

ETP Single Employer Application

ETP Reference Number:	
Applicant's Complete Legal Name:	
Website:	
Address:	
City, State, Zip:	
Person Completing Application:	
Phone:	
Fax:	
E-mail:	

Total Number of Trainees:	
Total ETP funding requested:	\$
Proposed training start date (month, day, year):	

Notice

The terms and conditions of your ETP Agreement are subject to negotiation based upon the information contained in this Application.

Authorization

To the best of my knowledge, the information in this Application is accurate and correctly reflects our request for ETP funding.

E-Signature:	Title:
Print Name:	Date:
E-Mail Address:	

Checklist

Note: *Analyst will check items that must be completed.*

<u>TO DO</u>	Checklist
<input type="checkbox"/>	AUTHORIZATION PAGE
<input type="checkbox"/>	CONTACT INFORMATION
<input type="checkbox"/>	BACKGROUND INFORMATION
<input type="checkbox"/>	NEED FOR TRAINING AND PROGRAM DESIGN
<input type="checkbox"/>	<p>SPECIAL CATEGORIES AND PROGRAM</p> <ul style="list-style-type: none"> <input type="checkbox"/> SET Frontline Worker (Section 4400(ee)) <input type="checkbox"/> High Unemployment Area (HUA) (Section 4429 and ETP website) <input type="checkbox"/> HUA Working Poor (Sections 4400 (hh) & 4409 (a)(5)) <input type="checkbox"/> Multiple Barriers (Section 4409(a)(4)) <input type="checkbox"/> Certified Nurse Assistant to LVN (Guidelines) <input type="checkbox"/> Ex Offender/At Risk Youth (Guidelines) <input type="checkbox"/> Seasonal Workers (Guidelines) <input type="checkbox"/> Medical Skills Upgrade (Guidelines) <input type="checkbox"/> Temporary to Permanent Workers <input type="checkbox"/> Professional Employment Organization <input type="checkbox"/> EDD Workshare (Guidelines) <input type="checkbox"/> Veterans (Guidelines) <p>Note: All Section references are to Title 22, California Code of Regulations</p>
<input type="checkbox"/>	COMMITMENT TO TRAINING
<input type="checkbox"/>	OCCUPATION AND WAGE CHART
<input type="checkbox"/>	<p>TRAINING PLAN</p> <p>Reimbursement Rate(s) (Determined by Analyst)</p> <p>Retraining:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Large Employer Standard \$15 <input type="checkbox"/> Large Employer Priority \$18 <input type="checkbox"/> Small Business Standard \$22 (including entrepreneurial) <input type="checkbox"/> Small Business Priority \$26 (including entrepreneurial and Microenterprise) <input type="checkbox"/> Large Employer Standard AT \$22 <input type="checkbox"/> Large Employer Priority AT \$26 <input type="checkbox"/> Medical Skills \$22 <input type="checkbox"/> Veterans \$20 <input type="checkbox"/> Critical Proposal \$18 - \$26 <input type="checkbox"/> New Hire \$20 <input type="checkbox"/> Retrainee Job Creation \$20

<input type="checkbox"/>	CURRICULUM <ul style="list-style-type: none">• ADVANCED TECHNOLOGY (AT) JUSTIFICATION• PRODUCTIVE LAB JUSTIFICATION
<input type="checkbox"/>	ELECTRONIC TRAINING DOCUMENTATION
<input type="checkbox"/>	SPECIAL INSTRUCTIONS AND COMMENTS

INSTRUCTIONS FOR SUBMITTING APPLICATION

1. Sign application:
 - electronic signature is acceptable
 - if applicant does not have electronic signature, sign first page, scan and send scanned page electronically or fax page to 916-327-5270
2. Submit application to:

ETPARUUNIT@etp.ca.gov
3. Send an electronic Word copy to your analyst.

Contact Information

Training Program Contact?

Representative's Name: _____
Title: _____
Company : _____
Address: _____
Phone: _____ Fax: _____ E-Mail: _____

Do you have a consultant (3rd party) assisting with the Application?: Yes No

If yes,

Representative's Name: _____
Title: _____
Company : _____
Address: _____
Phone: _____ Fax: _____ E-Mail: _____
Cost of Services: _____

Do you have an outside contract administrator? Yes No TBD

If yes,

Representative's Name: _____
Title: _____
Company: _____
Address: _____
Phone: _____ Fax: _____ E-Mail: _____
Description of services: _____
Cost of Services: _____
Out of State vendor: (T.22, CCR, Section 4421): _____

Do you plan to use any training vendors? Yes No TBD

If yes,

Representative's Name: _____
Title: _____
Company: _____
Address: _____
Phone: _____ Fax: _____ E-Mail: _____
Description of services: _____
Cost of services: _____
Out of State vendor (T.22, CCR, Section 4421): _____

- Type of training: _____
- Number of hours/days of training: _____
- Number and occupations of trainees: _____
- Cost of training: \$ _____
- For Training Agencies: Justification for choosing vendor: _____

Repeat for additional training vendors.

Background Information

Company History

- Year founded: _____
- Name of Parent Company (holding company): _____
- Division or Subsidiary of another company: _____
- Location of headquarters and other local and international sites: _____
- What are your products and/or services? _____
- Who are your customers (generic types of businesses or specific names)? _____
- Number of full-time employees including the parent company:
 - Worldwide _____
 - United States _____
 - California _____
- Locations where training will take place (addresses and counties): _____
- Involved in Green/Clean Technology?
- Involved in Nanotechnology?

Company Turnover rate: (CCR, [Section 4417 Secure Job](#))

What is your California [turnover rate](#) for the last calendar year for full-time workers at the site(s) where training will take place? _____ %

Your turnover rate is over 20%, please provide the additional information to request a waiver:

Turnover Rate Waiver Request:

ETP will consider the following circumstances for a waiver:

1. Employer has experienced and provides evidence of a singular reduction in its workforce (an anomaly); and/or
2. Industry data supports a higher rate; and/or
3. Proposed training will significantly decrease the turnover rate.

Provide the following information to support a waiver request:

- Turnover for each of the prior three calendar years (not an average)
- Most recent turnover since January 1 of the current calendar year
- Reasons for prior calendar year(s) high turnover (be specific)
- Remedies the company will initiate to reduce turnover (be specific)
- Turnover rate the company projects during the last 12 months of the Agreement

Union Representation:

- Are potential ETP trainees represented by a union? Yes No
Union Name:
Local Number:
Represented occupations:

Union SUPPORT LETTER: For union trainees, submit signed letter(s) on union letterhead supporting training for members or indicate when date on which union letter will be submitted to ETP.

Repeat Contractor/Prior Performance

Are you a repeat contractor? Yes No

Previous ETP Agreement(s) No.: ET_____ **Analyst provides statistics and percentage of earnings for each project.**

For each project with low performance (less than 70% earned) completed within the last 5 years, explain reason and what steps have been taken to improve performance for the new project: _____

(Analyst - If earnings are below 70% on any prior project contractor must provide a clear, detailed, strong explanation for performance, and what contractor intends to do differently to ensure success in the new project.)

Need for Training

- Describe the changes that have taken place or will take place in your business.
- If the changes include new equipment/technology that requires training, enter:
 - Type of Equipment:
 - Installation date:
 - Cost of Equipment:
 - Is training included in the purchase price of the new equipment?
- How will training facilitate these changes and give workers the skills they need to remain employed?
- Did you conduct a formal needs assessment? Yes No
If no, how did you design your curriculum?
- Based on your curriculum section below, list the major types of training you will deliver (e.g. Manufacturing Skills, Continuous Improvement, etc.) and indicate which occupations will receive which types of training.
- Impact/Outcome: Identify all training goals and objectives. Detail any measureable or quantifiable results. Specify any certifications that will be earned from training for each type of training (e.g. ISO certification for Continuous Improvement, MCSE for Computer Skills, BVNPT accreditation for Medical Skills).

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

Special Categories and Programs

Delete categories that do not apply.

Further Information

SET Frontline Worker (Section 4400(ee)):

Q: Will trainees meet the current wage of \$_____ after retention?

High Unemployment Area (HUA) (Section 4429 and [ETP website](#))

Q: Identify cities/counties where trainees will be working: _____

HUA Working Poor (Sections 4400 (hh) & 4409 (a)(5))

Q: Identify trainee occupations and wages in HUAs: _____

Multiple Barriers (Section 4409(a)(4))

Q: Describe all of the barriers to employment that will qualify trainees: _____

Certified Nurse Assistant to LVN ([Guidelines](#))

Ex Offender/At Risk Youth ([Guidelines](#))

Seasonal Workers ([Guidelines](#))

Medical Skills Training([Guidelines](#))

Temporary to Permanent Workers

Q: Projected number of trainees: _____

Professional Employment Organization

Q: Provide copy of contract(s) between participating employer and its PEO.

EDD Workshare ([Guidelines](#))

Veterans ([Guidelines](#))

Retrainee - Job Creation ([Guidelines](#))

Commitment to Training

- How much does your company spend on training annually per facility in CA? \$
 I certify that ETP funding will not displace my company's training resources.
- Describe what types of training you currently provide your employees, and what training you have given in the past.

- What training was mandatory, what training was elective?
- Which occupations/departments were trained:
- What training methods were used (class/lab, OJT, computer-based):
- Was training job-specific or company-wide?
 - Repeat ETP Project(s): How is the new training different from the previous projects, or how does it build on the previous projects.
- How will ETP funding improve your company's current training efforts?
- Who will administer your ETP training program?
 - Describe your plan for administering the project: number of staff dedicated to scheduling training, enrolling trainees, tracking training hours, and meeting with ETP staff.
- What training will you do after the completion of your ETP program?

TRAINING PLAN

Occupation/Wage Chart				
Occupations to be Trained	Number per Occupation	Minimum Wage (without benefits) (*)	Maximum Wage (without benefits) (*)	Union Collective Bargaining Agreement (yes/no) (**)
TOTAL				

* Wage range for any occupation cannot exceed \$30

List union(s): _____ ***Note: Union letter required for each union.*

Health Benefits: Per hour employer-paid health benefits to be added to meet the ETP Minimum Wage: \$_____

Miscellaneous Compensation:

Do you need additional compensation to meet ETP minimum wage? Yes No

- **Which Occupations:** _____
- **Amount per hour:** \$_____
- **Type** (ex: commission bonus): _____

Hours in a Work Week (min 35 hours a week): _____

Projected Number of Managers and Supervisors: _____

Does the number of managers and supervisors being trained exceed 20% of total number of trainees? Yes No

If yes, provide justification: _____

Training Plan Charts

Delete charts that do not apply

Hours per-trainee cannot exceed a total of (delete hours that do not apply) 200 for retraining or 60 for small business regardless of the method of delivery. Contractor must justify any request for hours that exceed the allowable caps.

Formulas for Training Plan Charts

Average hours per trainee (a) x Total number of trainees (b) = Total number of training hours (c)

Total number of training hours (c) x Fixed-fee rate (d) = Total funding (e)

Priority Large Employer						
Minimum hours	Maximum hours	Average hours per trainee (a)	Estimated # of trainees (b)	Total # of training hours (c)	Fixed-fee rate (d)	Total funding (e)
24	200				\$18	
					\$26 AT	

Of the total hours above (c):

- Projected Advanced Technology (AT) hours: _____
- Projected Computer Based training (CBT) hours: _____

Standard Large Employer						
Minimum hours	Maximum hours	Average hours per trainee (a)	Estimated # of trainees (b)	Total # of training hours (c)	Fixed-fee rate (d)	Total funding (e)
24	200				\$15	
					\$22 AT	

Of the total hours above (c):

- Projected Advanced Technology (AT) hours: _____
- Projected Computer Based training (CBT) hours: _____

Priority Small Business						
Minimum hours	Maximum hours	Average hours per trainee (a)	Estimated # of trainees (b)	Total # of training hours (c)	Fixed-fee rate (d)	Total funding (e)
8	60				\$26	

Of the total hours above (c):

- Projected Advanced Technology (AT) hours: _____

- Projected Computer Based training (CBT) hours: _____

Standard Small Business						
Minimum hours	Maximum hours	Average hours per trainee (a)	Estimated # of trainees (b)	Total # of training hours (c)	Fixed-fee rate (d)	Total funding (e)
8	60				\$22	

Of the total hours above (c):

- Projected Advanced Technology (AT) hours: _____
- Projected Computer Based training (CBT) hours: _____

Medical Skills						
Minimum hours	Maximum hours	Average hours per trainee (a)	Estimated # of trainees (b)	Total # of training hours (c)	Fixed-fee rate (d)	Total funding (e)
24	200				\$22 (med)	
24	200				\$18 (non med)	

Of the total hours above (c):

- Projected Computer Based training (CBT) hours: _____

Retrainee-Job Creation						
Minimum hours	Maximum hours	Average hours per trainee (a)	Estimated # of trainees (b)	Total # of training hours (c)	Fixed-fee rate (d)	Total funding (e)
24	200				\$20	
					\$26 AT	

Of the total hours above (c):

- Projected Computer Based training (CBT) hours: _____

Critical Proposal						
Minimum hours	Maximum hours	Average hours per trainee (a)	Estimated # of trainees (b)	Total # of training hours (c)	Fixed-fee rate (d)	Total funding (e)
24	200				\$18-\$26	

Of the total hours above (c):

- Projected Advanced Technology (AT) hours: _____

- Projected Computer Based training (CBT) hours: _____

Veterans						
Minimum hours	Maximum hours	Average hours per trainee (a)	Estimated # of trainees (b)	Total # of training hours (c)	Fixed-fee rate (d)	Total funding (e)
24	200				\$22	
					\$26 AT	

Of the total hours above (c):

- Projected Advanced Technology (AT) hours: _____
- Projected Computer Based training (CBT) hours: _____

Employer In-Kind Contribution

Based on your training plan, enter:

- Trainee wages paid during training: \$_____ (*total training hours x average wage*)
- (If needed) Other contributions to the training program in excess of ETP funding: \$_____, which covers the following training costs: _____.

Other Resources

- Are you taking advantage of Enterprise Zones hiring tax credits, WIA funding, or other federal workforce incentives? Give overview of any other applicable resources supporting the proposed training project.
- Type of Funding: _____
- Amount of Funding: \$_____

Curriculum

(Indicate percentage of curriculum for each type of training)

Class/Lab Hours

Range of hours

Trainees may receive any of the following:

BUSINESS SKILLS (__% of total curriculum)

✚ Topic

COMMERCIAL SKILLS (__% of total curriculum)

✚ Topic

COMPUTER SKILLS (__% of total curriculum)

✚ Topic

CONTINUOUS IMPROVEMENT (__% of total curriculum)

✚ Topic

HAZARDOUS MATERIALS (__% of total curriculum)

✚ Topic

MANAGEMENT SKILLS (management trainees only) (__% of total curriculum)

✚ Topic

MANUFACTURING SKILLS (__% of total curriculum)

✚ Topic

Safety Training is capped at 10% of a trainee's total training hours

LITERACY SKILLS (__% of total curriculum)

✚ Topic

Must be job related and hours are capped at 45% of a trainee's total training hours

ADVANCED TECHNOLOGY (limited ratio 1:10) (__% of total curriculum)

✚ Topic

Complete the table below

Safety Training is capped at 10% of a trainee's total training hours

PL Hours

0 – 00

PRODUCTIVE LAB (PL) (limited ratio 1:10) (__% of total curriculum)

✚ Topic

Complete the table below

CBT Hours

0 – 00

COMPUTER BASED TRAINING (CBT)

✚ Topic (standard number of hours)

Provide standard number of hours required to complete each course.
CBT hours are capped at **50%** of trainee's total training hours

Advanced Technology (AT) Justification

Trainee Occupations and Wages:

- Identify occupations technical background.
- Describe why these occupations need these specific courses.
- Provide wages for occupations that will be included in this training.

Justification:

- Describe how or why this training exceeds the standard ETP reimbursement. Specifically identify training costs.
- Specify needed equipment or software needed for this training.

Productive Lab (PL) Justification

http://www.etp.ca.gov/docs/Productive_Laboratory_Summary.pdf

- Explain the need for PLT.
- List occupations to be trained.
- Projected number of PLT trainees.
- List equipment to be used.
- Enter location of training.
- Briefly describe training assignments that will be given to trainees.
- Explain how training will differ from actual work assignments.
- Explain how production will be affected during training (e.g. lower production expectations, higher defect levels, etc.).
- Describe the trainer's role.
- Describe the trainer's qualifications.
- Describe the method you will use to determine if expected outcomes/goals are met.

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

- Answer the questionnaire – **(Analyst provide form)**
- Submit the Authorization Form – **(Analyst provide form)**

Special Instructions and Comments

Analyst adds comments or requests for specific additional information.