

TEXAS WORKFORCE COMMISSION

REQUEST FOR TRAINING SKILLS DEVELOPMENT FUND COVID-19 SPECIAL INITIATIVE

Grantee:

BUSINESS PARTNER REVIEW AND REQUIRED INFORMATION:

BUSINESS PARTNER INFORMATION	
Legal Name of Business Partner:	
Contact Name & Job Title:	
Contact Email Address	
Contact Phone Number:	
Business Street Address (physical location required):	
City:	
County, State:	
9-Digit ZIP Code:	
Total Number of Employees Corporatewide:	
TWC Account Number: (<i>Account # under which business partner reports employee wages to TWC Tax Department</i>)	
4-Digit NAICS Code that Identifies Industry: (You can find these codes here: http://www.census.gov/eos/www/naics .)	

BUSINESS PARTNER EMPLOYMENT BENEFITS				
	Medical Insurance		Prescriptions	Educational Assistance
	Workers' Compensation		Vacation	401K/Pension Plan
	Dental Insurance		Holidays	Profit Sharing
	Life Insurance		Sick Days	Other:

Important: TWC conducts internal reviews on all potential Skills Development Fund business partners. TWC's review includes an analysis of the fiscal stability of the business, as well as a regulatory integrity review of the business partner's standing with federal, state, and local governments (including confirming payment of all taxes, determining the existence of pending administrative or court actions, and determining whether there are any adverse factors related to the business partner that could impact the participation in a grant).

Job Title	Number of Employees in this Occupation to Receive Training	SOC Code	Hourly Wage Range Minimum Wage	Hourly Wage Range Maximum Wage	This occupation is currently: *Working Full-Time *Furloughed Worker *Laid-Off Worker *Other (Describe below)

Wages for each occupation must be equal to or greater than the prevailing wage for that occupation in the local labor market pursuant to 40 Texas Administrative Code § 803.13. TWC staff will confirm that the minimum wage listed meets this requirement.

Skills Development Fund Grant Reporting Requirements:

1. Skills Development Fund grants require specific data on each participating trainee. This includes information such as the trainee’s full name, Social Security Number (SSN), mailing address, birth date, and other relevant information pertaining to the participant and training. *

There is NO alternative to the use of an SSN as the identifier of individual trainees participating in Skills Development Fund projects at this time. TWC requires reports to contain an SSN for individual trainees. There is no exception.

**TWC staff, Local Workforce Development Board (Board) staff, and TWC grantees must ensure the security of personally identifiable and other sensitive information, and maintain such information in accordance with TWC standards and security measures.*

2. With regard to the above requirement, please address the following:

- a) Has your company/organization adopted any policies that would prevent you from meeting the reporting requirements outlined above? *

Applicant Response:

- b) If so, how will you meet the reporting requirement outlined above if a Skills Development Fund grant is awarded for the proposed project?

Applicant Response:

3. Please read the Business Partner Acknowledgement and Assurances on Page 3, and sign (e-signature acceptable) to indicate understanding of as well as agreement to roles and responsibilities for participation in approved training.

Business Partner Acknowledgement and Assurances:

By signing below, the business partner hereby assures and acknowledges the following:

- The business partner provides equal opportunity without regard to race, color, sex, religion, national origin, age, disability, or political affiliation or belief.
- The business partner conforms to all applicable federal and state laws, rules, guidelines, regulations, and executive orders, and provides equal employment opportunities in all employment and employee relations.
- The business partner will comply with the Fair Labor Standards Act (FLSA), 29 U.S.C. Chapter 8.
- The business partner does not serve on the Board of the Grantee.
- The business partner agrees to adhere to all reporting requirements, as well as the rules and regulations governing this funding, including, but not limited to: [Texas Administrative Code, Title 40, Part 20, Chapter 803](#) and [Texas Labor Code, Chapter 303](#).
- Project participants are full-time employees of the contracted business partner;
- The contracted business partner is contributing Texas Unemployment Insurance taxes for participants that receive training under this grant award;
- By the completion of the training project, the wages paid to project participants under this grant award meet or exceed the approved prevailing wage corresponding to their respective job titles; and
- To employ project participants for at least ninety (90) days after completion of training.

Authorized Signature representing Business Partner Title
(e-signature acceptable)

Date