



CERTIFICATION STATEMENT (CS) (ETP100E)

for Participating Employers Retraining Workers

<i>To be completed by ETP Contractor</i>	
CONTRACTOR NAME:	Napa Valley College
AGREEMENT #:	18-0135
REFERENCE #:	
COMPANY'S CALIFORNIA ACCOUNT NUMBER (CEAN):	
COMPANY NAME:	
STREET ADDRESS:	
CITY:	
STATE:	
ZIP CODE:	
E-MAIL ADDRESS:	
WEBSITE ADDRESS:	
NUMBER OF FULL-TIME COMPANY EMPLOYEES	WORLDWIDE: IN CALIFORNIA:
ESTIMATED NUMBER OF ETP TRAINEES:	
NAICS INDUSTRY CODE	
TURNOVER RATE OF FULL-TIME EMPLOYEES DURING MOST RECENT CALENDAR YEAR (JANUARY-DECEMBER):	%
UNION SUPPORT: Company employees represented by a union?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employees to be trained represented by a union?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IDENTIFY UNION AND LOCAL:	
JUSTIFY NEED FOR TRAINING:	
<i>Briefly explain the nature of your business and describe your business' purpose for participating in this training program.</i>	

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COMMITMENT TO TRAINING	
<i>Does your company currently have a training program?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, <i>Explain how ETP training funds will not displace your company's existing resources for training.</i> <i>Explain the types of training your company has provided in the past, whether the training was job specific or organization wide.</i> <i>Explain your company's current training efforts.</i> <i>Explain your commitment to training company workers after the completion of ETP-funded training.</i>	
EMPLOYER CONTRIBUTION	
<i>Describe your company's contribution towards training related expenses by marking the boxes that apply:</i>	<input type="checkbox"/> Pay trainee wages during training <input type="checkbox"/> Contribute equipment, materials, supplies, or space for training <input type="checkbox"/> Contribute staff time to conduct training assessments or coordinate training <input type="checkbox"/> Other: _____
<i>Estimate amount contributed to the above noted training-related costs:</i>	Approximate employer contribution: \$ _____
ADD PROFESSIONAL EMPLOYEE ORGANIZATION (PEO) IF APPLICABLE	
COMPENSATORY NATURE OF TRAINING	
Employer is aware of, and will abide by, the standards for compensating employees for time spent in "mandatory" training that is directly job-related, pursuant to state and federal work orders enforced by the Division of Labor Standards Enforcement (DLSE). (See DLSE Manual at Section 46.6.5).	

CERTIFICATION BY COMPANY MANAGEMENT REPRESENTATIVE

I certify that to the best of my knowledge, the foregoing, and all attached documents and accompanying information accurately and correctly reflect the reasons for our participation in the ETP-funded training.

Print Name of individual signing below: _____

Title: _____ Phone #: _____
(Owner, President, Vice President, or other authorized representative)

Signature: _____ Date: _____

ETP 100E Instructions

The Certification Statement (ETP 100E) determines employer eligibility to participate in ETP training. It must be: (1) completed in its entirety; (2) signed by an authorized company representative; and (3) sent to the ETP Contractor (employer organization or training agency) for submission to ETP.

- Print or type all responses. Complete the applicable sections as instructed. If you require assistance, please contact your primary Contractor.
- Employer eligibility will be approved or denied by ETP based upon your answers.

- **Contractor Completes:**

CONTRACTOR NAME:

AGREEMENT #: (AFTER APPROVAL)

REFERENCE #: (DURING DEVELOPMENT)

- **Employer Completes Information:**

Enter the following data in the appropriate spaces:

- Company's California Account Number (CEAN)
- Legal Company Name
- Street Address
- City
- State
- Zip Code
- E-mail address
- Website
- Total Number of Full-Time (FT) Company Employees (1) Worldwide - and- (2) in California
- Estimated Number of ETP Retrainees
- NAICS Code

➤ Participating employers that meet out-of-state competition requirements by having a pre-approved NAICS code covered by ETP Regulation 4416 will normally be eligible for training.

➤ Employers without a pre-approved NAICS code covered by ETP Regulation 4416 must complete an additional Appendix questions (see attached if applicable).

- **Turnover Rate of Full Time Employees Last Calendar Year**

To qualify for ETP funding, an employer's turnover rate may not exceed 20 percent annually. For ETP purposes, the company reports its turnover rate for only the employees at the company site(s) where training will take place see CCR, Section 4417. Secure Job.

If your turnover rate exceeds 20%, you may apply for a waiver by explaining the reason(s) for high turnover (e.g. employer experienced a singular reduction in its workforce - an anomaly). The justification for the waiver must be forwarded to the ETP Contractor, who will then send the information to the ETP Field Analyst for a determination.

- **Union Support**

Indicate if company employees are represented by a union.

Indicate if employees being trained are represented by a union and, if so,
Indicate name of union and number of the local.

If trainees are represented by a union, you must obtain a letter from the union, addressed to the Panel, indicating that it supports the proposed ETP training for its members working at (*provide name of company*). The letter must be submitted on union letterhead; signed and dated by a union officer or business representative; attached to this form; and, forwarded to the ETP Contractor. The collective bargaining agent must be notified prior to submission of this Certification Statement.

- **Justify Need for Training**

Briefly explain the nature of your business and the reasons for training.

- **Commitment to Training**

Indicate whether or not your company has an existing training program. If so, explain the company's current efforts to provide training; and the nature of that training (types of courses, job-specific, company-wide, classroom, on-the-job, etc.). Also explain how ETP training funds will not displace your existing training resources (and/or budget). Finally, explain the company's commitment to training workers after the ETP-funded training.

- **Employer Contribution**

Employer investment in training may be demonstrated through a quantifiable commitment to training. Identify your company's contribution towards training related expenses.

- **Professional Employee Organization (PEO)**

Add Professional Employee Organization (PEO) if applicable .

- **Compensatory Nature of Training**

All ETP-funded employee training must comply with applicable labor laws. Employer must be aware of, and abide by, the standards for compensating employees for time spent in "mandatory" training that is directly job-related, pursuant to state and federal work orders enforced by the Division of Labor Standards Enforcement (DLSE). (See DLSE Manual at Section 46.6.5).

- **Certification by Company Management Representative**

- Name of individual signing
- Title of individual
- Phone
- Signature
- Date

INSTRUCTIONS FOR COMPLETING THE CS APPENDIX

All companies retraining workers and who do not have a NAICS code identified under 22CCR Section 4416(i) **MUST** complete this Appendix.

Select the item(s) that best match your company's California operations and, if possible, the function of trainees to participate in ETP-funded training. Complete the form as instructed. (NOTE: You may be asked for additional information or documentation to complete the determination of eligibility.)

Manufacturing or Related Industries: If your company is not classified within one of the NAICS eligible industries, but your California operations inclusive of the participating trainees are engaged in Manufacturing or a NAICS Industry deemed by the Panel to be facing out of state competition. Complete Section 1

Significant Business Presence/Corporate Headquarters: Complete Section 2

Mortgage Banking Functions: Complete Section 3

Destination Resort, Convention/Conference Center, or Convention/Conference Hotel: Complete Section 4

Services Provider / Service Industry: Complete Section 5

Call Center / Telemarketing: Complete Section 6

For Companies who do not meet the profiles identified in items 1 – 6: Complete Section 7

Section 1: Manufacturing or Related Industries:

If your company's California operations including the trainees to participate in ETP-funded training are engaged in Manufacturing or related industries deemed by the Panel to meet out-of-state competition (see CCR 4416. Out-of-State Competition) complete the following:

1. Describe your primary business activities:

2. Describe the primary raw materials or component parts used in your company's manufacturing process:

3. List your company's finished product(s):

4. Describe your customers (e.g. electrical wholesales, retail stores, other manufacturers, municipal entities, etc. Names are not required):

Section 2: Significant Business Presence / Corporate Headquarters

A company's California operations including a specific location or functional group (e.g. Human Resources, Information Technology, Administrative Support) may meet the out-of-state Competition requirement if the company is training personnel that provide internal corporate support to one or more offices, divisions, branches stores or franchises located outside of California. Please complete the following:

1. Identify the company location and functional group to be trained:

2. Do these employees provide internal support to company operations located outside of California? Yes No

3. Does the company derive at least 25 percent of gross annual revenues from its operations outside of California? Yes No

4. Does the company maintain at least 25 percent of the company's permanent offices, divisions, branches, stores or franchises outside of California? Yes No

5. Does the company maintain at least 25 percent of the company's permanent full-time employees at locations outside of California? Yes No

Section 3: Mortgage Banking

If the company or the training population provides mortgage banking functions -excluding loan origination activities - please complete the following section:

1. Is the company a mortgage lender, a company that services mortgage loans, or a business that packages and sells funded mortgage loans? Yes No
2. Is the training population primarily engaged in the packaging/sales or servicing activities related to mortgage loans? Yes No
3. List the job titles of the training population:

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Section 4: Destination Resort, Convention/Conference Center, Convention/ Conference Hotel

Complete this section for each Destination Resort, Convention/Conference Center, Convention/Conference Hotel that will participate in the proposed training. A company may qualify for Out-of-State Competition under this industry if it meets one of the following requirements:

A destination resort is an establishment and its affiliated facilities that are a recognized destination, or operates in conjunction with, or by virtue of, a destination recreational complex or attraction and has derived at least 25 percent of its gross annual revenue from out-of-state visitors. "Destination" refers to the establishment, recreational complex, or attraction being itself the primary reason for people traveling to it. A city is not, in and of itself, a destination.

a. Does your company meet the above definition? OR	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is your company a convention/conference center that is an establishment primarily dedicated to holding conventions, conferences, or trade shows or exhibits? OR	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Is your company a convention/conference center which is an establishment deriving at least 25 percent of its gross annual revenue (inclusive of rooms and food/beverage revenues) from conventions, conferences, trade shows, or exhibits involving transient lodging requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No

To qualify for Out-of-State Competition under any of the above criteria (a-c), your company must also meet at least three (3) of the following requirements. **Your ETP Contractor must send the documentation to the ETP Analyst to determine that your Company meets the criteria checked below.**

We participate in out-of-state sales missions or trade shows.	<input type="checkbox"/> Yes <input type="checkbox"/> No
We routinely conduct out-of-state sales efforts.	<input type="checkbox"/> Yes <input type="checkbox"/> No
We routinely advertise in media also used by our out-of-state competitors.	<input type="checkbox"/> Yes <input type="checkbox"/> No
We contribute financially to both community based and national marketing efforts.	<input type="checkbox"/> Yes <input type="checkbox"/> No
We have a marketing plan addressing the national or international market.	<input type="checkbox"/> Yes <input type="checkbox"/> No
We are in competition with establishments similar to ours outside of California.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5: Call Center

Complete this section for any company facilities that are engaged in taking customer orders and providing customer service functions in a call center environment.

1. **Describe the services provided by the training population at the call center facilities:**

2. **What percentage of the call center's overall call volume is originating from outside of California?**

3. **Does the call center have any outbound call volume not solicited by the customer?**
 Yes No

Section 6: Services Provider / Service Industry.

Complete this section for any company facilities or functional groups that provide services outside of California using their California operations or that compete directly with out-of-state competitors for services provided to customers inside California:

1. **Does your company provide services to customers located outside of California using locations included in the proposed training program?**
 Yes No
2. **What percentage of your total gross annual revenues for the locations included in the proposed training program are derived from services to customers located outside of California?**
3. **Does your company regularly compete with companies located outside of California for business inside the state? (Note: A company headquartered outside of California is not considered an out-of-state competitor if it provides the competing services using California locations.)**
 Yes No
4. **List your major competitors, their location and any relevant information about them including website and an example of business lost (if available).**

Section 7: If your company or the participating company facilities do not clearly meet the profiles in Section 1 – 6, complete the following. Supply as much information as necessary to provide evidence that your company is in competition with businesses located out of state:

Your justification must include: (1) the product or service the company (at the training site) produces or provides that is sold out of state or overseas, or (2) the product or service the company has that competes with products and/or services produced out of state or overseas, or (3) discussion of how jobs for which training is proposed are being threatened by out-of-state competitors, or (4) a list of the company's primary out-of-state competitors.

CERTIFICATION BY COMPANY MANAGEMENT REPRESENTATIVE

To the best of my knowledge the foregoing, and all attached documents and accompanying information accurately and correctly reflect the reasons for our participation in the ETP-funded training.

Print Name of individual signing below: _____

Title: _____

Phone: _____

(Owner, President, Vice President, or other authorized representative)

Signature: _____

Date: _____