

MEC Only - New Hire Trainees - $23

MEC Only - Entrepreneurial - $23

**Tip**: Some time after your application is submitted you will be assigned an ETP Analyst. Work with your assigned Analyst to go over your Participating Employer List and ensure your Training Plan is correct

## Edit Training Plan

* Training Plan Type

Priority Industry NAICS - $23 ▼

* Total Number of Trainees

100

* Average Hours Per Trainee

45.00

Average Hours Per Trainee Justification ⓘ

Cancel    **Submit**

**Tip:** This red text indicates a system error. Please read the error to determine what to address before moving forward

Please add your training plan by selecting the 'Add Training Plan' button below

## Training Plans                              + Add Training Plan

| Plan ... ∨ | Total ... ∨ | Total ... ∨ | Rate ∨ | Est. ... ∨ | |
|---|---|---|---|---|---|
| Priority I... | 99 | 4,455 | $23.00 | $102,465... | ▼ |
| Non-Prio... | 50 | 2,250 | $20.00 | $45,000.00 | ▼ |

**Estimated Total Trainees from Occupations Screen:** 150
*Please make sure to match the total trainee counts in both screens before proceeding further*
**Estimated Total Trainees from Training Plans:** 149
**Estimated Total Amount:** $147,465.00
(This Cost is an <u>estimate</u> based on the information your provided on the Training Plan(s), and is subject to ETP FY$ caps and subject to change during the application development)

☐ I confirm I added training plans                    Previous

**Tip:** Click the *down arrow* button on the occupation you intend to change. You may select "Edit" or "Delete"

**Tip:** Green text indicates that the total trainees entered in *Occupations* matches the total trainees entered in *Training Plans*

Click "Next" to save and move forward

Please add your training plan by selecting the 'Add Training Plan' button below

📖 **Training Plans**

➕ Add Training Plan

| Plan ... ⌄ | Total ... ⌄ | Total ... ⌄ | Rate ⌄ | Est. ... ⌄ | |
|------------|-------------|-------------|--------|------------|---|
| Priority I... | 100 | 4,500 | $23.00 | $103,500... | ▾ |
| Non-Prio... | 50 | 2,250 | $20.00 | $45,000.00 | ▾ |

**Estimated Total Trainees from Occupations Screen: 150**

**Estimated Total Trainees from Training Plans:** 150

**Estimated Total Amount:** $148,500.00

(This Cost is an <u>estimate</u> based on the information your provided on the Training Plan(s), and is subject to ETP FY$ caps and subject to change during the a

☑ I confirm I added training plans

Previous     **Next**

☐ I confirm I added training plans

# Application Topics:

- **Application Type & Contractor Category**
- **Contact and Company Information & Subcontractors/Training Vendors**
- **Individuals/Industries & Needs for Training**
- **Services and Resources**
- **Commitment to Training & Special Categories**
- **Occupations, Health Benefits & Out-of-State Training**
- **Employer in Kind Contributions & Funding from Other Sources**
- **Curriculum & Electronic Training Documentation**
- **Questions & Answers**

An **In-Kind Contribution**, includes wages paid during training, course materials, equipment depreciation and facility rental. This *doesn't mean* cash on hand.

*Calculation:* **# of employees in project** x **Average hourly wage for employees** x **# of training hours**

## Employer in Kind Information

\* Trainee wages paid during training ($) ⓘ

$168,750.00

Other contributions to the training program in excess of ETP funding ($):

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

Previous | Next

# Funding from Other Sources

\* Will you or participating employers receive training funds from any other source?

( ● ) Yes

( ) No

\* Explain other funding sources that will be received for this training program.

List any other funding sources that are assisting in this particular training effort

Previous | Next

*ETP Funding* = **# of trainees** x **reimbursement rate** x **hours tracked and documented**

## Other Resources

*Are you or any participating employers taking advantage of Enterprise Zones hiring tax credits, WIOA funding, or other federal workforce incentives?

- ● Yes
- ○ No

*Give overview of any other applicable resources supporting the proposed training project.

> If you are receiving funding from any of the programs above, or any other federal workforce incentive, please list.

*Type of Funding

> WIOA

*Amount of Funding ($)

> $150,000.00

Previous    Next

# Application Topics:

- **Application Type & Contractor Category**
- **Contact and Company Information & Subcontractors/Training Vendors**
- **Individuals/Industries & Needs for Training**
- **Services and Resources**
- **Commitment to Training & Special Categories**
- **Occupations & Training Plans**
- **Employer in Kind Contributions & Funding from Other Sources**
- **Curriculum & Electronic Training Documentation**
- **Questions & Answers**

Please add your curriculum by selecting the 'Add Curriculum' button below.

Curriculum                                    + Add Curriculum

Delivery Method  ⌄        Training Type  ⌄

**Tip:** Use this bullet point format to list Class Titles. In parenthesis add amount of time per class. If amount of time is more than 4 hours in a class, segment it into smaller modules and times

This format allows Analysts to consistently interpret your curriculum with more accuracy

# Edit Curriculum

\* Delivery Method

Computer Based Training (CBT) ▼

\* Training Type

Continuous Improvement Skills ▼

\* Class Titles ⓘ

| Salesforce Sans ▼ | 12 ▼ | **B** | *I* | U̲ | S̶ | ☰ | ☷ | ⇥ | ⇤ |

| ≣ | ≣ | ≣ | 🔗 | 🖼 | T͓ₓ |

- CBT Class 1 (30mins)
- CBT Class 2 (1.5hrs)
- CBT Class 3 (45 mins)
- CBT Class 4 (6hrs) (if 5 hours or more, break into modules)
  - Module 1 (1.5hrs)
  - Module 2 (1.5hrs)
  - Module 3 (1.5hrs)
  - Module 4 (1.5hrs)

\* Brief overview of this training

Explain the emphasis of this training and the expected outcomes

\* Select Occupations this training will be offered?

✔ Occupation 1
✔ Occupation 2
✔ Occupation 3

✔ Select All Occupations

Cancel | Submit

**Tip:** After adding curriculums you can still make changes or delete it. To do so, select the down arrow and click "Edit" or "Delete"

## Edit Application

📖 Curriculum                    + Add Curriculum

Delivery Method ⌄ | Training Type ⌄

Classroom/Simulated Laborato...    Business Skills    ⬅ ▼

Edit

Delete

Next

**Note:** All training delivery and documentation methods will be reviewed with your assigned ETP Analyst

Please add your curriculum by selecting the 'Add Curriculum' button below.

📖 Curriculum                    ➕ Add Curriculum

| Delivery Method ⌄ | Training Type ⌄ | |
|---|---|---|
| Classroom/Simulated Laborato... | Business Skills | ▾ |
| Classroom/Simulated Laborato... | Computer Skills | ▾ |
| Classroom/Simulated Laborato... | Manufacturing Skills | ▾ |
| Computer Based Training (CBT) | Continuous Improvement Skills | ▾ |
| Classroom/Simulated Laborato... | Literacy Skills | ▾ |

✔ I confirm I added the curriculum

**Computer-Based Training (CBT) Justification**

\* Provide the maximum hours of CBT training a trainee could take.

20.00

Previous    Next

# Training Type % Allocation

| Training Type | Percentage |
|---|---|
| Business Skills | 5 |
| Computer Skills | 5 |
| Manufacturing Skills | 35 |
| Continuous Improvement Skills | 5 |
| Literacy Skills | 49 |
| **Total Percentage** | **99** |

Overall Percentage Allocation should be equal to 100

Save

Previous

## Training Type % Allocation

| Training Type | Percentage |
|---|---|
| Business Skills | 5 |
| Computer Skills | 5 |
| Manufacturing Skills | 35 |
| Continuous Improvement Skills | 5 |
| Literacy Skills | 50 |
| **Total Percentage** | **100** |

Save

Previous    Next

Also Commonly known as a Learning Management System (LMS)

**Electronic Training Documentation**

*Do you currently use electronic training documentation?*
- ○ Yes
- ● No

*Do you plan to use electronic training documentation to document ETP training hours?*
- ● Yes
- ○ No

**If *Yes* is selected for Electronic Training Documentation**

***Then* follow up questions appear**

*What system(s) do you intend to use for ETP electronic record keeping purpose?*

[                    ]

*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.*

[                    ]

*How long has the system been in use?*

[                    ]

*Do you have a Sample Trainee Record that you can upload?*
- ○ Yes
- ○ No

*What is the name of the company that developed the software for your system?*

[                    ]

*How does your system document the hours and dates of training?*

[                    ]

*Does your system document the full Course Title?*
- ○ Yes
- ○ No

*What are the smallest time increments that your system is capable of documenting?*

[                    ]

*Does your system document the Name(s) of the Instructor(s) and the Trainer/Trainee ratio?*
- ○ Yes
- ○ No

*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

*Does the system retain the date of each data entry and revision (log date)?*
- ○ Yes
- ○ No

*Does the system record the reason for each new revision?*
- ○ Yes
- ○ No

*What are the titles of the employees who administer the system?*

[                    ]

*Does the system have the capability to separate ETP-funded training and other non-ETP-funded training?*
- ○ Yes
- ○ No

*How long are the records maintained and are accessible by ETP?*

[                    ]

Previous | Next

**Tip:** After completing the application, click "Next" to submit, or, if you'd like to save it and come back later, simply click "X" in the upper right corner.

**Note:** When you submit your application, a message should appear that indicates you've successfully submitted.

**Tip**: After submitting, check the status of your application to see where it is in the ETP review process

**Note:** At first, the status will say "**Submitted**". Statuses following that may be: **Returned to Applicant**, **In Eligibility**, **In RO Development** (Regional Office), **In CRU Review** (Contract Review Unit), **Proposal Approved**. The Proposal Approved Status will be after approval at Panel Meeting

**Note:** After closing or submitting your application, it will appear in your list view "All In-Draft/Active Applications" and a random APP-Number will be assigned to it

**Tip**: To view your application at any time, or to make changes before submitting, click the APP-Number

After clicking the APP-Number, this view of your application will display.
To make edits, select the button "Edit Application"

**Note:** To view your Occupations, Training Plans, Curriculum, and attachments, select "Related Lists"

ETP
Employment Training Panel

APPLICATIONS     CONTRACTS     MANAGE USERS     ETP WEBSITE     USER GUIDES     REPORTS     TEMPLATES

Application
APP-20214345

+ Follow     Edit Application

Reference Number
Populated Upon Submission

Account
Bunches of Buckets

Status
In Draft

Development Analyst

RELATED LISTS

## Occupations (3)

| Occupation Name | Estimated Number of Trainees | Estimated Number of Training ... | Min Wage |
|---|---|---|---|
| Occupation 1 | 50 | 25 | $25.00 |
| Occupation 2 | 50 | 40 | $17.00 |
| Occupation 3 | 50 | 40 | $21.00 |

View All

## Training Plans (2)

| Training Plan Name | Training Plan Type | Total Number of Trainees | Total Number of Training Hours |
|---|---|---|---|
| TP-4959 | Priority Industry NAICS - $23 | 100 | 4,500.00 |
| TP-4960 | Non-Priority Industry NAICS - $... | 50 | 2,250.00 |

View All

## Curriculum (5)

| Curriculum Number | Delivery Method | Training Type | % Allocation (Training Type) |
|---|---|---|---|
| C-7796 | Classroom/Simulated Laborator... | Business Skills | 5.00 |
| C-7797 | Classroom/Simulated Laborator... | Computer Skills | 5.00 |
| C-7798 | Classroom/Simulated Laborator... | Manufacturing Skills | 35.00 |
| C-7799 | Computer Based Training (CBT) | Continuous Improvement Skills | 5.00 |
| C-7800 | Classroom/Simulated Laborator... | Literacy Skills | 50.00 |

View All

# ETP Resources

- Questions related to the system contact the Cal-E-Force help desk:
  - ➢ Email: **ETPCalEForce@etp.ca.gov**

- *The Cal-E-Force (CEF) System remains a cornerstone to ETP's automated efforts and is based on the Salesforce platform. CEF training materials, videos, user guides, and FAQs are available on the CEF Hub*

  - ➢ For Immediate assistance via user guides and videos can be found using the following link to ETP's CEF Hub: **https://etp.ca.gov/cefhub/**

- Questions related to eligibility or Application status contact:
  - ➢ **AAU_STATUS_INQUIRY@ETP.CA.GOV**

- Questions related to information related to filling out the Application contact:
  - ➢**ETPProgramProjectsUnit@etp.ca.gov or**
  - ➢**ETPEconomicDevelopmentUnit@etp.ca.gov**

# Thank you
**End of presentation**

https://etp.ca.gov/fundingopportunities/aginitiative/