



TEXAS WORKFORCE COMMISSION SKILLS FOR SMALL BUSINESS Application Instructions

The [Skills for Small Business Program Overview](#) provides information on eligibility, program parameters, reporting requirements, and submission of the application. Our Business Outreach and Project Development team 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.

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. 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.

1. Table 1: Please provide information about the small, private business requesting training assistance.
 - a. The business full street address, including the county and [nine-digit ZIP code](#), indicating the employee's physical work site. Please do not list a Post Office box.
 - b. The total individual employee count companywide. (*Note: Business entities associated with a corporate office, multiple business entities or a corporation that exceed 99 employees are not eligible for Skills for Small Business-funded training.*)
 - c. Please note "yes" or "no" if medical insurance, Workers' Compensation or other benefits are provided.
 - d. Your TWC Unemployment Tax Account Number is the account under which the business reports employee wages to the [TWC Tax Department](#).
 - e. To determine your NAICS Code (North American Industrial Classification System Code), please access the [U.S. Census Web site at: http://www.census.gov/eos/www/naics](http://www.census.gov/eos/www/naics).
2. Table 2: Please provide [eligible public community or technical college](#) information, including the name of the college representative whom you consulted to complete this application (*if applicable*).
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 daily operations.
4. Table 3, Attachment A: Please provide the information listed below. You may add rows as needed.
 - a. **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.
 - b. **Job Title:** Please list job title that matches job duties performed by prospective trainee the majority of the time.
 - c. **SOC Code:** Please provide Standard Occupational Classification (SOC) code for listed job title. Please consult [O*Net Auto Coder](#) for assistance in determining the code that matches the job title and job duties performed the majority of the time. (*If you need additional assistance, please contact TWC's Business Outreach and Project Development team at (877) 463-1777 or e-mail SkillsforSmallBusiness@twc.state.tx.us.*)
 - d. **Hourly Wage:** Please provide the actual hourly wage for the prospective trainee. *Please do not provide weekly, monthly or annual wages, or wage ranges.*
 - e. **New/Existing Jobs:** Please indicate if the prospective trainee is in a new or existing job. (*A **new employee** is an individual who was hired in the 12 months prior to the date this application is received by TWC. An **existing employee** is one who is currently employed by the business and has been employed for longer than the 12 months prior to the date this application is received.*)
 - f. **Prior Training:** Please indicate Y (yes) or N (no) if prospective trainee has participated in Skills for Small Business-funded instruction previously.
 - g. **Course Title/Section:** Please provide full name of selected course.





- h. Course start/end dates:** Please provide actual course start and end dates as mm/dd/yyyy. *Dates such as “online,” “fall” and “spring” cannot be accepted, and courses cannot be considered or funded retroactively.*
 - i. Course Costs:** Please provide full cost of course (tuition and fees only), cost for SSB to cover and cost for business to cover, when applicable.
 - j. Totals:** Please ensure to include the total course costs at the bottom of the last three columns.
5. Please sign the “Business Assurances and Attestations” (Application Page 2) and include it with your application. Applications cannot be processed without this required signature.

