**HEALTHCARE APPRENTICESHIP INITIATIVE**

**APPLICATION GUIDELINES**

**Introduction.**

The Texas Workforce Commission (TWC) is seeking Applications for Statewide apprenticeship projects in the healthcare industry. Funding will support the healthcare industry to increase the number of career pathway opportunities for registered nurses (RN) and healthcare professionals in the State. This Healthcare Apprenticeship Initiative (“Initiative”) is designed to offer employers an innovative approach to hiring and training future nurses and healthcare staff by expanding opportunities for students who wish to pursue career pathways to RN certification and other healthcare fields.

To support employers through this Initiative, TWC’s Office of Apprenticeship will award funds to help employers secure Department of Labor (DOL) apprenticeship registration (as needed) and defray a portion of costs related to training activities such as curricula development, related instruction or training for apprentices (in-person, online, or hybrid), training supplies for apprentices, instructor costs or mentor activities, on-the-job learning, and paid clinicals for registered healthcare apprentices. This Initiative will specifically benefit those employers developing or currently using registered apprenticeship to train their workforce with locations in multiple areas of the state.

**Applicant Eligibility.**

An Eligible Applicant under this statewide initiative is a Texas-based employer as part of a Registered Apprenticeship Program/Sponsor. While employers with multiple locations in the State are the focus of this program, employers with single locations are also able to apply.

Additionally, Eligible Applicants must have occupations in the following fields:

* certified medical assistant;
* certified nurse assistant;
* licensed vocational nurse; and
* related healthcare fields.

**Funding Available.**

TWC has dedicated fifteen million dollars ($15,000,000) in federal funding for this Initiative consisting of a combination of DOL Apprenticeship Expansion and Workforce Innovation and Opportunity Act (WIOA) Statewide funds.

**Funding Authority.**

The funding sources for this Initiative are PY 2021 DOLETA Grant Agreement AP-36513-21-60-A-48 and WIOA Statewide Activity Funds, WIOA § 128 and § 133 (29 U.S.C. § 2853 and § 2863).

**Maximum Award.**

The maximum amount that can be requested by an Applicant is one million ($1,000,000). Grants resulting from this application allow a maximum cost per New Apprentice not to exceed six thousand dollars ($6,000).

**Length of Funding.**

Funding will be for eighteen (18) months from the grant start date.

**Application Submission Schedule.**

Use the Healthcare Apprenticeship Initiative Grant Application for Funding form below. Applications may be submitted year-round or until approved funding has been exhausted. Submit completed Applications to ApprenticeshipTexas@twc.texas.gov.

**Contact Information.**

Office of Apprenticeship, ApprenticeshipTexas Outreach Team at ApprenticeshipTexas@twc.texas.gov

**Application Components.**

The Application consists of the following:

* Completed and signed Healthcare Apprenticeship Initiative Grant Application for Funding; and
* Completed Healthcare Apprenticeship Initiative Budget Form.

**Application Information Confidentiality.**

All Application information submitted in response to this Initiative is subject to and will be handled in accordance with the Texas Public Information Act, Government Code, Chapter 552. The Public Information Act allows the public to have access to information in the possession of a governmental body. Therefore, any confidential or proprietary information contained within an application must be clearly identified by the Applicant in the Application itself. Proprietary information identified by the Applicant in advance will be kept confidential by TWC to the extent permitted by state law.

**Records Retention.**

All Application information submitted in response to this Initiative must be retained by TWC for the period specified in TWC’s record retention schedule created pursuant to Texas Government Code, Chapter 441. The information will not be returned to the Applicant.

**###**

# HEALTHCARE APPRENTICESHIP INITIATIVE GRANT

# APPLICATION FOR FUNDING

Please ensure that you have read and understand the Healthcare Apprenticeship Initiative Grant Application Guidelines before completing the following Application.

Special Note: Due to federal grant guidelines and reporting requirements, employers who have not managed a federal grant are highly encouraged to partner with the Local Workforce Development Board and/or community college in their workforce area.

Red asterisk (\*) means required information.

**Section 1 – Applicant Information**

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| --- | --- |
| **Contact Name and Title:\*** |       |
| **Contact Address:\*** |       |
| **Contact City:**\* |       |
| **Contact Zip:**\* |        |
| **Contact Telephone:\*** |       |
| **Contact Email Address:\*** |       |
| **DOL Registration Number:** |       (ex. 2022-TX-3456) |

**Section 2 – Business Information**

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| --- | --- |
| **Legal Name of Business:\*** |       |
| **Actual Street Address:\*** |       |
| **City:\*** |       |
| **State:\*** |       |
| [**9-digit Zip Code**](https://tools.usps.com/go/ZipLookupAction%21input.action)**:\*** |       |
| **Number of Employees Company-wide:\*** |       |
| **TWC Account Number:\*** *(This is the account under which the employer reports employee wages to the* [*TWC Tax Department*](https://twc.texas.gov/unemployment-tax-contact-information#Tax_Department)*.)* |       |
| **Employer Identification Number (EIN):\*** |       |
| **Unique Entity Identifier (UEI):***(If registered in* [*SAM.gov*](https://sam.gov/content/home) *(active or not), you already have a Unique Entity ID)* |       |

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| **Section 3 – Requested Grant Amount** |
| **Requested Grant Amount**1**:\***       |

*1Requested grant amount must not exceed $1,000,000; cost per New Apprentice must not exceed $6,000.*

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| **Section 4 – Summary of Proposed Project** |
| **Project Description:\*** |
| 1. *provide a clear and concise summary of the apprenticeship project, including locations that have been identified, which healthcare occupation(s) the project will support, and if expanding an existing or developing a new RAP; and*

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| 1. *include an outline of the related instructional curriculum and how the on-the-job learning hours will be monitored under the apprenticeship program.*

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| **Needs Assessment:\*** |
| 1. *identify and describe the labor shortage the RAP to be created or expanded will address;*

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| 1. *describe the regional labor market data analysis used to support the RAP to be created or expanded; and*

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| 1. *describe and include the needs of Underrepresented Populations in the regional area, if applicable.*

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| **Regional Collaborations (Highly Recommended):\*** |
| 1. *identify project partners (e.g., workforce development, education, economic development, etc.) involved in the new or expanded RAP, if applicable; and*

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| 1. *provide a brief overview of the roles and responsibilities of Applicant staff (including project partners, if any) working on the apprenticeship project.*

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| **Project Timeline:\*** |
| 1. *provide a timeline of each major activity in the project, with estimated start and end dates; and*

 |
| 1. *for each activity, identify who (Applicant or project partner) will have primary responsibility.*

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| **Leveraged Resources: (Optional)** |
| *identify other resources being leveraged in support of the apprenticeship project, if applicable.* *This should include other local and state funding, including support services.* |
| **Cash/In-Kind/Grants Source Dollar Amount ($)** |
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|  |

*Additional rows may be added, as needed.*

**Section 5 – Projected Deliverables**

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| **Measure** | **Projected Targets** |
| Occupation title(s):**\*** |       |
| Projected starting wage(s):**\*** |       |
| Projected ending wage(s), if applicable:**\*** |       |
| Number of New Apprentices expected to be trained for the occupation(s) during the grant period:**\*** |       |
| Number of New Apprentices expected to complete their RAP during the grant period:**\*** |       |

*Additional rows may be added, as needed.*

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| **Section 6 – Budget Detail**  |
| Instructions: Complete the Healthcare Apprenticeship Initiative Budget Form provided to describe how costs were determined and justified, and ensure costs are aligned to the project timeline and project implementation. Do not alter the Budget Form formulas. New rows may be added as needed to outline project costs. |

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# Applicant Acknowledgement and Assurances:

By signing below, the Applicant certifies and agrees:

* The Applicant is an Eligible Applicant meeting the criteria identified above as a Texas-based employer as part of a Registered Apprenticeship Program/Sponsor.
* The Applicant agrees to function as the Grantee and the Fiscal Entity for the project.
* The Applicant agrees to adhere to all reporting requirements, as well as laws and regulations governing this funding, including but not limited to PY 2021 DOLETA Grant Agreement AP-36513-21-60-A-48 and WIOA Statewide Activity Funds, WIOA § 128 and § 133 (29 U.S.C. § 2853 and § 2863).
* Any grant awarded pursuant to this Application shall be governed by the Special Terms and Conditions for federal funding and the terms and conditions in the resulting grant award and shall comply with the nondiscrimination provisions of WIOA § 188 (29 U.S.C. § 2938).
* TWC grant funds may not be used to encourage or induce relocation or for customized or skill training or related activities after relocation. (WIOA § 181(d)(1) and (d)(2), 29 U.S.C. § 2931(d)(1) and (d)(2)).
* No funds received under WIOA will be used to assist, promote or deter union organizing, as referred to in WIOA § 181(b)(7), 29 U.S.C. § 2931(b)(7).
* The Applicant acknowledges and confirms compliance with all required reporting, as well as the rules and regulations governing this funding, established by the Federal Funding Accountability and Transparency Act (FFATA) of 2006, Pub. L. 109-282, as amended by Pub. L. 110-252, title VI, § 6202(a), June 3, 2008.

**Section 7 – Authorized Representative**

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| **Name:\*** |       |
| **Title:\*** |       |
| **Phone:\*** |       |
| **Email:\*** |       |

Authorized Signature (e-signature accepted) Date