

# TEXAS WORKFORCE COMMISSION

## PRIVATE PARTNER INFORMATION FORM SELF-SUFFICIENCY 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, a community-based organization, state extension service, or the Texas Engineering Extension Service (TEEX).

There are two types of private partners, depending upon the structure of the proposed project. Use the chart below to determine which elements to respond to in order to complete this form.

Types of Private Partner	Elements that Must be Completed:
A business that currently employs and/or will employ project participants.	<input type="checkbox"/> Provide complete responses to questions 1-5 below. <input type="checkbox"/> Private Partner Acknowledgement and Assurances section must be completed and signed.
A person or entity representing multiple businesses that currently employs and/or will employ project participants (e.g., trade union, business association, partnership, etc.).	<input type="checkbox"/> Provide complete responses to questions 1-5 below. <input type="checkbox"/> Complete Attachment A to provide information for the businesses where trainees will be employed upon the completion of training. <input type="checkbox"/> Private Partner Acknowledgement and Assurances section must be completed and signed.

### Private Partner Information:

- 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 where project participants will be employed upon the completion of training.***

PRIVATE PARTNER INFORMATION	
<b>Legal Name of Private Partner:</b>	
<b>Contact Name and Title:</b>	
<b>Contact's Email Address/Phone #:</b>	
<b>Physical Address:</b>	
<b>City/County/State/9-Digit Zip Code:</b>	
<b>Number of Employees Companywide:</b>	
<b>Experian Business Identification Number (BIN):</b> If you do not know your BIN, go to <a href="http://www.SmartBusinessReports.com/ExperianBIN">http://www.SmartBusinessReports.com/ExperianBIN</a> . After typing in your company name, city and state, hit search. The next page will show your BIN in the upper left corner beneath the company address.	
<b>TWC Account Number:</b> This is the account under which the private partner reports employee wages to the TWC Tax Department.	
<b>4-Digit NAICS Code that identifies your industry:</b> To determine correct code, access web site at: <a href="http://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2012">http://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2012</a>	

**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 box(es):

PRIVATE PARTNER EMPLOYMENT BENEFITS					
Medical Insurance		Prescriptions		Educational Assistance	
Workers’ Compensation Insurance		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 (add rows to the chart as needed):

- 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: [http://stats.bls.gov/soc/soc\\_majo.htm](http://stats.bls.gov/soc/soc_majo.htm) and <http://www.bls.gov/oooh/home.htm>. You may also request assistance from the applicant to determine the proper SOC Code 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.
- 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.*
- The average percentage increase in wages that will be paid to trainees in upgraded jobs upon the successful completion of training, if applicable.  
*This refers to the average percent difference between the wages to be paid at the start of the training project and the wages to be paid at the completion of the training project for a specific occupation.*

Job Title	SOC Code	# New Jobs	# Upgraded Jobs	Hourly Wage Range		Average % Wage Increase
				Minimum Wage	Maximum Wage	
<b>TOTALS:</b>						

**Self-Sufficiency Fund Grant Reporting Requirements:**

4. If a Self-Sufficiency Fund grant is awarded for the proposed project, each private partner will be required to provide the Texas Workforce Commission (TWC) with specific data on each participating trainee. This includes information such as the trainee’s full name, Social Security Number, mailing address, birth date, hourly wage, wage increase and other relevant information pertaining to the training project. There is NO alternative to the use of a SSN as the identifier of individual trainees participating in Self-Sufficiency Fund projects. TWC requires reports to contain an SSN for individual trainees. There is no exception. With regard to these requirements, 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 Self-Sufficiency 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 Self-Sufficiency 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 business 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 Self-Sufficiency 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 Self-Sufficiency Fund;
- 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 local workforce development board or TWC’s internet-based employer job matching system, WorkInTexas.com; and
- 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:
  - The Texas Administrative Code, Section 40, Part 20, Chapter 835 ([http://info.sos.state.tx.us/pls/pub/readtac\\$ext.ViewTAC?tac\\_view=4&ti=40&pt=20&ch=835](http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=4&ti=40&pt=20&ch=835)); and
  - The Texas Labor Code, Chapter 306 (<http://www.statutes.legis.state.tx.us/Docs/LA/pdf/LA.309.pdf>).

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
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 provided for each business must be the physical location where project participants will be employed upon the completion of training.***

BUSINESS INFORMATION		
<b>Legal Name of Private Partner:</b>		
<b>Contact Name and Title:</b>		
<b>Contact's Email Address/Phone #:</b>		
<b>Physical Address*:</b>		
<b>City/County/State/9-Digit Zip Code:</b>		
<b>Number of Employees Companywide:</b>		
<b>Medical Insurance Provided:</b>	YES	NO
<b>Workers' Compensation or Other Benefits Provided:</b>	YES	NO
<b>Experian Business Identification Number (BIN):</b>		
<b>TWC Account Number:</b>		
<b>4-Digit NAICS Code that identifies your industry:</b>		

BUSINESS INFORMATION		
<b>Legal Name of Private Partner:</b>		
<b>Contact Name and Title:</b>		
<b>Contact's Email Address/Phone #:</b>		
<b>Physical Address*:</b>		
<b>City/County/State/9-Digit Zip Code:</b>		
<b>Number of Employees Companywide:</b>		
<b>Medical Insurance Provided:</b>	YES	NO
<b>Workers Compensation or Other Benefits Provided:</b>	YES	NO
<b>Experian Business Identification Number (BIN):</b>		
<b>TWC Account Number:</b>		
<b>4-Digit NAICS Code that identifies your industry:</b>		