



# TEXAS WORKFORCE COMMISSION

## UPSKILL TEXAS HEALTHCARE APPLICATION

The Texas Workforce Commission (the "Agency") has dedicated Workforce Innovation and Opportunity Act ("WIOA") funds to address skill gaps and industry needs for incumbent workers. The Upskill Texas Healthcare Program provides funding for healthcare employers seeking to upskill incumbent workers providing patient care.

Funds may be used to help cover the costs of training needed to retain a competitive workforce. Such training is meant to assist with expansion, new technology, retooling, new services/product lines, and/or new organizational structuring, or to be used as part of a layoff aversion strategy. This program is designed to provide funding assistance to qualifying employers to provide skills training to full-time employees. The training must be necessary for employers to retain a skilled workforce, improve the skills of employees, increase the competitiveness of the employee and the employer, or retain or avert layoffs of the incumbent workers trained. Awards will range from \$150,000 to \$500,000, and employers must provide at least 50% of the cost of the training, which may include trainee wages, benefits, or cost participation. The maximum cost per trainee is \$3,000.

### **Eligibility**

Employers eligible for funding are those who:

- May benefit from financial assistance to fund an urgent training need that will have a dramatic economic impact on the employer or is part of a rapid response initiative
- Are located in Texas
- Have an active Texas Workforce Commission (TWC) Tax Account Number
- Have 100 employees or more
  - If an employer has more than one (1) location and uses the same TWC Tax Account Number for all locations then the total number of employees is at least 100 employees total, considering all locations.
  - If the employer has different TWC Tax Account Numbers, then the number of employees is determined based on each Account.
- Are current on all state and federal tax obligations

Employers may designate an individual or organization to apply for funding on behalf of a company or group of companies in Texas.

Employees eligible for training are those that can be classified as an incumbent worker by meeting the following criteria:

- Must be a full-time employee with the employer applying for funding
- Must meet the Fair Labor Standards Act requirements for an employer-employee relationship
- Must have an established employment history with the employer for six (6) months or more;

however, exceptions apply when training is provided to two or more employees in the same cohort. In this instance, at least 50% of the trainees within the cohort must have an employment history with the employer for six (6) months or more.

- Training must lead to a direct patient care occupation.

**Applicant Information:**

Please be sure to select the appropriate applicant type understanding that only one grant will be awarded per application which may include multiple projects.

\_\_\_\_\_ Individual Employer/Company

\_\_\_\_\_ Designee (Start at Section II and be sure to read the “note” at the end of the section regarding application requirements)

**SECTION I – EMPLOYER INFORMATION**

Please provide the Employer information below. If the applicant is a Designee, the employer information should be submitted on Attachment A. If multiple employers are applying as a consortium project, please complete and submit **Attachment A** to provide the following information for each participating employer.

**Important:** The address provided must be the street address of the participating employees’ physical work site. Post Office box addresses are not accepted.

EMPLOYER INFORMATION	
Legal Entity Name:	
Contact Name:	
Contact Title:	
Contact’s E-mail Address:	
Contact’s Phone Number:	
Authorized Signatory:	
Authorized Signatory Title:	
Authorized Signatory Email Address:	
Company Street Address:	
City:	
County:	
State:	Texas
ZIP Code (must include 9-digit ZIP code):	
Company’s Total Number of Employees:	
Company Type	For profit company
	Nonprofit corporation
	Publicly funded healthcare corporation

4-Digit NAICS Code that Identifies Industry You can find these codes here <a href="#">NAICS Code</a>	
TWC Unemployment Tax Account Number: (This is the 9 digits account under which the business reports employee wages to the TWC Tax Department.)	
Federal Tax ID Number (FEIN)	
Is the business working with a Professional Employer Organization (PEO) for payroll purposes? (If working with a PEO please provide the name and TWC number)	YES
	NO
	PEO Name:
	TWC Number:

### Employment Benefit Information

Indicate which of the following employment benefits the Employer will provide for employees who participate in the proposed training. Please choose all that apply.

COMPANY EMPLOYMENT BENEFITS			
<input type="checkbox"/>	Medical Insurance	<input type="checkbox"/>	Prescriptions
<input type="checkbox"/>	Workers' Compensation	<input type="checkbox"/>	Vacation
<input type="checkbox"/>	Dental Insurance	<input type="checkbox"/>	Holidays
<input type="checkbox"/>	Life Insurance	<input type="checkbox"/>	Sick Days
<input type="checkbox"/>		<input type="checkbox"/>	Educational Assistance
<input type="checkbox"/>		<input type="checkbox"/>	401K/Pension Plan
<input type="checkbox"/>		<input type="checkbox"/>	Profit Sharing
<input type="checkbox"/>		<input type="checkbox"/>	Other:

### Additional Employer Information

Please indicate your response by checking the appropriate box for each question.	YES	NO
Have layoffs occurred in the last 120 days?		
Have experienced a reduction in the number of hours or number of shifts?		
Have changed business models or scope of services in the last 12 months which would require rapid response training?		
Is your company current on all state and federal tax obligations?		
Do you have an employer account in WorkInTexas.com?		

## SECTION II – DESIGNEE ORGANIZATION INFORMATION

Please provide the designee information below.

DESIGNEE ORGANIZATION INFORMATION	
Legal Entity Name:	
Contact Name:	
Contact Title:	
Contact's E-mail Address:	
Contact's Phone Number:	
Authorized Signatory:	
Authorized Signatory Title:	

Authorized Signatory Email Address:	
Street Address:	
City:	
County:	
State:	Texas
ZIP Code (must include 9-digit ZIP code):	
List all the employers participating in the project under this designee:	

TWC Unemployment Tax Account Number: (This is the 9 digits account under which the business reports employee wages to the TWC Tax Department.)	
Federal Tax ID Number (FEIN)	

**Note: Designees must list all participating partner employers in the table above. Information for the employer should be provided on Attachment A. If a designee is representing more than one employer, the designee must complete and submit Attachment A being sure to provide information for each employer identified in Section II of this application.**

### SECTION III - PROJECT INFORMATION

Please answer the following questions to provide a detailed overview of the proposed project.

1. Provide a detailed description of the training needs and high-level goals for this project.

2. Incumbent worker training is necessary due to (choose all that apply):

\_\_\_\_\_ Employer expansion

\_\_\_\_\_ Changing industry requirements

\_\_\_\_\_ Retooling of business process

\_\_\_\_\_ Introduction of new services/products

\_\_\_\_\_ New organization structuring

\_\_\_\_\_ Avert a layoff

\_\_\_\_\_ New technology

\_\_\_\_\_ Competitive business expansion

3. Provide a detailed explanation of each selection above.

4. The proposed training would (choose all that apply):

\_\_\_\_\_ Significantly increase employee skills

\_\_\_\_\_ Help prevent business relocation

\_\_\_\_\_ Result in employee wage increases

\_\_\_\_\_ Create new jobs for lower-skilled workers

\_\_\_\_\_ Allow promotions for trained workers

\_\_\_\_\_ Other (please identify)

\_\_\_\_\_ Save jobs within our business

\_\_\_\_\_

5. Provide a detailed explanation supporting how the identified worker training would accomplish each of the selections above and address the identified skills gaps, improve employee retention, impact company stability, and increase the competitiveness of the employer and employees.

## SECTION IV – TRAINING INFORMATION

Please provide the training information below. If more than one training program is being requested, the applicant must complete and submit the Budget Detail Form being sure to provide information for each training program in which funding is being requested. The box below shall be used for the first training program with the Budget Detail Form being used for any additional training programs. Address the Budget Detail Form to reflect Budget changes.

**Only training provided to occupations that provide direct patient care will be considered for funding.** These programs should be industry-specific courses that are essential to the business and are focused on the core activities of patient care.

TRAINING INFORMATION – TRAINING PROGRAM		
Name of Training Program:		
Training Description (must be technical training associated with the occupation):		
Name of training provider:		
Address:		
City:	State:	Zip:
Phone:		
Name of trainer (if in-house):		
Anticipated start date of first training course:		
Expected end date of last training course:		
Training Program projected number of hours:		
Number of unduplicated trainees:		
How many of the unduplicated trainees have been employed with the company for 6 months or longer?		

List of courses in Training Program

- 
- 
- 
- 
- 
- 

Name of license, certification, or credential earned (if applicable):

### SECTION V - ANTICIPATED OUTCOMES

Please answer the following questions to provide information on the anticipated outcomes of this project should funding be awarded.

1. Please check all that apply and insert a number where applicable

\_\_\_\_\_ Will create \_\_\_\_\_ new jobs within our company

\_\_\_\_\_ Will enable \_\_\_\_\_ employees to receive certifications or credentials

\_\_\_\_\_ number of employees who will receive Secondary School Diploma/Equivalency

\_\_\_\_\_ number of employees who will receive an AA or AS Diploma or Degree

\_\_\_\_\_ number of employees who will receive a BA or BS Diploma or Degree

\_\_\_\_\_ number of employees who will receive an Occupational Licensure

\_\_\_\_\_ number of employees who will receive an Occupational Certificate

\_\_\_\_\_ number of employees who will receive an Occupational Certification

\_\_\_\_\_ number of employees who will receive another type of Diploma, Degree, or Certificate not mentioned above (specify): \_\_\_\_\_

\_\_\_\_\_ Will improve the short-term or long-term wage levels of trainees

\_\_\_\_\_ Critical to the long-term viability of our company

\_\_\_\_\_ Will be an important component of our company's overall workforce employee development efforts

2. Please describe in detail how this funding aligns with the company’s mission/vision statement and how it will assist in achieving the company’s long-term, high-priority goals.

## SECTION VI – PROPOSED BUDGET

The budget table below must be completed to be considered for funding. Please note this is a budget summary for the purposes of this application. The Applicant will be required to submit a detailed budget within thirty (30) days of the application approval. The Applicant will work with TWC personnel during this process. All costs must be necessary, reasonable, allowable, and allocable under the Workforce Innovation and Opportunity Act.

Budget Category	Grant Share	Employer Share	Total Cost
Training Costs	\$	\$	\$
Administrative Costs	\$	Not Applicable	\$

<b>TOTAL PROJECT COST</b>	\$
<b>Total Employer Share</b> Must be at least 50% of the Training Cost	\$
<b>Total Grant Share Requested for Training</b> Average cost per participant must be \$3,000 or less	\$
<b>Total Grant Share Requested for Administrative Costs</b> Must not exceed 10% of the Grant Share requested for training	\$
<b>TOTAL GRANT SHARE REQUESTED FROM TWC</b> The sum of Total Grant Share Requested for Training and Total Grant Share Requested for Administrative Costs. Must be \$500,000 or less	\$

**Notes:** The Grant Share of the Training line must not exceed 50% of the Total Cost for the Training line. The Employer Share of the Training line must equal at least 50% of the Total Cost for the Training line. Administrative Costs must not exceed 10% of the Total Grant Award, unless a higher limit is subsequently negotiated with TWC, such as to accommodate qualifying indirect costs. If requesting a higher administrative cost limit, include the requested dollar amount in the budget table. The Total Grant Share Requested from TWC must not exceed \$500,000, inclusive of Training and Administrative Costs.

### Grant Limits

- The federal program requires the participating employer to pay at least 50% of the cost of providing the training to the employer’s incumbent workers. Accordingly, this grant will pay up to 50% of the training cost. The combined total of the employer and grant share must not exceed the actual training cost. The employer share may include the amount of the wages paid by the employer to a worker while the worker is attending a training program under this grant award during the grant period.
- This grant also reimburses administrative and a nominal amount of necessary and reasonable non-training program costs arising from adherence to the grant requirements. The amount requested for administrative costs must not exceed 10% of the total Grant Share training cost, unless a higher limit is negotiated with TWC, such as to accommodate qualifying indirect costs.
- The combined total of the grant share of the training cost, non-training program costs, and



administrative costs must be at least \$150,000 but not exceed \$500,000.

- The average cost per participant must not exceed \$3,000. Cost per participant will be calculated by dividing total Grant Share training cost by the total number of unduplicated participants that will complete training under the grant during the grant period.

### **Reimbursable Costs**

- **Training:** Training can be provided in-house, or by other entities, such as community and technical colleges, state colleges and universities, industry specific training organizations, professional associations, or credentialing entities. Examples of qualifying training costs include tuition expenses, instructor or trainer salaries, textbooks, and manuals, and required training materials and supplies. TWC may consider other costs on a case-by-case basis according to their consistency with program requirements. This grant will not fund transportation or lodging to attend training, per diem or meal allowances. It also excludes equipment and other capital expenditures. (For this purpose, equipment means tangible personal property having a unit acquisition cost of \$5,000 or more and a useful life greater than one year.) Employee wages will not be reimbursed under this grant; however, wages paid by the employer to a worker while the worker is attending the training do qualify toward the employer's share of the cost. If selected for award, employers may be required to detail training costs on a course-by-course basis.
- **Administrative Costs:** Administrative costs arising from adherence to the grant requirements. Examples include accounting and tracking of grant funds, reporting expenditures to TWC, submitting payment requests to TWC (drawing cash) and recording payments received, and completing a financial closeout package when the grant award ends. Examples also include the following, as applicable: procurement and purchasing functions; personnel management functions; payroll functions; general legal services functions; fiscal agent responsibilities; audit functions; and monitoring of administrative functions.

### **Indirect Costs**

Reimbursement of indirect costs is subject to the cost limitations described in Title 2, Part 200 of the Code of Federal Regulations. For an entity that has a qualifying indirect cost rate, the federal funding requirements for this program provide that specific costs charged to an overhead or indirect cost pool that can be identified directly as a program cost are to be charged as a program costs. Documentation of such charges must be maintained. Otherwise, indirect costs constitute administrative costs. This grant does not cover an employer's general overhead costs.

## **Acknowledgements and Certifications**

Applicant represents and warrants that all statements and information prepared and submitted in this Application are current, complete, true, and accurate. Submitting an application with a false statement or material misrepresentations made during the performance of a grant award is a material breach of contract and may void the submitted Application and any resulting grant award.

The applicant acknowledges and confirms compliance with all required reporting, as well as the rules and regulations governing this funding, as outlined in the General Terms and Conditions, Special Terms and Conditions, Certifications, and the Workforce Innovation and Opportunity Act.

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Name of authorized signatory

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Signature

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Title of authorized signatory

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Date

Submit Questions and Applications to:

Workforce Development Division

Texas Workforce Commission

[upskilltexas@twc.texas.gov](mailto:upskilltexas@twc.texas.gov)

*ONLY ELECTRONIC COPIES WILL BE ACCEPTED.*

***Typed signatures will not be accepted***

*Scanned copies of signature page are acceptable but must include the entire document on a single file*