# TEXAS WORKFORCE COMMISSION

# APPLICATION: [SKILLS FOR SMALL BUSINESS PROGRAM](http://www.twc.state.tx.us/businesses/skills-small-business-employers)

Thank you for your interest in Skills for Small Business-funded training. Prior to completing this application, please review the [Skills for Small Business Program Overview](http://www.twc.state.tx.us/files/businesses/overview-application-instructions-skills-small-business-application-twc.pdf). The [Application Instructions](http://www.twc.state.tx.us/files/businesses/overview-application-instructions-skills-small-business-application-twc.pdf) may be used as a guide for completing this form. Our Business Outreach and Project Development team also is available to answer any questions you have about the program and/or assist you in completing the application. Please contact us at (877) 463-1777 or e-mail [SkillsForSmallBusiness@twc.state.tx.us](mailto:SkillsForSmallBusiness@twc.state.tx.us).

Please e-mail the fully completed Microsoft Word version (without signatures) and Attachment A spreadsheet to the attention of Cristina Ramos at [SkillsForSmallBusiness@twc.state.tx.us](mailto:SkillsForSmallBusiness@twc.state.tx.us). Please also send the original *signed* application by fax to (512) 463-7187 or by mail to the following address:

*Texas Workforce Commission*

*4405 Springdale Rd.*

*Austin, TX 78723*

*ATTN: Cristina Ramos, Room 424T*

You also may either fax the signed application to Cristina Ramos at (512) 463-7187 or mail the original signed application to the address above. It is recommended applications are submitted at least two weeks prior to and no more than six weeks in advance of requested training. Training cannot be considered or funded retroactively. All SSB program funds go directly to the public community or technical college to cover the costs of approved training.

***Please note unreadable or incomplete applications cannot be accepted. Any unreadable or incomplete documents received will be returned with required information identified for revision/completion and application resubmission.***

Applicant Information:

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| TABLE 1 – SMALL BUSINESS INFORMATION | | | | | | |
| Legal Name of Small, Private Business: |  | | | | | |
| Contact Name: |  | | | | | |
| Contact’s Title: |  | | | | | |
| Contact’s E-mail Address: |  | | | | | |
| Contact’s Phone Number: |  | | | | | |
| Actual Street Address: |  | | | | | |
| City: |  | | | | | |
| County: |  | | | | | |
| State: |  | | | | | |
| [**9-digit Zip Code**](https://tools.usps.com/go/ZipLookupAction!input.action)**:** |  | | | | | |
| Business’ Total Number of Individual Employees: |  | | | | | |
| Medical Insurance Provided? | |  | YES |  | | NO |
| Workers’ Compensation or other benefits provided? | |  | **YES** |  | | **NO** |
| **TWC Unemployment Tax Account Number:***(This is the account under which the business reports employee wages to the* [*TWC Tax Department*](http://www.twc.state.tx.us/ui/tax/unemployment-tax-contacts.html)*.)* | | | | |  | |
| **4-Digit NAICS Code that identifies your industry:**  *(To determine correct code, access the* [*U.S. Census Web site at: http://www.census.gov/eos/www/naics*](http://www.census.gov/eos/www/naics)*.)* | | | | |  | |

1. Table 1, Please provide the requested information. Important: The address provided must be the actual street address of the business where the participating workers are employed, not a Post Office box number.
2. Table 2, please provide [eligible public community or technical college](http://www.thecb.state.tx.us/apps/GM/) information, including the name of the contact person with whom you have consulted in completing this application, if applicable. *(Note: Applications with third-party training providers will be returned to applicants.*)

| **Table 2 – SELECTED COLLEGE INFORMATION** | |
| --- | --- |
| **Name of** [**College**](http://www.thecb.state.tx.us/apps/GM/)**:** | Choose an item. |
| College Contact Name (*if applicable*): |  |
| College Contact Title (*if applicable*): |  |
| College Contact E-mail Address (*if applicable*): |  |
| State: |  |

1. Please provide the total number of new hires or existing employees to participate in requested training.

***Note:******New employees*** *are those hired by the applying company within 12 months prior to TWC’s receipt of the application requesting training. Pending approval, new employees are eligible for up to $1,800 worth of tuition and fees in a 12-month period.* ***Existing employees*** *are those employed by the applying company longer than 12 months prior to TWC’s receipt of the application requesting training. Pending approval, existing employees are eligible for up to $900 worth of tuition and fees in a 12-month period.*

1. **New:**
2. **Existing:**
3. Please explain how each training course(s) listed in Attachment A directly relates to business needs, and will have an immediate, positive impact on the business’ daily operations.

***Response:***

1. Please complete Table 3 on Attachment A at the end of this document (Page 4).

# Business’ Assurances and Attestations:

By signing below, the business submitting this application hereby assures and attests to the following:

1. The applying business attests that it employs at least one no more than 99 individual employees.
2. The business assures that it is a private, for-profit entity, and it is not associated with a corporate office, multiple business entities or a corporation that exceeds 99 individuals.
3. The business will conform to all applicable federal and state laws, rules, guidelines, regulations, and executive orders and provide equal employment opportunity in all employment and employee relations, without regard to race, color, sex, religion, national origin, age, disability, or political affiliation or belief.
4. The business is liable to pay Unemployment Insurance contributions to TWC, and is in compliance with the reporting and payment requirements.
5. The business is in compliance with the Texas Business and Commerce Code, including all reporting and payment requirements.
6. The business will adhere to all reporting requirements as requested by the selected college and TWC, including the reporting of Social Security numbers.
7. The business will comply with the Fair Labor Standards Act (FLSA), 29 U.S.C. Chapter 8. (If the business requires employees to attend the identified courses outside of standard work hours, the business must ensure appropriate compensation, in compliance with the FLSA.)
8. The business attests that the hourly wages identified for each occupation in Table 3 of Attachment A are true and correct. (It is a requirement of the program that the hourly wage of each employee for whom training is being requested meets or exceeds the [prevailing wage](http://www.twc.state.tx.us/files/businesses/prevailing-wage-data-research-twc.pdf) for that occupation in the local labor market. TWC will use [local labor market wage data](http://www.tracer2.com/publication.asp?PUBLICATIONID=861) to determine if this requirement is met.)
9. The business assures that the training requested in this application is for full-time, permanent employees.
10. The business assures that it has not relocated its worksite from one location in Texas to another in-state location within the last 120 days.
11. The business will ensure that all employees for whom training funds are provided will attend the identified courses during the scheduled class times.
12. The business will notify the college immediately if the employee for whom training is being requested is unable to attend and/or drops out of the approved course(s).
13. The business will pay to the college any course costs not covered by the Skills for Small Business program.
14. The business will comply with the selected college’s deadlines for enrollment, payment and participation.
15. The business understands no trainees and/or courses for approved training may be substituted without resubmission of an application Texas Workforce Commission for review.
16. The business understands any approved training must start within 90 days of funding notification date and completed prior to the applicable eligible training provider’s final date of its contract with TWC.

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| Authorized Signature (*not typed*) |  | Title |
|  |  |  |
| Typed Name |  | Date |

*Please send the original, hand-signed Assurances and Attestations by fax to (512) 463-7187 or e-mail to* [*SkillsForSmallBusiness@twc.state.tx.us*](mailto:SkillsForSmallBusiness@twc.state.tx.us)*. Certified electronic signature may be used in lieu of hand signature. This page also may be mailed to:*

*Texas Workforce Commission*

*4405 Springdale Rd.*

*Austin, TX 78723*

*ATTN: Cristina Ramos, Room 424T*

## Table 3, Attachment A: *Please complete the following table. All requested information must be provided in order for an application to be considered for funding approval.*

1. The first three rows in the table below are an example how to complete this section.
2. **Trainee Name:** Please provide the name of each trainee for each requested course. If multiple courses are requested for the same prospective trainee, please listed each course request for that trainee on individual lines.
3. **Job Title:** Please list job title that matches job duties performed by prospective trainee the majority of the time.
4. **SOC Code:** Please provide Standard Occupational Classification (SOC) code for listed job title. Please consult [O\*Net Auto Coder](http://www.onetsocautocoder.com/plus/onetmatch) for assistance in determining the code that matches the job title and job duties performed the majority of the time.
5. **Hourly Wage:** Please provide the actual hourly wage for the prospective trainee.
6. **New/Existing Jobs:** Please indicate if the prospective trainee is in a new or existing job. (Please see Question No. 3.)
7. **Prior Training:** Please indicate Y (yes) or N (no) if prospective trainee has participated in Skills for Small Business-funded instruction previously.
8. **Course Title/Section:** Please provide full name of selected course.
9. **Course start/end dates:** Please provided actual course start end dates as mm/dd/yyyy. Dates such as “online,” “fall” and “spring” cannot be accepted. Training requests cannot be considered or funded retroactively.
10. **Course Costs:** Please provide full cost of course, cost for SSB to cover and cost for business to cover, when applicable. (Please see Question No. 3)
11. **Totals:** Please ensure to include the total course costs at the bottom of the last three columns.

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| **Trainee Name** | **Job Title** | [**SOC Code**](http://www.onetsocautocoder.com/plus/onetmatch) | **Hourly Wage** | **New**  **Job** | **Existing Job** | **Prior SSB- Funded Training (Y/N)** | **Course Title/Section** | **Course Start**  **(mm/dd/year)** | **Course End**  **(mm/dd/year)** | **Total Course Cost**  **(Tuition &  Fees Only)** | **Amount for SSB Program to Fund\*** | **Amount to be Paid by Business (if applicable)** |
| Jane Doe | Office Manager | 43-3011 | $17.00 |  | X | N | Accounting I | 04/04/2018 | 05/24/2018 | $450.00 | $400 | $50 |
| Jane Doe | Office Manager | 43-3011 | $17.00 |  | X | N | Accounting II | 05/25/18 | 06/15/18 | $550.00 | $500 | $50 |
| John Smith | Architectural Drafter | 17-2011 | $21.00 | X |  | Y | Autodesk Inventor | 05/02/2018 | 05/30//2018 | $1,800 | $1,800 | $0 |

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