# **TEXAS WORKFORCE COMMISSION**

# **APPLICATION:**

# **SKILLS DEVELOPMENT FUND: SKILLS FOR SUCCESS**

**Revised Jan. 2015**

Thank you for your interest in our Skills for Success Program (SSP) funded training. Prior to completing this application, please review the Program Overview. It provides information on eligibility, program parameters, reporting requirements, and submission of the application.

You are strongly encouraged to consult with Texas State Technical College (TSTC) and at [tstc.edu/softskills](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Ftstc.edu%2Fsoftskills&data=05%7C02%7Cana.cooper%40twc.texas.gov%7C654f0c5eae9548b6803508dd9e2254c9%7Cfe7d3f4f241b4af184aa32c57fe9db03%7C0%7C0%7C638840592489317119%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=zdNGq6eh%2B75VTuKepl04vzAOi8KTs42vaCTdxqfMQLk%3D&reserved=0) on the specific training available and work with them to develop the best plan for maximum impact on your employees.

TSTC can assist you in completing the application or in answering specific questions about the application process. Our Employer Engagement and Community Outreach team is available to answer questions about the program and/or assist you in completing the application. Please contact TWC at 877-463-1777 or e-mail [skillsforsuccess@twc.texas.gov](mailto:skillsforsuccess@twc.texas.gov).

Applications should be 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 that incomplete applications cannot be accepted and will be returned with required information identified for revision/completion. Once corrected, the application needs to be resubmitted for consideration.

All SSP program funds will go directly to TSTC to cover the costs of approved training.

Applicant Information:

1. Please provide the business information requested in Table 1 below.

Important: The address provided must be the street address of the participating employees’ physical worksite. Post Office box addresses are not accepted. Businesses of all sizes are eligible for SFS funded training.

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| **TABLE 1 –BUSINESS INFORMATION** | | | | |
| Legal Name of the Business: |  | | | |
| Contact Name: |  | | | |
| Contact Title: |  | | | |
| Contact’s E-mail Address: |  | | | |
| Contact’s Phone Number: |  | | | |
| Street Address (no PO Boxes): |  | | | |
| City: |  | | | |
| County: |  | | | |
| State: |  | | | |
| Zip Code (must include a 9-digit zip code): |  | | | |
| Business’s Total Number of Employees: |  | | | |
| Medical Insurance Provided? | | **YES** | **NO** |  |
| Workers’ Compensation or other benefits provided? | | **YES** | **NO** |  |
| Business Industry [NAICS Code](https://www.census.gov/naics/) | |  | | |
| TWC Unemployment Tax Account Number:  (This is the 9 digits account under which the business reports employee wages to the TWC Tax Department.) | |  | | |
| Is the business working with a Professional Employer Organization (PEO) for payroll purposes?  (If working with a PEO please provide the name and TWC number) | | **YES** | **NO** |  |
| PEO Name:  TWC Number: | | |

1. Please provide the total number of new hires or existing employees to participate in requested training. Pending approval, employees are eligible for up to $2,000 worth of tuition in a 12-month period.
2. **New:**
3. **Existing:**
4. 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:***

# **Business’ Assurances** **and Attestations:**

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

1. The business will conform to all applicable federal and state laws, rules, guidelines, regulations, and executive orders.
2. The business is liable to pay Unemployment Insurance contributions to TWC and is in compliance with the reporting and payment requirements.
3. The business follows the Texas Business and Commerce Code, including all reporting and payment requirements.
4. The business will adhere to all reporting requirements as requested by TSTC and TWC, including the reporting of Social Security Numbers of trainees.
5. 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.)
6. The business attests that the hourly wages identified for each occupation in Table 2 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 for that occupation in the local labor market. TWC will use Labor Market Career Information (LMCI) data to determine if this requirement is met.)
7. The business assures that the training requested in this application is for full-time, permanent employees.
8. The business will ensure that all employees for whom training funds are provided will attend the identified courses during the scheduled class times.
9. The business will notify TSTC immediately if the employee for whom training is being requested is unable to attend and/or drops out of the approved course(s).
10. The business will pay TSTC for any course costs not covered by the Skills for Success Program.
11. The business will comply with TSTC’s deadlines for enrollment, payment, and participation.
12. The business understands no trainees and/or courses for approved training may be substituted without prior approval from TWC.
13. The business understands any approved training must start within 90 days of funding notification date and be completed prior to TSTC’s final date of its grant agreement with TWC.

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

**ATTACHMENT A**

**Table 2 :** *Please complete the following table. All requested information must be provided for the 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 list each requested course for that trainee on individual lines.
3. **Job Title:** Please list job titles 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. **Prior Training:** Please indicate Y (yes) or N (no) if prospective trainee has participated in courses funded through Texas Works-Soft Skills for Success previously.
7. **Course Title/Section:** Please provide full name of selected course.
8. **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.
9. **Course Costs:** Please provide full cost of course, cost for TWR to cover and cost for business to cover, when applicable.
10. **Totals:** Please ensure to include the total course costs at the bottom of the last three columns.

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| **TABLE 2** | | | | | | | | | | |
| **Trainee Name** | **Job Title** | [**SOC Code**](http://www.onetsocautocoder.com/plus/onetmatch) | **Hourly Wage** | **Prior Funded Training in this grant (Y/N)** | **Course Title/Section** | **Course Start**  **(mm/dd/year)** | **Course End**  **(mm/dd/year)** | **Total Course Cost**  **(Tuition &  Fees Only)** | **Amount for the Program to Fund\*** | **Amount to be Paid by Business (if applicable)** |
| **Jane Doe** | **Office Manager** | **43-3011** | **$17.00** | **N** | **Accounting I** | **04/04/2018** | **05/24/2018** | **$450.00** | **$400** | **$50** |
| **John Smith** | **Architectural Drafter** | **17-2011** | **$21.00** | **Y** | **Autodesk Inventor** | **05/02/2018** | **05/30//2018** | **$1,800** | **$1,800** | **$0** |
|  |  | Select SOC Code |  | Select Y or N |  |  |  |  |  |  |
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