

WORKFORCE SOLUTIONS CAPITAL AREA

APPLICATION FOR FUNDING

INCUMBENT WORKER TRAINING

FY 2021

# SECTION XI – APPLICATION INFORMATION

Company Information:

1. Complete the chart below by providing the information requested.

|  |  |  |
| --- | --- | --- |
| **COMPANY INFORMATION** | | |
| **Company Name:** |  | |
| **Contact Name:** |  | |
| **Job Title:** |  | |
| **Contact Email:** |  | |
| **Contact Phone:** |  | |
| **Company Street Address (physical location required):** |  | |
| **City, State:** |  | |
| **County:** |  | |
| **Zip Code:** |  | |
| **Total Number of Employees Corporatewide:** |  | |
| **TWC Account Number (Account # under which business partner reports employee wages to** [**TWC Tax Department**](http://www.twc.state.tx.us/ui/tax/unemployment-tax-contacts.html#Tax_Department)**):** | |  |
| **4-Digit NAICS Code that Identifies Industry (You can find these codes here:** [**http:/www.census.gov/eos/www/naics**](http://www.census.gov/eos/www/naics)**):** | |  |

Employment Benefit Information:

1. Indicate which of the following employment benefits the private partner will provide for employees who participate in the proposed training by placing an “X” in the appropriate boxes:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **COMPANY EMPLOYMENT BENEFITS** | | | | | |
|  | **Medical Insurance** |  | **Prescriptions** |  | **Educational Assistance** |
|  | **Workers’ Compensation** |  | **Vacation** |  | **401K/Pension Plan** |
|  | **Dental Insurance** |  | **Holidays** |  | **Profit Sharing** |
|  | **Life Insurance** |  | **Sick Days** |  | **Other:** |

Additional Company Information:

1. Indicate which of the following apply by placing an “X” in the appropriate boxes:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Union Affiliation:** |  | **No** |  | **Yes (specify):** |
|  |  |  |  |  |
| **Public – Sector:** |  | **No** |  | **Yes** |
|  |  |  |  |  |
| **Meets Americans with Disabilities Act Requirements:** | | | | |
|  |  | **No** |  | **Yes** |
|  | | | | |
| **Meets the Fair Labor Standards Act requirements for employer-employee relationship:** | | | | |
|  |  | **No** |  | **Yes** |
|  | | | | |
| **Have layoffs occurred within the last 120 days?** | | | | |
|  |  | **No** |  | **Yes** |
|  | | | | |
| **Is your company current on all State of Texas tax obligations?** | | | | |
|  |  | **No** |  | **Yes** |
|  | | | | |
| **I or this company certify having NOT received a federal debarment notice:** | | | | |
|  |  | **No** |  | **Yes** |
|  | | | | |
| **Do you have an employer account in WorkInTexas.com?** | | | | |
|  |  | **No** |  | **Yes** |
| **Is your company receiving/applying for any other federal training funds?** | | | | |
|  |  | **No** |  | **Yes** |
| **If yes, please list the names of the program or type of grant:** | | | | |
|  | | | | |
| **Has your company completed the** [**Upskilling Survey**](https://www.wfscapitalarea.com/upskilling-survey/)**?** | | | | |
|  |  | **No** |  | **Yes** |

|  |  |  |
| --- | --- | --- |
| **PROJECT INFORMATION** | | |
| **Project Description:**  *Please provide a brief description of the training needs and high level goals* | |  |
| **Expected Start Date:** | |  |
| **Expected End Date:** | |  |
| **Total Number of Employees to be Trained:** | |  |
| **How many have been with the company for 6 or more months?** | |  |
| **Types of Credentials Received (check all that apply):** | | |
|  | **Secondary School Diploma/or equivalency** | |
|  | **AA or AS Diploma/Degree** | |
|  | **BA or BS Diploma/Degree** | |
|  | **Occupational Licensure** | |
|  | **Occupational Certificate** | |
|  | **Occupational Certification** | |
|  | **Other Recognized Diploma, Degree, or Certificate (specify):** \_      \_ | |
|  | **No recognized credential** | |

|  |  |
| --- | --- |
| **ANTICIPATED OUTCOMES OF TRAINING PROJECT**  **(Check all that apply and insert number in blanks)** | |
|  | **Will create** \_     \_ **new jobs within our company** |
|  | **Will create** \_     \_ **openings in entry-level positions** |
|  | **Will save** \_     \_ **jobs within our company** |
|  | **Will lower employee turnover at our company and retain** \_       **jobs** |
|  | **Will promote** \_     \_ **employee(s) within our company** |
|  | **Will enable** \_     \_ **employees to receive certifications or credentials** |
|  | **Will improve the short-term or long-term wage levels of trainees** |
|  | **Critical to the long-term viability of our company** |
|  | **Will be an important component of our company’s overall workforce employee development efforts** |
|  | **Employee(s) will maintain employment during training and at least 90 days post training** |

|  |
| --- |
| **Briefly describe your training needs and explain how funding will assist in achieving the company’s high priority occupation goals:** |
|  |
| **Without compromising individual confidentiality, briefly describe the characteristics of any training participants with historical barriers to employment that are represented *(i.e., Individuals with Disabilities, English Language Limited, Ex-Offenders, Low-income Individuals, Single Parent, Older Worker, etc.).*** |
|  |

Trainee Information:

1. In the chart below, please provide the following:

* The job title of each position for which training is being requested.
* The number of employees to receive training and skill upgrading through the proposed project.
* The hourly wage range to be provided to the employee upon the successful completion of training. (The minimum wage is the current minimum hourly wage that a trainee is paid, and the maximum wage is the highest hourly wage that a trainee can be paid.) Only include hourly wages of those workers who will be participating in training.
* ***(Important: It is a statutory requirement that the wages for each occupation must be equal to or greater than the prevailing wage for that occupation in the local labor market. For further information, see the* Frequently Asked Questions *document on TWC’s*** [***Skills Development Fund website***](http://www.twc.state.tx.us/partners/skills-development-fund-training-providers-workforce-development-partners)***.*)**
* The average percentage increase in wages that will be paid to trainees in upgraded jobs upon the successful completion of training.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job Title** | **# of Employees in this Occupation Receiving Training** | **Hourly Wage Range Minimum Wage** | **Hourly Wage Range Maximum Wage** | **% Wage Increase Post Training** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Table of Training Courses to Be Provided:**

1. In the chart below, please provide training information and budget details.

(Insert rows as needed)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Training Provider** | **Training Course Name** | **Number of Trainees** | **Course Training Hours** | **Cost per Trainee** | **Total Course Cost** | **Employer Contribution** | **Method of Delivery (In-person, Online, Other)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |