**Employer Information**

Name of **Employer/Lead Entity for Consortium of Employers** *(referred to as “Employer” hereafter)*

Click or tap here to enter text.

**Mailing** **Address**: Click or tap here to enter text.

City, State and Zip Code: Click or tap here to enter text.

**Physical** **Address** (if different from mailing address): Click or tap here to enter text.

City, State and Zip Code: Click or tap here to enter text.

**Telephone**: Click or tap here to enter text.

**Website**: Click or tap here to enter text.

**Federal Employer Identification Number**: Click or tap here to enter text.

**Employer Contact Person**

**Primary contact** for TWC and Technical Assistance Provider (TA Provider)

Contact **Name**: Click or tap here to enter text.

Contact **Title**: Click or tap here to enter text.

Contact **Email**: Click or tap here to enter text.

Contact **Telephone**: Click or tap here to enter text.

**Employer Information**

If Employer is an Employer with more than one business location in the State of Texas with Texas employees or is a Consortium of multiple Employers with Texas employees, and Employer is requesting Technical Assistance Services (TA) for more than one location, complete the following.

Go to the Employer Child Care Solutions RFP section on the [TWC web page](https://www.twc.texas.gov/programs/child-care/employer-child-care-solutions) (www.twc.texas.gov/programs/child-care/employer-child-care-solutions) for descriptions of TA Services available under TWC support.[[1]](#footnote-2)

1. Are you submitting the Employer Interest Form on behalf of a Consortium of Employers?

Yes

No

1. Specify the following.

Number of business locations under the Employer or the number of Employers in the Consortium.

Click or tap here to enter text.

Physical Address for each location/Employer.

Click or tap here to enter text.

1. In less than 1,000 characters, summarize what the Employer or the Consortium is seeking to accomplish. Please also clearly state if the anticipated accomplishments will be identical among the Employer locations or Consortium Employers. If the anticipated accomplishments are not identical, explain the differences.

Click or tap here to enter text.

1. Has an Employee Needs Assessment[[2]](#footnote-3) been conducted for the Employer or the Consortium of Employers within the past twelve (12) months?

Yes

No

**If no**, please proceed to the next section – Selection of TA Provider.

**If yes**, please provide the date the Employee Needs Assessment was completed?

Click or tap to enter a date.

**TA Provider**

Please specify a single TA Provider that you will work with. (If you need a list of TWC contracted TA Providers, please visit Employer Child Care Solutions [TWC web page](https://www.twc.texas.gov/programs/child-care/employer-child-care-solutions) (www.twc.texas.gov/programs/child-care/employer-child-care-solutions).

Click or tap here to enter text.

How did you learn about the TA Provider identified above?

TWC Website

TA Provider’s Website

Contacted by TA Provider

Local Workforce Development Board

Other. If Other, please specify. Click or tap here to enter text.

**Assurances and Attestations**

In seeking to participate in the TWC Technical Assistance for Employer-Supported Site-Based Child Care Program (Program) funded by the Employer Child Care Solutions RFP and to receive Technical Assistance Services from the selected TA Provider, Employer must agree to certain assurances and attestations.

By signing and submitting this Employer Interest Form, Employer certifies, assures, and attests to the following:

1. Employer certifies, attests, and assures it has employees within the State of Texas.
2. Employer certifies it is a single Employer or a Consortium of Employers interested in exploring how to meet the child care needs of their employees with children and working within the State of Texas, including the development of Employer-Supported Site-Based Child.
3. Employer attests it has employees employed within the State of Texas and may benefit from the Technical Assistance services.
4. Employer assures that it is seeking to ascertain its child care needs through Technical Assistance Services available under the Program and, if applicable, to explore the need for the development of Employer-Supported Site-Based Child Care. Technical Assistance Services available under the Program are Employee Needs Assessment (required unless one has already been completed within the past twelve (12) months), Employer Feasibility and Cost Analysis Study, Options Analysis and Recommendations Report, Site Selection Report and Business Plan. Employer understands no other services performed by a TA Provider will be paid by TWC.
5. Employer certifies that it will not request Technical Assistance Services in this Program that have been or are being performed for Employer within the past twelve (12) months or that Employer has already budgeted for or has paid for with its own funding.
6. Employer attests that it will execute the required TA Provider and Employer Technical Assistance Services Agreement (“Agreement”) with the selected TA Provider in order to receive the Technical Assistance Services identified in this Program. This Agreement does not obligate Employer to pay for the TA Services.
7. Employer attests that it will provide to TWC in writing, within five (5) business days upon receipt of TWC request, the required verifications of each Technical Assistance Service that has been completed to confirm receipt of the final report, study, assessment, or plan in order for TWC to promptly pay the TA Provider. Verification is required from Employer for each study, report, assessment, or plan. Failure to provide the verification required may limit Employer’s ability to receive future Technical Assistance Services. Employer attests that it will participate in TWC surveys regarding the quality of TA Provider’s TA services, as requested. These surveys will not be required for each report, study, assessment, or plan.
8. Employer understands that it may seek additional technical assistance not identified in the Program from the Employer-selected TA Provider or any other TA Provider and that TWC will not be a party to a contract or pay the TA Provider or Employer for any of these additional technical assistance services.

The individual whose printed name and contact information is provided below hereby warrants that he/she is legally authorized to bind Employer in a contract and has been fully authorized to submit this Form on behalf of Employer.

Upon TWC’s receipt of the completed Employer Interest Form via [eccs@twc.texas.gov](mailto:eccs@twc.texas.gov), TWC will send a DocuSign email to the authorized individual for signature.

**Printed Name** of the Authorized Individual: Click or tap here to enter text.

**Title** and Affiliation: Click or tap here to enter text.

**Email Address:** Click or tap here to enter text.

**Date** of Submission: Click or tap to enter a date.

Please submit questions or the completed form to [eccs@twc.texas.gov](mailto:eccs@twc.texas.gov).

**Signature and Date of Signature to be obtained by TWC via DocuSign**

**Signature**:

**Date** ofSignature:

|  |
| --- |
| **FOR TWC USE ONLY** |
| **Employer** |
| Single = *Employer with one business location*  Multiple = *Employer with more than one business location*  Consortium = *Lead employer for consortium of employers* |
| Click or tap here to enter text. |
|  |
| **Location Approval** |
| Number of locations approved to receive TA services. |
| Click or tap here to enter text. |
|  |
| Physical address of each location approved to receive TA Services. |
| Click or tap here to enter text. |
|  |
| **Needs Assessment** |
| Has a Needs Assessment been performed during the most recent twelve (12) months?  *Please answer yes or no. If yes, include the date of the Needs Assessment.* |
| Click or tap here to enter text. |
|  |
| **TA Provider** |
| Assigned TA Provider |
| Click or tap here to enter text. |
|  |
| **TWC Reviewer** |
| TWC Reviewer |
| Click or tap here to enter text. |
|  |
| Date of Determination |
| Click or tap here to enter text. |

1. Please note that TWC may not permit separate TA Services to an Employer with more than one business location. The decision to grant separate TA Services per location resides solely with TWC. [↑](#footnote-ref-2)
2. An assessment of the needs of the local employee community, which must include the following required elements: employee interest and demand, community demand, capacity, and areas with the most need for additional child care resources, and the availability of child care in the communities where employees live and work. [↑](#footnote-ref-3)