



SKILLS
Development Fund



Houston – Galveston Area Council



COVID-19 Initiative
**Gulf Coast
Virtual Town Hall**

Program Summary



SDF COVID-19 Funding Application

Training to be provided shall be for high-demand training in direct response to COVID-19 pandemic needs. Grantee and business partner(s) will provide a brief justification for requested training, including how business is retooling current processes and what needs the business is responding to under the pandemic. Grantee will request approval from TWC Grant Manager on training form provided upon grant award.

Applicant Acknowledgement and Assurances:

By signing below, the Applicant hereby acknowledges and assures that:

- The Applicant agrees that all business partners and requested training are in response to the immediate needs of the COVID-19 pandemic. Other training needs will not be approved at this time.
- The Applicant will adhere to all Skills Development Fund COVID-19 Special Initiative requirements, as outlined in the attached Overview and Program Requirements document.

Authorized Signature (e-signature accepted) Title

Date

Submit Applications to:

Cristina Ramos, Manager
Workforce Business Services
Texas Workforce Commission

Skills.COVID@twc.state.tx.us

ONLY ELECTRONIC COPIES WILL BE ACCEPTED.

TEXAS WORKFORCE COMMISSION

APPLICATION FOR FUNDING SKILLS DEVELOPMENT FUND COVID-19 SPECIAL INITIATIVE

Applicant: _____

APPLICANT INFORMATION	
Applicant Organization:	_____
LWDA Region:	_____
Address:	_____
City/State/Zip:	_____
Contact Name and Title:	_____
Telephone:	_____
Email Address:	_____

*REQUESTED GRANT AMOUNT (Choose One)				
<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$200,000	<input type="checkbox"/> \$250,000

**If Grantee requires additional funds after training has started, a request can be sent to the TWC Grant Manager after grant award.*

TRAINING PROJECT DESCRIPTION	
Project Description: <i>Please provide a brief description of the training needs that have been identified for which funding will be used.</i>	_____

SDF COVID-19
 Business
 Application -
 Part 1 of 3
 (Legal Name)

TEXAS WORKFORCE COMMISSION

**REQUEST FOR TRAINING
 SKILLS DEVELOPMENT FUND
 COVID-19 SPECIAL INITIATIVE**

Grantee: Gulf Coast WFB

BUSINESS PARTNER REVIEW AND REQUIRED INFORMATION:

Link to find 9-Digit ZIP Code

<https://tools.usps.com/zip-code-lookup.htm?byaddress>

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>)	12-345678-9
4-Digit NAICS Code that Identifies Industry: (You can find these codes here: http://www.census.gov/eos/www/naics .)	

SDF COVID-19
Business
Application -
Part 2 of 3
(Benefits)

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:

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)

SDF COVID-19 Business Application - Part 3 of 3

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:

No

- 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. A signed MOU agreement between Grantee and participating business partner is required, outlining each entity's role and responsibilities if a grant is awarded, and business partner is approved for training.
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Signed MOU between Grantee
(Cameron WFB and Business Partner)

SDF COVID-19 Business Application - (Signature)

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](#).

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



Date

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).

SDF
COVID-19
Training
Application

TEXAS WORKFORCE COMMISSION
REQUEST FOR TRAINING – COURSE DESCRIPTIONS
SKILLS DEVELOPMENT FUND COVID-19
SPECIAL INITIATIVE

GRANTEE NAME:

Course Name	Course Description with Training Objectives
SAMPLE: <i>Trauma Nursing Core Course</i>	SAMPLE DESCRIPTION: <i>This course is designed to provide core-level trauma knowledge and psychomotor skills associated with the delivery of professional nursing care to the trauma patient. Course material is designed to prepare the trainee for certification. Upon completion of training, the trainee will be able to:</i> <ul style="list-style-type: none"><i>• Systematically assess the trauma patient</i><i>• Intervene and/or assist with interventions</i><i>• Provide evidence-based trauma nursing care</i>

SDF COVID-19 Training Application

SKILLS DEVELOPMENT FUND: COVID-19 SPECIAL INITIATIVE PROJECT

TRAINING REQUEST

Grantee Name: Cameron WFB

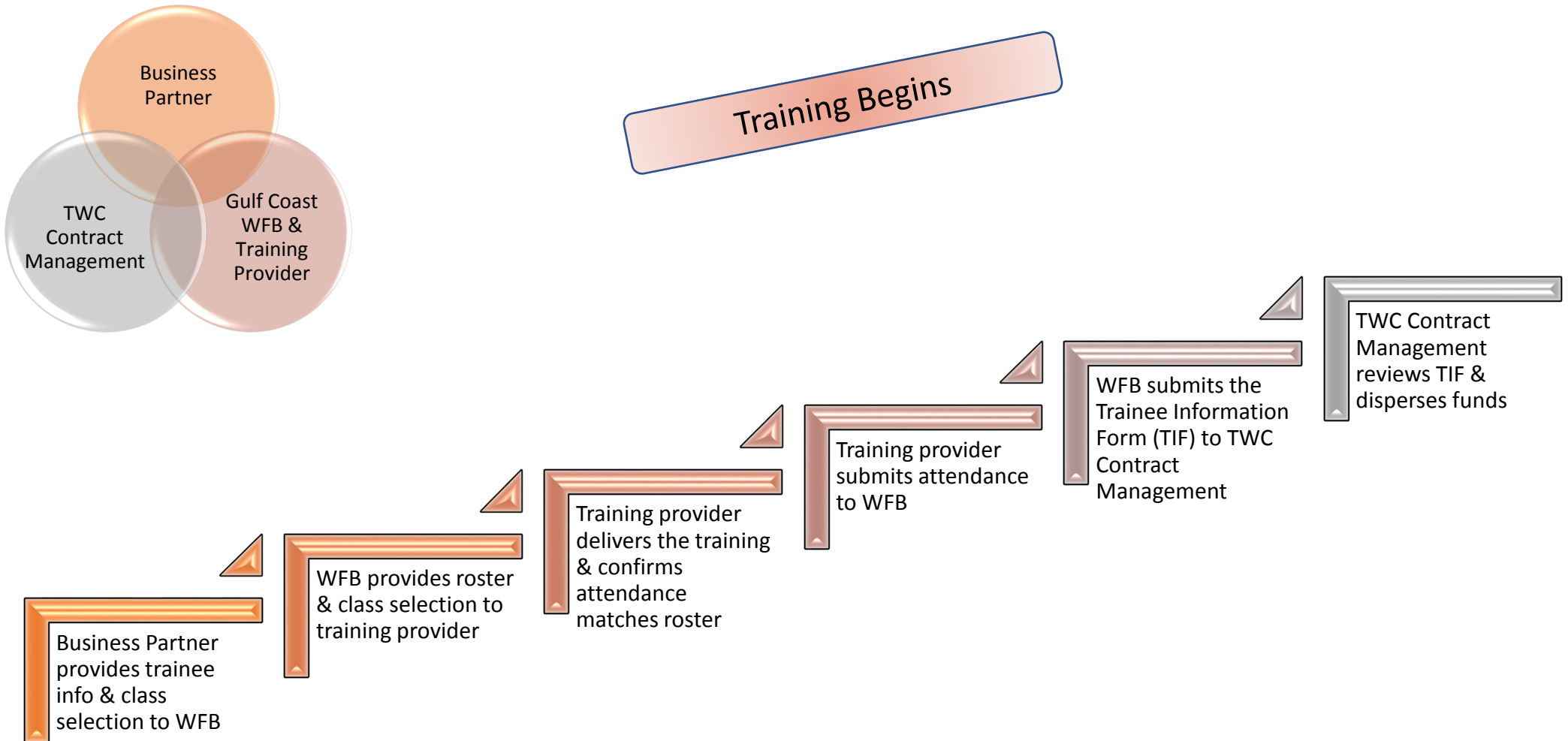
Training requested on behalf of Business Partner(s):

**If you do not have a business partner, please provide additional justification requested at the bottom of the spreadsheet.*

Name of Training Provider	Training Course Name	CIP Code	Number of Trainees	Course Training Hours	Cost per Trainee	Total Course Cost	Method of Delivery (In-Person, Online, Other)	Name of Business Partner Requesting Training	Justification for Course
UTRGV	E-Commerce Strategy		84	8	\$99	\$8,316	Other (Describe in adjacent column)	Various Small Businesses, 99 employees or less. This training will be conducted in virtual live sessions to improve learning outcomes	Small businesses adversely affected by COVID-19 interested in a retail channel to generate revenue and increase customer loyalty.
UTRGV	Create a Web Page		87	24	\$480	\$41,760	Other (Describe in adjacent column)	Various Small Businesses, 99 employees or less. This training will be conducted in virtual live sessions to improve learning outcomes	Small businesses adversely affected by COVID-19 interested in creating a web page that can increase sales.
						\$0			



Organizational Alignment for SDF-COVID 19 Management



Contact Information



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Texas Workforce Commission
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