



Small Business Application

Submission Instructions

Submit a signed draft of your completed Application via email to your ETP analyst for review. A completed Application must include all items including signature of **Agreement signatory** and date. An electronic signature is acceptable.

If the application is incomplete, it will be returned to you. In addition, applications should be submitted within 45 days from the site visit or the Pre-Application will be de-activated.

Once reviewed, your ETP analyst will submit the electronic version of your completed Application to the **Application Review Unit**.

ETP Application – Small Business

Reference Number:

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

Estimated 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:	

Company Background Information

1. Provide the following information in narrative form:

- Company History: _____
- Primary Industry (manufacturing, production, service, etc): _____
- Customer Base: _____

2. Is the company a:

- Corporation
- Limited Liability Company
- Partnership
- Sole Proprietor
- Other: _____

3. Number of permanent full-time employees (working 35 minimum hours per week):

Worldwide: _____

California: _____

4. Number of facilities in California: _____

5. Locations where training will take place: _____ (include address and count(ies))

6. Provide a narrative addressing the following to support the company's training needs (include additional pages if necessary):

- Describe changes that are taking place or will take place within the company which supports the training plan: _____
- Explain if the changes are driven by customer or industry demands: _____
- Describe the training that is needed to address the changes: _____
- Identify the types of training to be provided and the occupations to be trained: _____
- Explain why the skills training is necessary for each listed occupation: _____
- Explain the need for PL, E-learning, and/or CBT as applicable.
- Identify any expansion goals: _____
- If this is a repeat project please explain how training will differ from the previous project(s):

7. Prior/Current Projects: **(analyst delete entire section/table if not applicable)**

The following table summarizes performance by the company under an ETP Agreement that was completed within the last five years: **(analyst complete the table)**

Agreement No.	Location (City)	Term	Approved Amount	Payment Earned

To add a row: 'tab' from last cell.

For projects earning less than 70% explain reason and describe steps taken to improve performance for the new project. Provide a detailed narrative which includes justification and specifics of low performance. Include additional information detailing steps the company will take to ensure better performance in proposed Agreement.

8. Union representation? Yes No. If **yes**, provide a union letter supporting ETP training.
9. Company turnover rate in the previous calendar year: _____

Note: Refer to Small Business (SB) Program Overview for Turnover Rate calculation. If turnover rate exceeds 20% provide a justification and waiver request.

10. Trainee Information Table: List all occupations to be trained, their wages after 90-day retention period, estimated total number of trainees for each occupation, and the average number of training hours they will receive. Calculate subtotals.

Additional table(s) required for more than one job number ie. Job Creation.

Occupations	Range of Hourly Base Wage without Health Benefits		A Estimated Number of trainees	B Average Training Hours	Subtotal \$ A x B x Fixed Fee rate* \$22 or \$26
	Min	Max			
					\$
					\$
TOTAL:					\$
					Total amount requested

11. Wage Requirements: If health benefits (medical, dental, vision) are to be included to reach the ETP minimum wage at the end of the retention period, provide the **least amount** of hourly amount of employer paid health benefits: \$_____. (Refer to SB Program Overview, Wage Requirement Table).
12. Estimated number of owners to be trained, if applicable: _____. (Refer to SB Program Overview, Owners for definition and eligibility).
- Estimated number of managers to be trained:_____.
13. Provide in-kind contribution: \$_____ (Multiply the number of trainees x the average hourly wage x the average hours of training per trainee.)
14. Identify who will deliver training (in-house staff, outside vendor, TBD): _____
15. If using a third party identify the following:

Development:

- a. Name of subcontractor: _____
- b. Address (city, state, zip): _____
- c. Estimated costs for each : _____

Administration:

- a. Name of subcontractor: _____
- b. Address (city, state, zip): _____

c. Estimated costs for each : _____

Training

a. Name of subcontractor: _____

b. Address (city, state, zip): _____

c. Estimated costs for each: _____

16. Provide a training curriculum including subtopics under each major heading: _____

Program Analyst's Initials: _____

Curriculum

Class/Lab Hours

Range of hours

Trainees may receive any of the following:

BUSINESS SKILLS

+ Topic

COMMERCIAL SKILLS

+ Topic

COMPUTER SKILLS

+ Topic

CONTINUOUS IMPROVEMENT

+ Topic

HAZARDOUS MATERIALS

+ Topic

MANAGEMENT SKILLS (management trainees only)

+ Topic

MANUFACTURING SKILLS

+ Topic

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

LITERACY SKILLS

+ Topic

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

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

PL Hours

0 – 00

PRODUCTIVE LAB (PL) (limited ratio 1:10)

+ 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.

Note: Reimbursement for retraining is capped at 60 total training hours per trainee, regardless of the method of delivery. **Delete reference to any delivery methods not approved.**

Productive Lab (PL) Justification

1. Justify the need for PL training, list the specific occupations to be trained, and include the types and topics of training.
2. Identify the number of PL training hours. PL training hours should not exceed 50% of total training hours per trainee. A request for more than 50% may be considered with strong justification.
3. List equipment to be used. (For example, if new equipment is the overall justification, explain how the occupations use the equipment, e.g., production, diagnostics or maintenance.)
4. Provide a “checklist of competencies” or other tool identifying the tasks/competencies and corresponding time/hours to complete each task. Include a detail breakdown of allowable PL topics that clearly relate to the Curriculum.
5. Identify trainer-to-trainee ratio. (The ratio may not exceed 1:3. A request for 1:4 or 1:5 may be considered with strong justification.)
6. Enter location of training.
7. Explain how training will differ from actual work assignments.
8. Explain how production will be affected during training (e.g. lower production expectations, higher defect levels, etc.)
9. Describe the trainer’s role.
10. Describe the trainer’s qualifications
11. Describe the method you will use to determine if expected outcomes/goals are met.