# TEXAS WORKFORCE COMMISSION

# [SKILLS FOR SMALL BUSINESS PROGRAM](http://www.twc.state.tx.us/businesses/skills-small-business-employers)

# Application

Revised Jan. 2015

The [Skills for Small Business Program Overview](http://www.twc.state.tx.us/files/businesses/overview-application-instructions-skills-small-business-application-twc.pdf) 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](mailto:SkillsForSmallBusiness@twc.state.tx.us).

Please e-mail the fully completed Microsoft Word version (without signatures) and accompanying Attachment A spreadsheet of the application to the attention of Cristina Ramos at [SkillsForSmallBusiness@twc.state.tx.us](mailto:SkillsForSmallBusiness@twc.state.tx.us). Please also send the original *signed* application by fax to (512) 463-7187 or by mail to the following address:

Texas Workforce Commission

Workforce Business Services

Attention: Cristina Ramos

101 E. 15th Street, Room 424-T

Austin, Texas 78701

If you do not have e-mail capabilities, you may either fax the signed application to Cristina Ramos at (512) 463-7187 or mail the original signed application to the address above. It is recommended that applications are submitted at least two weeks prior to and no more than six weeks in advance of requested training. All SSB program funds go directly to the public community or technical college to cover the costs of approved training.

## Applicant Information:

1. Table 1, please provide small business information. (Important: The address must be the actual street address of the business where participating workers are employed, not a Post Office box number.

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| TABLE 1 – SMALL BUSINESS INFORMATION | | | | | | |
| Legal Name of Small, Private Business: |  | | | | | |
| Contact Name and Title: |  | | | | | |
| Contact’s E-mail Address: |  | | | | | |
| Contact’s Phone Number: |  | | | | | |
| Actual Street Address: |  | | | | | |
| **City/County/State/**[**9-digit Zip Code**](https://tools.usps.com/go/ZipLookupAction!input.action)**:** |  | | | | | |
| Number of Employees Companywide *(must be 99 or fewer total)*: |  | | | | | |
| Medical Insurance Provided? | |  | YES |  | | NO |
| Workers’ Compensation or other benefits provided? | |  | **YES** |  | | **NO** |
| **Experian Business Identification Number (BIN):** *If you do not know your Experian Business Identification Number (BIN), please go to the* [*Experian Web site*](http://www.smartbusinessreports.com/ExperianBIN)*, type in your company name, city and state, and then hit “search.” The next page will show you your BIN number in the upper left corner beneath the company address.* | | | | |  | |
| **TWC Account Number:** *(This is the account under which the business reports employee wages to the* [*TWC Tax Department*](http://www.twc.state.tx.us/ui/tax/unemployment-tax-contacts.html)*.)* | | | | |  | |
| **4-Digit NAICS Code that identifies your industry:** *(To determine correct code, access the* [*U.S. Census Web site at: http://www.census.gov/eos/www/naics*](http://www.census.gov/eos/www/naics)*.)* | | | | |  | |

1. Table 2, please provide [eligible public community or technical college](http://www.thecb.state.tx.us/apps/GM/) information, including the name of the contact person with whom you have consulted in completing this application (if applicable).

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| --- | --- |
| Table 2 – SELECTED COLLEGE INFORMATION | |
| **Name of** [**College**](http://www.thecb.state.tx.us/apps/GM/)**:** |  |
| Contact Name and Title (*if applicable*): |  |
| Contact e-mail and phone number: |  |
| College Address: |  |
| City/State/Zip Code: |  |

1. Please explain how each training course(s) listed in Attachment A will have an immediate, positive impact on the business’ daily operations.

***Response:***

1. Please complete in full Table 3 on Attachment A at the end of this document (Page 3). Rows may be added as needed.

## 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 and provide equal employment opportunity in all employment and employee relations, without regard to race, color, sex, religion, national origin, age, disability, or political affiliation or belief.
  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 is in compliance with the Texas Business and Commerce Code, including all reporting and payment requirements.
  4. The business will adhere to all reporting requirements as requested by the selected college and TWC, including the reporting of Social Security numbers.
  5. The business will comply with the Fair Labor Standards Act (FLSA), 29 U.S.C. Chapter 8. (If employees are required by the business 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 3 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](http://www.twc.state.tx.us/files/businesses/prevailing-wage-data-research-twc.pdf) for that occupation in the local labor market. TWC will use [local labor market wage data](http://www.tracer2.com/publication.asp?PUBLICATIONID=861) 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 assures that it is a private entity.
  9. The business assures that it has not relocated its worksite from one location in Texas to another in-state location within the last 120 days.
  10. The business will ensure that all employees for whom training funds are provided will attend the identified courses during the scheduled class times.
  11. The business will notify the college immediately if the employee for whom training is being requested is unable to attend and/or drops out of the approved course(s).
  12. The business will pay to the college any course costs not covered by the Skills for Small Business program.
  13. The business will comply with the selected college’s deadlines for enrollment, payment and participation.

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|  |  |  |
| Authorized Signature |  | Title |
|  |  |  |
| Typed Name |  | Date |

*Please send the original signed Assurances and Attestations by fax to (512) 463-7187 or e-mail to* [*SkillsForSmallBusiness@twc.state.tx.us*](mailto:SkillsForSmallBusiness@twc.state.tx.us)*, or by mail to:*

*Texas Workforce Commission*

*Workforce Business Services*

*Attention: Cristina Ramos*

*101 E. 15th Street, Room 424-T*

*Austin, Texas 78701*

## Attachment A: *Total number of unduplicated training participants*

**New:**       *(Hired by applying company within 12 months prior to TWC’s receipt of the application requesting training; Eligible for up to $1,450 worth of tuition and fees in a 12-month period.)*

**Existing:**       *(Employed by applying company longer than 12 months prior to TWC’s receipt of the application requesting training; Eligible for up to $725 worth of tuition and fees in a 12-month period.)*

The first two lines in the table below are an example how to complete this section. Please ensure to include the total course costs for the last three columns.

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| **Job Title** | [**SOC Code**](http://www.onetsocautocoder.com/plus/onetmatch) | **Hourly Wage** | **New**  **Job** | **Existing Job** | **Prior SSB participation (Y/N)** | **Course Title/Section** | **Course Start**  **(mm/dd/year)** | **Course End**  **(mm/dd/year)** | **Total Course Cost**  **(Tuition &  Fees Only)** | **Amount for SSB Program to Fund\*** | **Amount to be Paid by Business (if applicable)** |
| Office Manager | 433011 | $17.00 |  | X | N | Accounting I | 04/04/2015 | 06/24/2015 | $750.00 | $725.00 | $25.00 |
| Architectural Drafter | 172011 | $21.00 | X |  | Y | Introduction to Revit | 05/02/2015 | 05/06/2015 | $800.00 | $800.00 | $0 |

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