

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 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. Be sure to complete separate Private Partner Information Forms for each location if training is being requested for multiple locations of the same business.

PRIVATE PARTNER INFORMATION			
Legal Name of Private Partner:			
Contact Name and Title:			
Contact's Email Address:			
Address*:			
City/State/Zip:			
County:		Telephone Number:	
Dun and Bradstreet # :		Texas Employer Tax ID #:	
Number of Employees Companywide:			
NAICS Code (4-digit) (access web site at: http://www.census.gov/epcd/naics02/naicod02.htm):			

****Important Note:*** The address provided must be the physical location where project participants will be employed upon the completion of training.

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
	Worker’s Compensation Insurance		Vacation		401K/Pension Plan
	Dental Insurance		Holidays		Profit Sharing
	Life Insurance		Sick Days		Other:

3. If medical insurance is provided for training participants, what percentage of the cost will trainees be responsible for paying?

Applicant Response:

Equal Employment Opportunity (EEO) Policy:

4. State your EEO Policy or attach a copy of it to this Private Partner Information Form.

Applicant Response:

Trainee Information:

5. In the chart below, please provide the following (add rows to the chart as needed):

- The occupational title of each position for which training is being requested;
- The correct Standard Occupational Classification (SOC) Code for each position.
(Important Note: 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 and/or you may request assistance from the applicant to determine the proper code for each position.)
- The hourly wage or wage range to be provided to the employee upon the successful completion of training.
- The average percentage increase in wages that will be paid to trainees in upgraded jobs upon the successful completion of training, if applicable; and
- The number of new jobs that will be created and/or the number of existing jobs to be upgraded through the proposed project.

Occupational Title	SOC Code	Hourly Wage or Wage Range	% Wage Increase	# New Jobs	# Upgraded Jobs

Private Partner Acknowledgement and Assurances:

By signing below, the private partner hereby acknowledges that 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. Further, the private partner agrees 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, Title 40 , Part 20, Chapter 803
([http://info.sos.state.tx.us/pls/pub/readtac\\$ext.ViewTAC?tac_view=3&ti=40&pt=20](http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=3&ti=40&pt=20)); and
- The Texas Labor Code, Chapter 303
(<http://tlo2.tlc.state.tx.us/statutes/docs/LA/content/word/la.004.00.000303.00.doc>).

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.

Please provide the information requested below for each business represented by the private partner. Be sure to indicate whether or not the business provides medical insurance and include a statement regarding the business' EEO Policy (please indicate in the chart if a copy of the business' EEO policy is attached).

****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			
Legal Name of Business:			
Address*:			
City/State/Zip/County:			Telephone No.:
NAICS Code (4-digit):			Dun and Bradstreet #:
Texas Employer Tax ID Number:			Number of Employees Companywide:
Medical Insurance Provided?	YES	NO	
Percentage of Medical Insurance that must be paid by employee:			
Workman's Compensation or other benefits provided?	YES		NO
EEO Policy Statement:			

BUSINESS INFORMATION			
Legal Name of Business:			
Address*:			
City/State/Zip/County:			Telephone No.:
NAICS Code (4-digit):			Dun and Bradstreet #:
Texas Employer Tax ID Number:			Number of Employees Companywide:
Medical Insurance Provided?	YES	NO	
Percentage of Medical Insurance that must be paid by employee:			
Workman's Compensation or other benefits provided?	YES		NO
EEO Policy Statement:			

BUSINESS INFORMATION			
Legal Name of Business:			
Address*:			
City/State/Zip/County:			Telephone No.:
NAICS Code (4-digit):			Dun and Bradstreet #:
Texas Employer Tax ID Number:			Number of Employees Companywide:
Medical Insurance Provided?	YES	NO	
Percentage of Medical Insurance that must be paid by employee:			
Workman's Compensation or other benefits provided?	YES		NO
EEO Policy Statement:			