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| ETP_HORIZ LOGO_NAME_CMYK |  | ***Certification Statement (CS)******For Participating Employers Retraining Workers*** |

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| ***To be Completed by ETP Contractor*** |
| **Contractor Name:** | El Camino Community College District |
|  **Contract #:** |  |
| **Reference #:** |  |
| **Email CS Statement To:** | kwatson@elcamino.edu and CC: edavidson@elcamino.edu |
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| ***To be Completed by Participating Employer*** |
| Company’s California Account Number (CEAN): | Company’s California Account Number (CEAN):Where to Find Your California Employer Account Number (CEAN) Any business that employs workers in California is required to obtain a state employer ID number, also known as a state ID number or reserve account number. California employer identification numbers are eight-digit tax ID numbers XXX-XXXX-X which are different from the federal tax identification number that a business obtains in order to pay federal taxes. The number is issued by the California Employment Development Department and printed on all reporting forms and notices relating to former employees.Contact your Human Resources or Business/Finance Office and find out who reports your California Employment Development Department (EDD) Quarterly Unemployment Filing (UI.) The CEAN # can be found on your company’s DE6/ DE9/ DE9c quarterly reports.  |
| Company NAICS Code: | Required |
| Company D-U-N-S Number: | Required |
| Company Name: | Please use your company name as it actually appears on your DE9 report. |
| DBA Name (If Applicable) |  |
| Street Address: |  |
| City: |  |
| State: |  |
| Zip Code: |  |
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| Training Contact Person:Work Title:Email Address:Best Contact Phone Number: | Please list the person’s e-mail who will be the main contact for sending & receiving employee confidential information required by ETP (i.e., Social Security numbers, wages, demographic data, etc.). |
| The number of Full-Time Employees: | Worldwide: Please provideIn California: Please provide |
| Number of Persons to be Trained | 99 (FOR EXAMPLE) |
| List the Occupations and/or Types of Jobs for Employees that will be Trained. Please Provide the Number to be Trained in (\_) by each Occupation. You May Add Other General Occupations Not Listed. Please Include the Salary Range for Each Occupation from Entry and Top Wage.  | Leads: # to train \_\_\_\_ $\_\_\_\_\_\_\_ to $\_\_\_\_\_\_\_ per hr.Clerks: # to train \_\_\_\_ $\_\_\_\_\_\_\_ to $\_\_\_\_\_\_\_ per hr.Supervisors: # to train \_\_\_\_ $\_\_\_\_\_ to $\_\_\_\_\_ per hr.Managers: # to train \_\_\_\_ $\_\_\_\_\_\_\_ to $\_\_\_\_\_\_ per hr.Production/Operations: # to train \_\_\_\_ $\_\_\_\_\_\_ to $\_\_\_\_\_\_ per hr.Maintenance: # to train \_\_\_\_ $\_\_\_\_\_\_ to $\_\_\_\_ per hr.Engineers: # to train \_\_\_\_ $\_\_\_\_\_\_\_ to $\_\_\_\_\_\_ per hr. Technicians: # to train \_\_\_\_ $\_\_\_\_\_\_\_ to $\_\_\_\_\_ per hr.Quality: # to train \_\_\_\_ $\_\_\_\_\_\_\_ to $\_\_\_\_\_\_\_ per hr. |
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| **COMPENSATORY NATURE OF TRAINING** |
| As an Employer, I will abide by the standards for compensating employees for time spent in “mandatory” training that is directly job-related, pursuant to state and federal work orders enforced by the Division of Labor Standards Enforcement (DLSE). (See DLSE Manual in Section 46.6.5). |
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| **PEO (IF APPLICABLE)** |
| PEO Name: | “PEO” refers to Professional Employer Organization. An employer will select this if they use a third-party service like ADP to process payroll, and the employees do not see paychecks coming from their employer but rather a third party. If this is the case, ETP state funding panel will take this process into consideration when confirming payroll for qualification purposes. |
| *You will be asked to upload a copy of your PEO Agreement at the end of the certification process* |

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| **EMPLOYEE TURNOVER INFORMATION** |
| Turnover Rate of Full-Time Employees | % Please list as indicated. Rate is based upon last calendar year. |
| ***For turnover rates over 20%: Turnover Waiver Request*** |
| *Acceptable circumstances for a waiver are: (1) if an employer has experienced and provides evidence of a singular reduction in its workforce (an anomaly); or (2) industry data supports a higher rate. Multiple Employer Contracts do not include a Turnover Penalty clause. Multiple Employer Contracts include a Representation that Participating Employers will not exceed a 20% Turnover Rate, as made by the contractor when the MEC Contract is executed. See Section 2.4.*  |
| Turnover Request Reason | [ ]  Singular Reduction in Workforce[ ]  Industry data supports a higher rate.[ ]  Other |
| **If Other:** Explain “Other” Turnover Request Reason |  |
| *You will be asked to upload supporting documents for your waiver request at the end of the certification process* |
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| **UNION SUPPORT** |
| Are Company employees represented by a union? | [ ]  Yes [x]  No |
| Are the employees to be trained represented by a union?  | [ ]  Yes [x]  No |
| **If Yes:** Identify Union and Local: |  |
| *You will be asked to upload Union Support documents at the end of the certification process* |
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| **JUSTIFY NEED FOR TRAINING** |
| Briefly explain the nature of your business and describe your business’ purpose for participating in this training program. |  |

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| COMMITMENT TO TRAINING |
| Does your company currently have a training program? | [ ]  Yes [ ]  No |
| **If Yes, explain the following items (1-4) in the “Explanation” box**1. Explain how ETP training funds will not displace your company’s existing resources for training.
2. Explain the types of training your company has provided in the past, whether the training was job-specific or organization-wide.
3. Explain your company’s current training efforts.
4. Explain your commitment to training company workers after the completion of ETP-funded training.
 |
| **Explanation** | NOTE:The majority of companies have some type of training program (i.e., safety, on-the-job, equipment, formal, informal, etc.). Please list the types of training your company provides and explain that the ETP funding you will be receiving for additional training “will not” replace your existing training. |
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| EMPLOYER CONTRIBUTION |
| Describe your company’s contribution towards training-related expenses by marking the boxes that apply: *Please note that this is an “indirect” match! These are items you already normally pay for, and they do not add to extra out-of-pocket expenses for your company. We just show it here as a match.* | [x]  Pay trainee wages during training. Take the number of persons to be trained X their average salary per hour X number of hours for the course or courses combined. For example:99 persons X $20 per hour average salary X 40 hours of training per person = $79,200  [x]  Contribute equipment, materials, supplies, or space for training.  Provide a value for the classroom space the participants will be utilizing at your site. In other words, you are donating the use of your space for this training. For example, there will be 5 courses over a two-year period. Each course represents 40 hours taught in 10 classes, 4 hours per week ($200 per day X 10 classes X 5 courses = $10,000.)[ ]  Contribute staff time to conduct training assessments or coordinate training [ ]  Pay Employer Fee[ ]  Other Total in-kind dollars contributed \_\_$89,200\_\_\_\_\_\_\_\_\_\_  |
| **If “Other”** **is selected:** Provide Other Contribution Explanation |  |

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| **CERTIFICATION BY COMPANY MANAGEMENT REPRESENTATIVE** I certify that to the best of my knowledge, the foregoing, and all attached documents and accompanying information accurately and correctly reflect the reasons for our participation in the ETP-funded training. Print Name of individual signing below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Owner, President, Vice President, or other authorized representative) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**If Participating Employer has NAICS code that is not identified under 22CCR Section 4416(i):** [Click Here to complete the OSC appendix](#OSCAppendix)

**Clean Transportation Program Contracts(CTP/AB118):** [Click Here to complete the CTP/AB118 appendix](#CTPAppendix)

**RESPOND Contracts:** [Click Here to complete the RESPOND appendix](#RESPONDAppendix)

**ETP Expansion Fund or ETP California Community College Fund** contract: [Click Here to Complete Legislative Data Questionnaire](#LegislativeDataQuestionnaire)

**Out of Sta****te Competition Appendix**

All companies retraining workers and who do not have a NAICS code identified under 22CCR Section 4416(i) MUST complete this Appendix to be reviewed for Out-of-State Competition

**ONLY** fill out the following section(s) that best match your company’s California operations and, if possible, the function of trainees to participate in ETP-funded training. (NOTE: You may be asked for additional information or documentation to complete the determination of eligibility.)

1. Manufacturing or Related Industries: [Complete Section 1](#OSCSection1)
2. Significant Business Presence/Corporate Headquarters: [Complete Section 2](#OSCSection2)
3. Mortgage Banking Functions: [Complete Section 3](#OSCSection3)
4. Destination Resort, Convention/Conference Center, or Convention/Conference Hotel: [Complete Section 4](#OSCSection4)
5. Call Center / Telemarketing: [Complete Section 5](#OSCSection5)
6. Services Provider / Service Industry: [Complete Section 6](#OSCSection6)
7. For Companies who do not meet the profiles identified in items 1 – 6: [Complete Section 7](#OSCSection7)

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| **Section 1:** **Manufac****turing or Related Industries** |
| *If your company’s California operations including the trainees to participate in ETP-funded training are engaged in Manufacturing or related industries deemed by the Panel to meet out-of-state competition (see CCR 4416. Out-of-State Competition) complete the following:* |
| Describe your primary business activities: |  |
| Describe the primary raw materials or component parts used in your company’s manufacturing process: |  |
| List your company’s finished product(s): |  |
| Describe your customers (e.g. electrical wholesales, retail stores, other manufacturers, municipal entities, etc. Names are not required): |  |

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| **Section 2: Signific****ant Business Presence / Corporate Headquarters**  |
| *A company’s California operations including a specific location or functional group (e.g. Human Resources, Information Technology, Administrative Support) may meet the out-of-state Competition requirement if the company is training personnel that provide internal corporate support to one or more offices, divisions, branches stores or franchises located outside of California. Please complete the following:* |
| Identify the company location and functional group to be trained: |  |
| Do these employees provide internal support to company operations located outside of California? | [ ]  Yes [ ]  No |
| Does the company derive at least 25 percent of gross annual revenues from its operations outside of California?  | [ ]  Yes [ ]  No |
| Does the company maintain at least 25 percent of the company’s permanent offices, divisions, branches, stores or franchises outside of California? | [ ]  Yes [ ]  No |
| Does the company maintain at least 25 percent of the company’s permanent full-time employees at locations outside of California? | [ ]  Yes [ ]  No |

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| **Section 3: Mortgage** **Banking** |
| *If the company or the training population provides mortgage banking functions -excluding loan origination activities - please complete the following section:* |
| Is the company a mortgage lender, a company that services mortgage loans, or a business that packages and sells funded mortgage loans? | [ ]  Yes [ ]  No |
| **If Yes:** List the job titles of the training population:  |  |
| Is the training population primarily engaged in the packaging/sales or servicing activities related to mortgage loans? | [ ]  Yes [ ]  No |

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| **Section 4: Destination Resort, Convention/Conference Center, Convention/ Conference Hotel** |
| *Complete this section for each Destination Resort, Convention/Conference Center, Convention/Conference Hotel that will participate in the proposed training. A company may qualify for Out-of-State Competition under this industry if it meets one of the following requirements:**A destination resort is an establishment and its affiliated facilities that are a recognized destination, or operates in conjunction with, or by virtue of, a destination recreational complex or attraction and has derived at least 25 percent of its gross annual revenue from out-of-state visitors. “Destination” refers to the establishment, recreational complex, or attraction being itself the primary reason for people traveling to it. A city is not, in and of itself, a destination.* |
| 1. Does your company meet the above definition?
 | [ ]  Yes [ ]  No |
| 1. Is your company a convention/conference center that is an establishment primarily dedicated to holding conventions, conferences, or trade shows or exhibits?
 | [ ]  Yes [ ]  No |
| 1. Is your Company a convention/conference center which is an establishment deriving at least 25 percent of its gross annual revenue (inclusive of rooms and food/beverage revenues) from conventions, conferences, trade shows, or exhibits involving transient lodging requirements?
 | [ ]  Yes [ ]  No |
| **If Yes to any of the above criteria (a-c) answer below section:** |
| *To qualify for Out-of-State Competition under any of the above criteria (a-c), your company must also meet at least three (3) of the following requirements. Your ETP Contractor must send the documentation to the ETP Analyst to determine that your Company meets the criteria selected below.* |
| *You will be asked to upload supporting documentation at the end of the certification process.* |
| We participate in out-of-state sales missions or trade shows | [ ]  Yes [ ]  No |
| We routinely conduct out-of-state sales efforts | [ ]  Yes [ ]  No |
| We routinely advertise in media also used by our out-of-state competitors | [ ]  Yes [ ]  No |
| We contribute financially to both community based and national marketing efforts | [ ]  Yes [ ]  No |
| We have a marketing plan addressing the national or international market | [ ]  Yes [ ]  No |
| We are in competition with establishments similar to ours outside of California | [ ]  Yes [ ]  No |

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| **Section 5:** **Call Center / Tel****emarketing** |
| *Complete this section for any company facilities that are engaged in taking customer orders and providing customer service functions in a call center environment.* |
| Describe the services provided by the training population at the call center facilities |  |
| What percentage of the call center’s overall call volume is originating from outside of California? |  |
| Does the call center have any outbound call volume not solicited by the customer? | [ ]  Yes [ ]  No |

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| **Section 6:** **Ser****vices Provider / Service Industry** |
| *Complete this section for any company facilities or functional groups that provide services outside of California using their California operations or that compete directly with out-of-state competitors for services provided to customers inside California:* |
| Does your company provide services to customers located outside of California using locations included in the proposed training program? | [ ]  Yes [ ]  No |
| What percentage of your total gross annual revenues for the locations included in the proposed training program are derived from services to customers located outside of California? |  |
| Does your company regularly compete with companies located outside of California for business inside the state? (Note: A company headquartered outside of California is not considered an out-of-state competitor if it provides the competing services using California locations.) | [ ]  Yes [ ]  No |
| List your major competitors, their location and any relevant information about them including website and an example of business lost (if available). |  |

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| **Section 7:** **Oth****er** |
| *If your company or the participating company facilities do not clearly meet the profiles in Sections 1 - 6, complete the following. Supply as much information as necessary to provide evidence that your company is in competition with businesses located out of state:**Your justification must include: (1) the product or service the company (at the training site) produces or provides that is sold out of state or overseas, or (2) the product or service the company has that competes with products and/or services produced out of state or overseas, or (3) discussion of how jobs for which training is proposed are being threatened by out-of-state competitors, or (4) a list of the company’s primary out-of-state competitors.* |
| Justification |  |

**Clean Transportati****on Program Appendix**

* Alternative and renewable fuel feedstock and extraction
* Renewable fuel production, distribution, transport and storage
* High-performance and low emission vehicle technology
* Automotive Computer Systems
* Mass transit fleet conversions
* Other sectors or occupations related to green/clean transportation

Alternative Fuel is defined as any fuel other than the traditional selections, gasoline and diesel from petroleum sources, used to produce energy and power. Examples include bio-diesel, ethanol, methanol, electricity, propane, liquid or compressed natural gas, and hydrogen.

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| Describe how your company operation(s)/division qualifies for training in one or more of the above areas, and why you need to train your employees: |   |
| List the occupations and/or types of jobs of employees that will be trained |  |

**RESPO****ND – Drought Appendix**

***Project Target:***

* Identify opportunities to re-skill workers displaced by drought impact on their industry sector or local economy.
* Avert layoffs by employers for these same reasons.
* Assist employers with transitioning operations to more water-sustainable operations and practices.

RESPOND will support training for designated drought impacted counties for industries such as:

* Agricultural sector (including value-chain operations such as packing/distribution).
* Service Sectors providing assistance to the farm workers and farmers.
* Water system operations and water supply.
* Emergency needs related to drinking water.
* Hydro-power generation and any direct or indirect impacts to the electricity supply.
* Support for efforts to address long-term habitat preservation and environmental sustainability.

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| Describe how your company operation(s)/division qualifies for training in one or more of the above areas, and why you need to train your employees: |   |
| List the occupations and/or types of jobs of employees that will be trained |  |
| *Participating employers in an alternately funded RESPOND/Drought project must be located in a drought-impacted county (see RESPOND Guidelines).* |
| Please list counties where training will take place |  |

**Legislative** **Data Questionnaire**

If your Contract with the Employment Training Panel (ETP) is funded with California General Funding, known as ETP Expansion Fund or ETP California Community College Fund, its legislation mandates data information to be reported. As such, within the terms of your contract with ETP, you are required to complete the below legislative data questionnaire.

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| **Number of Re-Employment Information** |
| How many employees were re-employed into the company that are enrolled in the ETP contract? |  |

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| **Description of Use of Funds** |
| Describe the use of funds you have received or anticipate to receive from this ETP contract in this regard. Use of funds can include: increased training, completion of any certifications, the advancement of newer training programs or enhancing staff career paths |  |

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| **Change in Participant Employment Status as a Result of Program** |
| Has there been any changes in employment status of those trainees enrolled in the ETP program as a result of the training done under the ETP contract? If so, how many? Changes in employment status can include: newly hired, moved from part time to full time, or was/will be promoted within |  |

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| **Characteristic Questions**  |
| Is your lowest minimum wage trainee for the ETP contract equal to or above $39.21? | [ ]  Yes [ ]  No |
| Do you participate in a High Road Training Program (HRTP) with the California Workforce Development Board (CWDB)? | [ ]  Yes [ ]  No |
| Are any of your ETP trainees in a Collective Bargaining Agreement (CBA)? | [ ]  Yes [ ]  No |

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| **High Road Employer Questions**  |
| Please describe the benefit packages you offer to your employees, including the contents of the packages and any waiting period employees must complete before being eligible for benefits |  |
| Please describe what kinds of flexibility you offer to your employees (for example: different shifts, ability to telework part or full time, flexible scheduling, etc.) |  |
| Please describe your company’s investments into employee growth and development |  |
| Please describe how your company prioritizes diversity and inclusion. |  |
| Please describe how you engage your employees in your company’s governance |  |
| Please describe how your company engages with the community. |  |
| Please describe how your company promotes health and safety. |  |
| Please describe how your company contributes to environmental sustainability. |  |