APPRENTICESHIP COMMITTEE INFORMATION FORM

APPRENTICESHIP TRAINING PROGRAM

The applicant must ensure that an Apprenticeship Committee Information Form is completed and included in the Planning Estimate submission for each apprenticeship committee identified in the *Planning Estimates Form*.

An apprenticeship committee is an autonomous local group consisting of members appointed by one or more employers of apprentices, or by one or more bargaining agents representing members of an apprenticeable trade, or by a combination of the two. Additionally, an apprenticeship committee is approved by the [Department of Labor-Office of Apprenticeship](https://www.dol.gov/apprenticeship/), operates independently as a designated sponsor for an apprenticeship training program to establish instruction standards and goals for a particular craft or crafts, interviews and selects applicants, and monitors the program and apprentices as described in [Texas Education Code, Chapter 133.003](http://www.statutes.legis.state.tx.us/Docs/ED/htm/ED.133.htm).

Apprenticeship Committee Information:

1. Complete the chart below by providing the information requested.

|  |  |
| --- | --- |
| Legal Name of Committee: |       |
| **Contact Name and Title:** |       |
| **Contact’s E-mail Address and Phone Number:** |       |
| **Physical Address:** |       |
| **City:** |       |
| **State:** |       |
| [**Zip Code**](https://tools.usps.com/go/ZipLookupAction%21input.action)**:** |       |
| **Number of Committee Members:** |       |
| **Unique Entity Identifier (UEI):***(a unique 12-character, alphanumeric value used to identify your organization. If you are registered in* [*SAM.gov*](https://sam.gov/content/home) *(active or inactive), you already have a Unique Entity ID.)* |       |
| **SAM Registration Expiration Date:** |       |
| **Texas Identification Number (TINS):***(a unique 11-digit number assigned by the Comptroller’s office for the purpose of identifying any party receiving a payment from the State of Texas. If an entity does not have a TIN, input the federal employer’s identification number.)* |       |
| **TWC Account Number:***(This is the account under which the private partner reports employee wages to the* [*TWC Tax Department*](http://www.twc.state.tx.us/ui/tax/unemployment-tax-contacts.html#Tax_Department)*.)* |       |
| **4-Digit NAICS Code That Identifies Your Industry:** *(To determine correct code, access the U.S. Census Bureau at:* [*https://www.census.gov/naics/*](https://www.census.gov/naics/)*)* |       |

Training Program Information:

1. In the chart below, please provide the following:
* Department of Labor-Office of Apprenticeship assigned registration number.

***(Training program can verify registration number in*** [***RAPIDS***](https://dol.appiancloud.com/suite/)***)***

* The occupation of each position for which training is being requested.
* The correct O\*NET Code, based on the Standard Occupational Classification for each position.

***(You may access O\*NET code information and definitions at*** [***O\*NET Online***](https://www.onetonline.org/help/online/search#code)***)***

* The number of estimated apprentices that will receive training through the proposed project with grant funds.
* The number of related technical instruction class hours, approved by DOL, for the occupation being trained.
* The total estimated number of contact hours that will be conducted under the project with grant funds.
* The number of employers affiliated to an apprenticeship training program, as identified in the programs’ standards.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DOL Registration Number | Occupation | O\*NET Code | # Estimated Apprentices | # Class Hours | Total Est. Contact Hours | # Employers Represented |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|  | **TOTALS:** |       |       |  |  |

Apprenticeship Training Program Reporting Requirements:

1. If an Apprenticeship Training Program grant is awarded for the proposed project, each apprenticeship training program will be required to provide TWC with specific data on each participating apprentice. This includes information such as the apprentice’s full name, Social Security Number, 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 apprentices participating in Apprenticeship Training Program projects. TWC requires reports to contain an SSN for individual apprentices. 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* [*Handling and Protection of Personally Identifiable Information and Other Sensitive Information*](https://www.twc.texas.gov/sites/default/files/wf/policy-letter/wd/02-18-twc.pdf)*.*

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

1. Has your organization adopted any policies that would prevent you from meeting the reporting requirements outlined above?

***Applicant Response:***

1. If so, how will you meet the reporting requirement outlined above if an Apprenticeship Training Program grant is awarded for the proposed project?

***Applicant Response:***

1. If, as the apprenticeship committee, 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 if an Apprenticeship Training Program grant is awarded for the proposed project.

***Applicant Response:***

**Apprenticeship Committee Acknowledgement:**

By signing below, the apprenticeship committee hereby assures and acknowledges the following:

* The apprenticeship committee 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 regulatory reviews on all potential business entities. TWC’s review includes an analysis of fiscal stability, as well as business standing with federal, state, and local governments (including unpaid taxes, pending administrative or court actions, and any adverse factors related to the entity that could impact the awarding of a grant).***

* This information form is being submitted jointly with the apprenticeship training program identified in the *Planning Estimates Form* to request funding for a training project under the Apprenticeship Training Program.
* The apprenticeship committee 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 837](http://www.twc.state.tx.us/files/jobseekers/rules-chapter-837-apprenticeship-training-program-twc.pdf) and [Texas Education Code, Chapter 133](http://www.statutes.legis.state.tx.us/Docs/ED/htm/ED.133.htm).

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

ATTACHMENT A

Please provide committee member information for businesses that will be employing project apprentices.

MEMBER/BUSINESS INFORMATION

|  |  |
| --- | --- |
| **Member Name and Role:** |       |
| **Member Phone Number:** |       |
| **Legal Name of Business:** |       |
| **Physical Street Address:** |       |
| **City:** |       |
| **State:** |       |
| [**9-digit Zip Code**](https://tools.usps.com/go/ZipLookupAction%21input.action)**:** |       |
| **Number of Employees Company-wide:** |       |
| **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#Tax_Department)*.)* |       |
| **Employer Identification Number (EIN):** |       |

MEMBER/BUSINESS INFORMATION

|  |  |
| --- | --- |
| **Member Name and Role:** |       |
| **Member Phone Number:** |       |
| **Legal Name of Business:** |       |
| **Physical Street Address:** |       |
| **City:** |       |
| **State:** |       |
| [**9-digit Zip Code**](https://tools.usps.com/go/ZipLookupAction%21input.action)**:** |       |
| **Number of Employees Company-wide:** |       |
| **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#Tax_Department)*.)* |       |
| **Employer Identification Number (EIN):** |       |

MEMBER/BUSINESS INFORMATION

|  |  |
| --- | --- |
| **Member Name and Role:** |       |
| **Member Phone Number:** |       |
| **Legal Name of Business:** |       |
| **Physical Street Address:** |       |
| **City:** |       |
| **State:** |       |
| [**9-digit Zip Code**](https://tools.usps.com/go/ZipLookupAction%21input.action)**:** |       |
| **Number of Employees Company-wide:** |       |
| **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#Tax_Department)*.)* |       |
| **Employer Identification Number (EIN):** |       |

Add sections as needed.