



Texas Workforce Commission Upskill Texas Application

The Texas Workforce Commission (TWC) has dedicated Workforce Innovation and Opportunity Act (WIOA) funds to address skills gaps and industry needs for incumbent workers. The Upskill Texas Program provides funding for employers seeking to upskill their incumbent workers.

Funds may be used to help cover the costs of training needed to retain a competitive workforce. Such training is meant to assist employers with expansion, new technology, retooling, new services and/or product lines, new organizational structuring, or to be used as part of a layoff aversion strategy. This program is designed to provide funding assistance to qualifying employers to provide skills training to full-time employees.

To qualify, the training must be necessary for employers to retain a skilled workforce, improve the skills of employees, increase the competitiveness of the employee and the employer, retain incumbent workers, or avert layoffs. Awards will range from \$150,000 to \$500,000, and employers must provide a 50% match of the cost of the training, which may include trainee wages, benefits, or cost participation. The maximum cost per trainee is \$3,000.

Eligibility

An employer eligible for funding is one that:

- could benefit from assistance to fund an urgent training need that will have a dramatic economic impact on the employer or is part of a rapid response initiative;
- is located in Texas;
- has an active TWC Tax Account Number;
- is current on all state and federal tax obligations; and
- has 100 employees or more.

Note: If an employer has more than one location and uses the same TWC Tax Account Number for all locations, then the total number of employees is at least 100 employees total, considering all locations. If the employer has different TWC Tax Account Numbers for each location, then the number of employees is determined based on each account.

An employer may designate an individual or organization to apply for funding on the employer's behalf or on behalf of a group of companies.

Employees eligible for training are those that can be classified as incumbent workers by meeting the following criteria:

- Be a full-time employee with the employer applying for funding
- Have working conditions that meet the Fair Labor Standards Act requirements for an employer-employee relationship

- Have an established employment history with the employer for six months or more
Note: Exceptions apply when training is provided to two or more employees in the same cohort. In this instance, more than 50 percent of the trainees within the cohort must have an employment history with the employer for six months or more.

The training programs should be industry-specific courses that are essential to the applying employer's business.

Applicant Information

The deadline for Upskill Texas applications is June 30, 2025, at 5:00 PM Central Daylight Time (CT). Print and complete this application. Scan your completed form and email it to UpskillTexas@twc.texas.gov. After completing the application, please complete and submit the [Detail Budget Form](#) and [Course Description Form](#) to UpskillTexas@twc.texas.gov. (If applicant is designee, an [Attachment A](#) must be submitted per each employer represented.)

Please be sure to select the appropriate applicant type, understanding that only one grant will be awarded per application, which may include multiple projects.

- ☐ Individual Employer/Company (If you are the employer applying on your own behalf, please complete [Section I](#) of this application.)
- ☐ Designee (If you are a designee, please start at [Section II](#) and be sure to read the note at the end of the section regarding application requirements.)

Section I—Employer Information

Please provide the employer information below. If the applicant is a designee, the employer information should be submitted on [Attachment A](#). If multiple employers are applying as a consortium project, please complete and submit [Attachment A](#) to provide the following information for each participating employer.

Note: The address provided must be the street address of the participating employees' physical work site. Post Office (P.O.) Box addresses are not accepted.

Employer Information

Legal Entity Name:	
Contact Name:	
Contact Title:	
Contact's Email Address:	
Contact's Phone Number:	
Authorized Signatory:	
Authorized Signatory Title:	
Authorized Signatory Email Address:	
Company Street Address:	
City:	
County:	
State:	Texas
ZIP Code (please use the 9-digit ZIP Code):	
Company's Total Number of Employees:	
Company Type:	<input type="checkbox"/> For-profit Company <input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Publicly funded Healthcare
Four-digit NAICS Code that Identifies Industry: (You can find your NAICS code on the U.S. Census Bureau website.)	
TWC Unemployment Tax Account Number: (Note: This is the 9-digit account number under which the business reports employee wages to the TWC Tax Account department.)	
Federal Tax ID Number (FEIN):	
Is the business working with a Professional Employer Organization (PEO) for payroll purposes? (If working with a PEO, please provide the name and TWC Tax Account Number.)	

Employment Benefit Information

Indicate which of the following employment benefits the Employer will provide for employees who participate in the proposed training. Please choose all that apply.

Company Employment Benefits

- | | | |
|--|--|---|
| <input type="checkbox"/> Medical Insurance | <input type="checkbox"/> Prescriptions | <input type="checkbox"/> Educational Assistance |
| <input type="checkbox"/> Workers' Compensation | <input type="checkbox"/> Vacation | <input type="checkbox"/> 401K and/or Pension Plan |
| <input type="checkbox"/> Dental Insurance | <input type="checkbox"/> Holidays | <input type="checkbox"/> Profit Sharing |
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Sick Days | <input type="checkbox"/> Other (list): |

Additional Employer Information

Please indicate your response by answering "Yes" or "No" for each question in the box provided.

Have layoffs occurred in the last 120 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you changed business models or scope of services in the last 12 months, which would require rapid response training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your company current on all state and federal tax obligations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an employer account in WorkInTexas.com?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently participating in any TWC programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

List any past or current participation in TWC programs in the box provided below.

Section II—Designee Organization Information

Please provide the designee information below. If employees of the designee are participating in training, [Attachment A](#) must be completed in addition to this section.

Designee Organization Information

Legal Entity Name:	
Contact Name:	
Contact Title:	
Contact's Email Address:	
Contact's Phone Number:	
Authorized Signatory:	
Authorized Signatory Title:	
Authorized Signatory Email Address:	
Street Address:	
City:	
County:	
State:	Texas
ZIP Code (must include 9-digit ZIP code):	
List all the employers participating in the project under this designee:	
TWC Unemployment Tax Account Number: (Note: This is the 9-digit account under which the business reports employee wages to the TWC Tax Account department.)	
Federal Tax ID Number (FEIN):	

Note: Designees must list all participating partner employers in the table above. Information for the employer should be provided on [Attachment A](#). If a designee is representing more than one employer, the designee must complete and submit [Attachment A](#), being sure to provide information for each employer identified in [Section II](#) of this application.

Section III—Project Information

Please answer the following questions to provide a detailed overview of the proposed project.

1. Provide a detailed description of the training needs and high-level goals for this project:

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2. Incumbent worker training is necessary due to (choose all that apply):

<input type="checkbox"/> Employer expansion	<input type="checkbox"/> Changing industry requirements
<input type="checkbox"/> Retooling of business process	<input type="checkbox"/> Introduction of new services and/or products
<input type="checkbox"/> New organization structuring	<input type="checkbox"/> Averting a layoff
<input type="checkbox"/> New technology	<input type="checkbox"/> Competitive business expansion
<input type="checkbox"/> Other (list):	

3. Provide a detailed explanation of each selection above.

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4. The proposed training would (choose all that apply):

<input type="checkbox"/> Increase employee skills significantly	<input type="checkbox"/> Help prevent business relocation
<input type="checkbox"/> Result in employee wage increases	<input type="checkbox"/> Create new jobs for lower-skilled workers
<input type="checkbox"/> Allow promotions for trained workers	<input type="checkbox"/> Save jobs within the business
<input type="checkbox"/> Other (please list):	

5. Provide a detailed explanation supporting how the identified worker training would accomplish each of the selections above and address the identified skills gaps and how training could improve employee retention, impact company stability, and increase the competitiveness of the employer and its employees.

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Section IV—Training Information

Please provide the training information below. All courses must be listed here, on the [Detailed Budget Form](#) and the [Course Descriptions Form](#), in alphabetical order.

Only technical training will be considered for funding. These programs should be industry-specific courses that are essential to the business.

Training Information—Course List (enter below):

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List name of license, certification, or credentials to be earned, if applicable:

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Section V—Anticipated Outcomes

Please answer the following questions to provide information on the anticipated outcomes of this project should funding be awarded.

1. Please check all that apply and insert a number where applicable:

- ☐ Will create new jobs within our company
- ☐ Will improve the short-term or long-term wage levels of trainees
- ☐ Critical to the long-term viability of the company
- ☐ Will be an important component of the company's overall workforce employee development efforts
- ☐ Will enable employees to receive certifications or credentials

Number of employees who will receive a secondary school diploma and/or equivalency:

Number of employees who will receive an AA or AS diploma or degree:

Number of employees who will receive a BA or BS diploma or degree:

Number of employees who will receive an occupational licensure:

Number of employees who will receive an occupational certification:

Number of employees who will receive another type of diploma, degree, or certificate not mentioned above (please specify):

2. Please describe in detail how this funding aligns with the company's mission and/or vision statement and how the funding will assist in achieving the company's long-term, high-priority goals.

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Section VI—Proposed Budget

The budget table below must be completed to be considered for funding. Please note the budget summary should mirror the [Upskill Texas Detailed Budget Form](#) submitted with this application. The applicant will work with TWC personnel during this process. All costs must be necessary, reasonable, allowable, and allocable under WIOA.

Budget Category	Grant Share	Employer Share	Total Cost
Training Costs			
Administrative Costs		Not Applicable	

Total Project Cost	
Total Employer Share Must be at least 50% of the Training Cost	
Total Grant Share Requested for Training Average cost per participant must be \$3,000 or less	
Total Grant Share Requested for Administrative Costs Must not exceed 10% of the Grant Share requested for training	
Total Grant Share Requested from TWC The sum of Total Grant Share Requested for Training and Total Grant Share Requested for Administrative Costs. Must be \$500,000 or less	

Note: The Grant Share of Training Costs line must not exceed 50 percent of the Total Cost of Training Costs line. The Employer Share of Training Costs line must equal at least 50 percent of the Total Cost of Training Costs line. Administrative Costs must not exceed 10 percent of the total grant award, unless a higher limit is subsequently negotiated with TWC, such as one to accommodate qualifying indirect costs. The Total Grant Share Requested from TWC must not exceed \$500,000, inclusive of Training and Administrative Costs.

Grant Limits

The federal program requires the participating employer to pay at least 50 percent of the cost of providing the training to the employer's incumbent workers. Accordingly, this grant will pay up to 50 percent of the training cost. The combined total of the employer and grant share must not exceed the actual training cost. The employer share may include the amount of the wages paid by the employer to a worker while the worker is attending a training program under this grant award during the grant period.

This grant also reimburses administrative and a nominal amount of necessary and reasonable nontraining program costs arising from adherence to the grant requirements. The amount requested for administrative costs must not exceed 10 percent of the total Grant Share of Training Costs, unless a higher limit is negotiated with TWC, such as one to accommodate qualifying indirect costs.

The combined total of the grant share of the training cost, nontraining program costs, and administrative costs must be at least \$150,000, but must not exceed \$500,000.

The average cost per participant must not exceed \$3,000. Cost per participant will be calculated by dividing the total Grant Share of Training Costs by the total number of unduplicated participants who will complete training under the grant during the grant period.

Reimbursable Costs

The following are reimbursable costs:

- **Training:** Training can be provided in-house or by other entities, such as community and technical colleges, state colleges and universities, industry-specific training organizations, professional associations, or credentialing entities. Examples of qualifying training costs include tuition expenses, instructor or trainer salaries, textbooks, manuals, and required training materials and supplies. TWC may consider other costs on a case-by-case basis according to the costs' consistency with program requirements.

Note: This grant will not fund transportation or lodging to attend training, per diem, or meal allowances. It also excludes equipment and other capital expenditures. (For this purpose, "equipment" means tangible personal property having a unit acquisition cost of \$5,000 or more and a useful life greater than one year.) Employee wages will not be reimbursed under this grant; however, wages paid by the employer to a worker while the worker is attending the training do qualify toward the employer's share of the cost. If selected for award, employers may be required to detail training costs on a course-by-course basis.

- **Administrative Costs:** Administrative costs are costs arising from adherence to the grant requirements. Examples include accounting and tracking of grant funds, reporting expenditures to TWC, submitting payment requests to TWC (drawing cash) and recording payments received, and completing a financial closeout package when the grant award ends. Examples also include:
 - procurement and purchasing functions;
 - personnel management functions;
 - payroll functions;
 - general legal services functions;
 - fiscal agent responsibilities;
 - audit functions; and
 - monitoring of administrative functions.

Indirect Costs

Reimbursement of indirect costs is subject to the cost limitations described in [Title 2, Code of Federal Regulations, Part 200](#).

For an entity that has a qualifying indirect cost rate, the federal funding requirements for this program provide that specific costs charged to an overhead or indirect cost pool that can be identified directly as a program cost are to be charged as program costs.

Documentation of such charges must be maintained. Otherwise, indirect costs constitute administrative costs. This grant does not cover an employer's general overhead costs.

Acknowledgements and Certifications

The applicant represents and warrants that all statements and information prepared and submitted in this application are current, complete, true, and accurate.

Submitting an application with a false statement or material misrepresentations made during the performance of a grant award is a material breach of contract and may void the submitted application and any resulting grant award.

The applicant acknowledges and confirms compliance with all required reporting, as well as the rules and regulations governing this funding, as outlines in the General Terms and Conditions, Special Terms and Conditions/WIOA and Certifications.

Name of Authorized Signatory

Signature

Title of Authorized Signatory

Date

Submit questions and applications to the TWC Workforce Development Division at upskilltexas@twc.texas.gov.

Only electronic copies will be accepted.

Typed signatures will not be accepted. Scanned copies of signature page are acceptable, but they must include the entire document on a single file.