

# TEXAS WORKFORCE COMMISSION PRIVATE PARTNER INFORMATION FORM SKILLS DEVELOPMENT FUND PROGRAM

The applicant must ensure that a Private Partner Information Form is completed and included in the Proposal Submission Package for each private partner identified in Table 1 of the [Proposal Submission Form](#). A private partner is a person, sole proprietorship, partnership, corporation, association, consortium, or private organization that enters into a partnership for a customized job training project with a [public community college](#), a [public technical college](#), the [Texas Engineering Extension Service \(TEEX\)](#), or community-based organization only in partnership with the public community and technical colleges or TEEX.

There are two types of private partners, depending on the structure of the proposed project. Please use the following information to determine which elements to respond to in order to complete this form.

1. A business that currently employs project participants.
  - a) Provide complete responses to questions 1 through 4 below.
  - b) Private Partner Acknowledgment and Assurances section must be completed and signed.
2. A person or entity representing one or more businesses that currently employs project participants (e.g., a trade union, business association, partnership).
  - a) Provide complete responses to questions 1 through 4 below.
  - b) Complete Attachment A to provide information for the businesses where trainees will be employed upon the completion of training.
  - c) Private Partner Acknowledgment and Assurances section must be completed and signed.

For more information about the Skills Development Fund, including Frequently Asked Questions, see the Texas Workforce Commission’s (TWC) [Skills Development Fund web page](#).

**Private Partner Information:**

1. Complete the chart below by providing the information requested. ***Important: Separate Private Partner Information Forms must be completed for each location if training is being requested for multiple locations of the same business. \*The address provided must be the physical location in Texas where project participants will be employed upon the completion of training.***

PRIVATE PARTNER INFORMATION	
<b>Legal Name of Private Partner:</b>	
<b>Contact Name:</b>	
<b>Contact’s Title</b>	
<b>Contact’s Email:</b>	
<b>Contact’s Phone Number:</b>	
<b>Contact’s Actual Street Address*:</b>	
<b>City:</b>	
<b>County:</b>	
<b>State:</b>	
<b><u>9-digit ZIP Code:</u></b>	
<b>Total Number of Employees Corporatewide:</b>	
<b>TWC Account Number:</b> <small>(This is the account under which the private partner reports employee wages to the <a href="#">TWC Tax Department</a>.)</small>	
<b>4-Digit NAICS Code That Identifies Your Industry:</b> <small>(To determine correct code, access the <a href="http://www.census.gov/eos/www/naics">U.S. Census Bureau at: http://www.census.gov/eos/www/naics</a>.)</small>	

**Employment Benefit Information:**

2. Indicate which of the following employment benefits the private partner will provide for employees who participate in the proposed training by placing an “X” in the appropriate boxes:

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

**Trainee Information:**

3. In the chart below, please provide the following:

- The job title of each position for which training is being requested.
- The correct Standard Occupational Classification (SOC) code for each position.

*(Important: There are four levels of SOC classification, including: Level 1 – Major Group; Level 2 – Minor Group; Level 3 – Broad Occupation; and Level 4 – Detailed Occupation. The SOC code required in the chart below is the Level 4 classification for the Detailed Occupation. You may access SOC code information and definitions at [O\\*NET-SOC AutoCoder at http://www.onetsocautocoder.com/plus/onetmatch](http://www.onetsocautocoder.com/plus/onetmatch), the [Bureau of Labor Statistics’ Standard Occupational Classification at http://stats.bls.gov/soc/major\\_groups.htm](http://stats.bls.gov/soc/major_groups.htm), and the [Bureau of Labor Statistics’ Occupational Outlook Handbook at http://www.bls.gov/oco/home.htm](http://www.bls.gov/oco/home.htm). You may also request assistance from the applicant or TWC Business Outreach and Project Development team at [skills@twc.state.tx.us](mailto:skills@twc.state.tx.us) to determine the proper SOC classification for each position.)*

- The number of new jobs that will be created and/or the number of existing jobs to be upgraded through the proposed project. A new job is one occupied by an individual hired any time during the 12 months prior to the grant submission date who will receive training through the proposed project. It also includes those individuals who are hired during the contract period and will receive training with grant funds.
- The hourly wage range to be provided to the employee upon the successful completion of training. (The minimum wage is the least hourly wage that a trainee will be paid upon the completion of training, and the maximum wage is the highest hourly wage that a trainee will be paid.) Only include hourly wages of those workers who will be participating in training.

*(Important: It is a statutory requirement that the wages for each occupation must be equal to or greater than the prevailing wage for that occupation in the local labor market. For further information, see the Frequently Asked Questions document on TWC’s [Skills Development Fund website](#).)*

- The average percentage increase in wages that will be paid to trainees in upgraded jobs upon the successful completion of training.

Job Title	SOC Code	# New Jobs	# Upgraded Jobs	Hourly Wage Range Minimum Wage	Hourly Wage Range Maximum Wage	% Wage Increase



## **Skills Development Fund Grant Reporting Requirements:**

4. If a Skills Development Fund grant is awarded for the proposed project, each private partner will be required to provide TWC with 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 training.\* There is NO alternative to the use of an SSN as the identifier of individual trainees participating in Skills Development Fund projects. 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. For information on security used to protect private information, see the [Skills Development Fund Frequently Asked Questions](#).*

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:***

- c) If, as the private partner, you are representing other employers (as identified on Attachment A), have any of those employers adopted policies that would prevent you from meeting the reporting requirements outlined above? If so, please explain how you will address this issue in the event that a Skills Development Fund grant is awarded for the proposed project.

***Applicant Response:***

**Private Partner Acknowledgement and Assurances:**

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

- The private partner and any businesses it represents on Attachment A (if applicable) provide equal opportunity without regard to race, color, sex, religion, national origin, age, disability, or political affiliation or belief.
- The private partner and any businesses it represents on Attachment A (if applicable) 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.

***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 awarding of a grant).***

- This proposal is being submitted jointly with the applicant identified in the Proposal Submission Form in order to request funding for a customized training project under the Skills Development Fund.
- The private partner will comply with the Fair Labor Standards Act (FLSA), 29 U.S.C. Chapter 8. *(If the business requires employees to attend the identified courses outside of standard work hours, the business must ensure appropriate compensation, in compliance with the FLSA.)*
- The private partner and any businesses it represents on Attachment A (if applicable) agree to post all of their company’s job openings through the Board or TWC’s Internet-based employer job-matching system, [WorkInTexas.com](http://WorkInTexas.com).

The private partner and any businesses it represents on Attachment A (if applicable) agree 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

Title

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Typed Name

Date

# ATTACHMENT A

**This attachment must be completed only by private partners that are representing multiple businesses that will employ project participants.**

Provide **all** information requested below for each business represented by the private partner.

***\*Important Note: The address information provided for each business must be the physical location where trainees will be employed upon the completion of training.***

BUSINESS INFORMATION		
<b>Legal Name of Business:</b>		
<b>Business' Local Contact:</b>		
<b>Actual Street Address*:</b>		
<b>City:</b>		
<b>County:</b>		
<b>State:</b>		
<b><u>9-digit ZIP Code:</u></b>		
<b>Number of Employees Corporate-wide:</b>		
<b>TWC Account Number:</b> <i>(This is the account under which the business reports employee wages to the <a href="#">TWC Tax Department.</a>)</i>		
<b>Medical Insurance Provided:</b>	<b>YES</b>	<b>NO</b>
<b>Workers' Compensation or other benefits provided:</b>	<b>YES</b>	<b>NO</b>
<b><u>4-Digit NAICS Code:</u></b>		

BUSINESS INFORMATION		
<b>Legal Name of Business:</b>		
<b>Business' Local Contact:</b>		
<b>Actual Street Address*:</b>		
<b>City:</b>		
<b>County:</b>		
<b>State:</b>		
<b><u>9-digit ZIP Code:</u></b>		
<b>Number of Employees Corporate-wide:</b>		
<b>TWC Account Number:</b> <i>(This is the account under which the business reports employee wages to the <a href="#">TWC Tax Department.</a>)</i>		
<b>Medical Insurance Provided:</b>	<b>YES</b>	<b>NO</b>
<b>Workers' Compensation or other benefits provided:</b>	<b>YES</b>	<b>NO</b>
<b><u>4-Digit NAICS Code:</u></b>		

# ATTACHMENT A

BUSINESS INFORMATION		
<b>Legal Name of Business:</b>		
<b>Business' Local Contact:</b>		
<b>Actual Street Address*:</b>		
<b>City:</b>		
<b>County:</b>		
<b>State:</b>		
<b><u>9-digit ZIP Code:</u></b>		
<b>Number of Employees Corporate-wide:</b>		
<b>TWC Account Number:</b> <i>(This is the account under which the business reports employee wages to the TWC Tax Department.)</i>		
<b>Medical Insurance Provided:</b>	<b>YES</b>	<b>NO</b>
<b>Workers' Compensation or other benefits provided:</b>	<b>YES</b>	<b>NO</b>
<b><u>4-Digit NAICS Code:</u></b>		

BUSINESS INFORMATION		
<b>Legal Name of Business:</b>		
<b>Business' Local Contact:</b>		
<b>Actual Street Address*:</b>		
<b>City:</b>		
<b>County:</b>		
<b>State:</b>		
<b><u>9-digit ZIP Code:</u></b>		
<b>Number of Employees Corporate-wide:</b>		
<b>TWC Account Number:</b> <i>(This is the account under which the business reports employee wages to the TWC Tax Department.)</i>		
<b>Medical Insurance Provided:</b>	<b>YES</b>	<b>NO</b>
<b>Workers' Compensation or other benefits provided:</b>	<b>YES</b>	<b>NO</b>
<b><u>4-Digit NAICS Code:</u></b>		