SKILLS FOR SMALL BUSINESS (SSB) Program

Train your Workforce.

Transform your Business.













Invest In Your Employees

Skills training...

- Increases competitiveness
- Enhance your business operations
- Upgrades new and incumbent employee skills
- Retain employee talent
- Prepares newly hired employees for job requirements













Areas of Grant Training



- Childcare Provider
- Construction
- Customer Service
- Healthcare

- Leadership
- Manufacturing
- Office
- Office Technology

Training Options: Face-to-Face, (Classroom) Online or On-Site



SSB Catalog





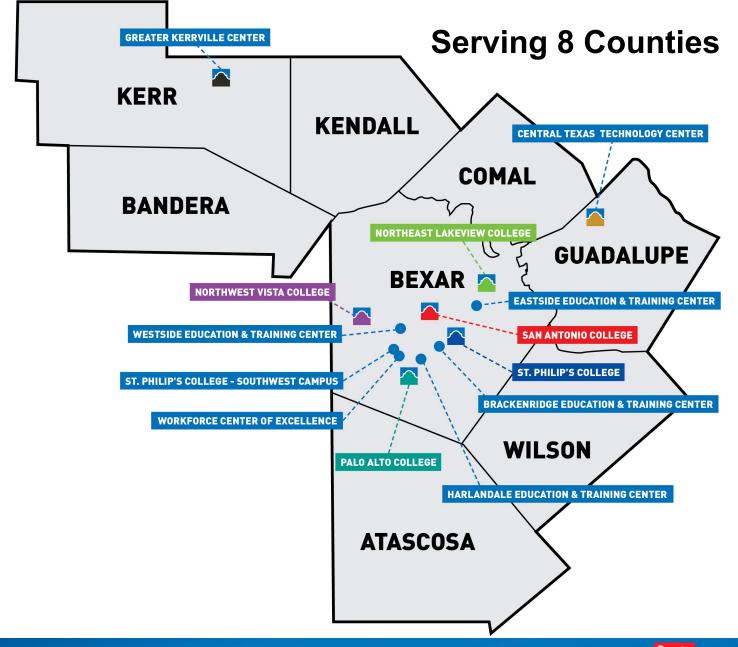






The Alamo Colleges District Family

- 5 Colleges
 - San Antonio College
 - St. Philip's College
 - Palo Alto College
 - Northwest Vista College
 - Northeast Lakeview College
- 7 Education & Training Centers
 - Greater Kerrville (GTC)
 - Central Texas Technology (CTTC)
 - Eastside (ETTC)
 - Westside (WETC)
 - Workforce Center of Excellence (WCOE)
 - Brackenridge & Harlandale (BETC/HETC)
- 2024 New Center
 - Southside (SETC)
- New Center Coming Soon in 2025
 - Northeast (NWETC)













Eligible Small Businesses – 1 to 99 Employees



- Trainees must be full-time employees
- Must have Texas Workforce Commission (TWC)
 Unemployment Tax account
- Be current on paying unemployment insurance
- Must be paying prevailing wages
- Private businesses are eligible to participate











Ineligible Small Businesses





- Self employed
- Small businesses with no full-time, part-time, or 1099 employees
- Businesses with over 100 employees
- Community-based organizations, publicly funded entities, and other public non-profits are not eligible





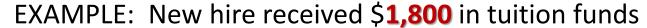






Training for New Employees

- Have been in the current role for under a year
- Must be a full-time, regular employee
- Must earn prevailing wage
- TWC will cover tuition and fees up to \$1,800 for new hire employees per 12-month period





Total Spent	\$1,784
Basic Keyboarding	<u>\$308</u>
Customer Service	\$230
CPR/First Aid	\$338
OSHA 30	\$908

Remaining Balance \$16

NEW HIRES











Training for Incumbent Employees

- Have been in the current role for over a year
- Must be a full-time, regular employee
- Must earn prevailing wage
- TWC will cover tuition and fees up to \$900 for incumbent employees per 12-month period





Total Spent	\$900
Generations in the Workplace	\$196
CPR/First Aid	\$338
OSHA 10	\$366





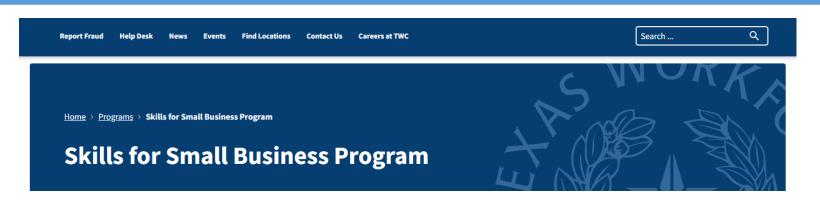








Employer Online Application



3 Step Process

Step 1. Go to the website

https://www.twc.texas.gov/business es/skills-small-business-employers

Step 2. Click on "Apply Now"



Contact Us

Business Services

<u>877-463-1777</u>

Email

skills@twc.texas.gov

Want us to contact you?

Submit a Contact Request

TWC Main Office Address

101 E 15th Street Austin, TX 78778 United States

NEED ASSISTANCE?

TWC Workforce Business Services
Outreach & Customer Support
Team

Step 3. Complete the application, sign and click finish















Application instruction

SKILLS
Skills for Small Business Program Overvie

SKILLS FOR SMALL BUSINESS PROGRAM

TEXAS WORKFORCE COMMISSION

SKILLS FOR SMALL BUSINESS APPLICATION

Thank you for your interest in Skills for Small Business (SSB) funded training. Prior to completing this application, please review the Skills for Small Business Program Overview and the Program Parameters, it provides information on eligibility, programs parameters, reporting requirements, and submission of the application.

We strongly urge the applicant to consult with the community college where they are planning on taking the trainings for any assistance in completing the application or specific questions about the application process. Our Employer Engagement and Community Outreach team is available to answer questions about the program and/or assist you in completing the application. Please contact us at 877-463-1777 or e-mail SkillsForSmallBusiness@twc.texas.gov.

Applications should be submitted at least two weeks prior to and no more than six weeks in advance of requested training. Training cannot be considered or funded retroactively. Please note that incomplete applications cannot be accepted and will be returned with required information identified for revision/completion, once corrected the application needs to be resubmitted with the required edits.

All SSB program funds will go directly to the community or technical college to cover the costs of approved training.

Applicant Information:

Please provide the small business information requested in Table 1 below.
 Important: The address provided must be the street address of the participating employees physical work site. Post Office box addresses are not accepted. Businesses associated with a corporate office, multiple business entities or a corporation that exceed 600 memory are not eligible for SSB funded training.

	TABLE 1 - SMALL	BUSIN	ESS INFORMATION	
	Louis Name of Small Business:			
	Contact Name:			
	Contact Title:			
	Contact's E-mail Address:			
	Contact's Phone Number:			
	Street Address:			
	City:			
	County:			
	State:	Texas		
	Zip Code (must include 9 digit zip code):			
de	Business's Total Number of Employees:			
	Medical Insurance Provided?		YES	NO
١	Workers' Compensation or other benefits provide	led?	YES	NO
	b. iness industry NAICS Code			



3. Please provide the total number of new hires or existing employees to participate in requested training. Note: Now amplayees are those kired by the applying company within 12 months prior to TWC reachys of the application requesting relating, Pending approval, new employees are eligible for up to \$1,500 worth of their internal numbers.

Applicant Information:

 Table 1, Please provide the requested information. Important: The address provided <u>must</u> be the actual street address of the business where the participating workers are employed, not a Post Office box number.

TABLE 1 – SMAI	LL BUSI	NESS INI	FORMATION		
Legal Name of Small, Private Business:					
Contact Name:					
Contact's Title:					
Contact's E-mail Address:					
Contact's Phone Number:					
Actual Street Address:					
City:					
County:					
State:					
9-digit Zip Code:					
Total Number of Employees (Corporatewide):					
Medical Insurance Provided?			YES		NO
Workers' Compensation or other benefits prov	ided?		YES		NO
TWC Account Number: (This is the account under	r which th	e business	reports employee w	ages to	
the TWC Tax Department.)					
4-Digit NAICS Code that identifies your ind U.S. Census Web site at: http://www.census.gov/eos/www		To determin	ne correct code, acc	ess the	











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	14.5 11.00 10.00 1	NORA-O				Application Instruct	
1	* 6		SKILLS FOR SMALL			1	
1	O _A	MISSION	TEXAS WORKFO	RCE	COMMISSION		
1			SKILLS FOR SMALL	BUSI	NESS APPLICATI	ON	
	pleas	e review the Skill	erest in Skills for Small Busines s for Small Business Program O parameters, reporting requireme	verview	and the Program Paramet	ters, it provides informatio	
	traini Empl assist	ngs for any assist over Engagement you in completin	pplicant to consult with the com ance in completing the application and Community Outreach team ig the application. Please contact softwc.texas.gov.	is avail	ecific questions about the able to answer questions a	application process. Our	
	traini	ng. Training cans sted and will be	e submitted at least two weeks p not be considered or funded retro returned with required informa resubmitted with the required e	actively tion ide	. Please note that incomp	lete applications cannot be	
	AllS	SB program fund	will go directly to the communi	ty or tec	hnical college to cover the	costs of approved training	
	Ap	plicant Infor	mation:				
	1	mportant: The add its. Post Office bo	small business information requ dress provided <u>must</u> be the street as addresses are not accepted. But a corporation that exceeds 99 e	address sinesse	of the participating emple associated with a corpora	ate office, multiple	
1			TABLE 1 - SMALL	BUSIN	ESS INFORMATION		
1		Legal Name of	Small Business:				
1		Contact Name:					
1		Contact Title:					
1		Contact's E-mai					
1		Contact's Phone Street Address:	Number:				
1		City:					
1		County:					
-		State:		Texas			
1			include 9 digit zip code):				
s di	Zip Code	Business's Tota	l Number of Employees:				
Т		Medical Insuran	ce Provided?		YES	NO	
1		Workers' Comp	enterio	es r		NO	
1		Busine	ry NAICS Code				
1		your business	a childcare provider/business?		YES	No	
			YES in the previous question, p ld Care Regulation Permit Nu				
		(This is the 9 digits	yment Tax Account Number: account under which the business report the TWC Tax Department.)	rta)
T.		Is the husiness	vorking with a Professional Emp	lover	YES	NO	
1			EO) for payroll purposes?	noy wa	PEO Name:		
1			EO please provide the name and TWC	number)	TWC Number:		
1	TWC Tor O	mariment U.S.Co	Ann Anny course of	winaries	w halos		
	2. 1	Table 2. Please pro	ovide eligible public community on with whom you have consult	or techn	nical college information,	including the name	
1			ird-party training providers will not				
1					LEGE INFORMATION	·· ·	1
1		Name of Colleg	College:				
1		College Contact	Name (if applicable):				
_		College Contact	E-mail Address (if applicable):				

Is your business a childcare provider/business?	YES	NO
If you answered YES in the previous question, please provide the Child Care Regulation Permit Number:		
TWC Unemployment Tax Account Number: (This is the 9 digits account under which the business reports employee wages to the TWC Tax Department.)		
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 PEO Name: TWC Yumber:	NO

Per TWC Grant Application Evaluator to be sent after submitting online application (optional if you answered "YES"):

To process applications for businesses utilizing a Professional Employer Organization (PEO), a letter from the PEO is required. Please submit a signed document with the PEO's letterhead containing the following information:

- PEO's name,
- PEO's contact information,
- PEO's TWC unemployment tax account number, and
- A statement regarding the service and reporting of employees (provide the number of employees reported by the PEO) provided by the PEO.











TEXAS WORKFORCE COMMISSION APPLICATION: SKILLS FOR SMALL BUSINESS PROGRAM

Thank you for your interest in Skills for Small Business-funded training. Prior to completing this application, please review the Skills for Small Business Program Overview. Our Business Outreach and Project Development team is available to answer any questions you have about the program and/or assist you in completing the application. Please contact us at (877) 463-1777 or e-mail Skills for SmallBusiness/giver, state by us.

Please e-mail the fully completed Microsoft Word version (without signatures) and Attachment A spreadsheet to the attention of Cristina Ramos at SkillsForSmallBusiness@twx_state_xxus. Please also send the original signed application by fax to (\$121\) 463-178 or by mail to the following address:

Texas Workforce Commission
Workforce Business Services, Attention: Cristina Ramos
101 E. 15th Street, Room 424-T
Austin Texas 25201

You also may either fax the signed application to Cristina Ramos at (512) 463-7187 or mail the original signed application to the address above. It is recommended applications are submitted at least two weeks prior to and no more than six weeks in advance of requested training. Training cannot be considered or funded retroactively. All SSB program funds go directly to the public community or technical college to cover the costs of anonvoed training.

Please note unreadable or incomplete applications cannot be accepted. Any unreadable or incomplete documents received will be returned with required information identified for revision/completion and amblication resubmission.

Applicant Information:

 Table 1, Please provide the requested information. Important: The address provided <u>must</u> be the actual street address of the business where the participating workers are employed, not a Post Office box number.

TABLE 1 - SMA	LL BUSIN	ESS INFO	RMATION		
Legal Name of Small, Private Business:					
Contact Name:					
Contact's Title:					
Contact's E-mail Address:					
Contact's Phone Number:					
Actual Street Address:					
City:					
County:					
State:					
9-digit Zip Code:					
Total Number of Employees (Corporatewide):					
Medical Insurance Provided?			YES		NO
Workers' Compensation or other benefits prov	rided?		YES		NO
TWC Account Number: (This is the account und the <u>TWC Tax Department.</u>)	er which the	business reg	orts employee	wages to	
4-Digit NAICS Code that identifies your inc	lustry: (74	determine :	correct code, a	coass the	

Table 2, please provide eligible public community or technical college information, including the name of the contact person with whom you have consulted in completing this application, if applicable. (Note:

1	toplications with third-party training providess will be			
	TABLE 2 – SELECT	Ξ	D CC	LLEGE INFORMATION
	Name or College:	П		
	college Contact Name (if applicable):	П		
	College Contact Title (if applicable):	П		
	College Contact E-mail Address (if applicable):	П		
	State:	П		

Skills

- Please I voide the total number of new hires or existing employees to participate in requested training.

 Was: New employees are those hired by the applying company within 12 months prior to TWC's reaches of the
 application requesting training. Pending approval, new employees are aligible for up to 51,000 worth of builties and
 face in a 12-month period. Existing employees are those employed by the applying company longer than 12 months
 prior to TWC's reaches of the application requesting training. Pending approval, existing employees are eligible for
 up to 5,000 worth of huities and fees in a 11-month period.
- a. New:
- b. Existing:
- Please explain how each training course(s) listed in Attachment A directly relates to business needs, and will have an immediate, positive impact on the business' daily operations.

I sponse:

Please comps. Table 3 on Attachment A at the end of this document (Page 4). Rows may be added.

Questions 3 and 4:

- Total number of new and existing employees to be trained
- Explain how training relates to business needs

College Information

- Name of College
- College Contact Name
- College Contact Email Address













Table 3, Attachment A: Please complete the following table. All requested information must be provided in order for an application to be considered for funding approval.

- 1. The first three rows in the table below are an example how to complete this section.
- 2. Trainee Name: Please provide the name of each trainee for each requested course. If multiple courses are requested for the same prospective trainee, please listed each course request for that trainee en
- 3. Job Title: Please list job title that matches job duties performed by prospective trainee the majority of the time.
- 4. SOC Code: Please provide Standard Occupational Classification (SOC) code for listed job title. Please co (sult O*Net Auto Coder for assistance in determining the code that matches the job title and job duties performed the majority of the time
- 5. Hourly Wage: Please provide the actual hourly wage for the prospective trainee.
- 6. New/Existing Jobs: Please indicate if the prospective trainee is in a new or existing job. (Please see Question No. 3.)
- 7. Prior Training: Please indicate Y (yes) or N (no) if prospective trainee has participated in Skills for Small Business-funded instruction previously.
- 8. Course Title/Section: Please provide full name of selected course.
- 9. Course start/end dates: Please provided actual course start end dates as mm/dd/yyyy. Dates such as "online," "fall" and "spring" cannot be accepted.
- 10. Course Costs: Please provide full cost of course, cost for SSB to cover and cost for business to cover, when applicable. (Please see Question No. 3)
- 11. Totals: Please ensure to include the total course costs at the bottom of the last three columns.

Trainee Name	Job Title	SOC Code	Hourly Wage	New Job	Existing Job	Prior SSB- Funded Training (Y/N)	Course Title/Section	Course Start (mm/dd/year)	Course End (mm/dd/year)	Total Course Cost (Tuition & Fees Only)	Amount for SSB Program to Fund*	Amount to be Paid by Business (if applicable)
Jane Doe	Office Manager	43-3011	\$17.00		X	N	Accounting I	04/04/2018	05/24/2018	\$450.00	\$400	\$50
Jane Doe	Office Manager	43-3011	\$17.00		X	N	Accounting II	05/25/18	06/15/18	\$550.00	\$500	\$50
John Smith	Architectural Drafter	17-2011	\$21.00	Х		Υ	Autodesk Inventor	05/02/2018	05/30//2018	\$1,800	\$1,800	\$0
					•							
		_										
		_				_						

O*NET-SOC Code
Assistance

WORKFORCE SOLUTION

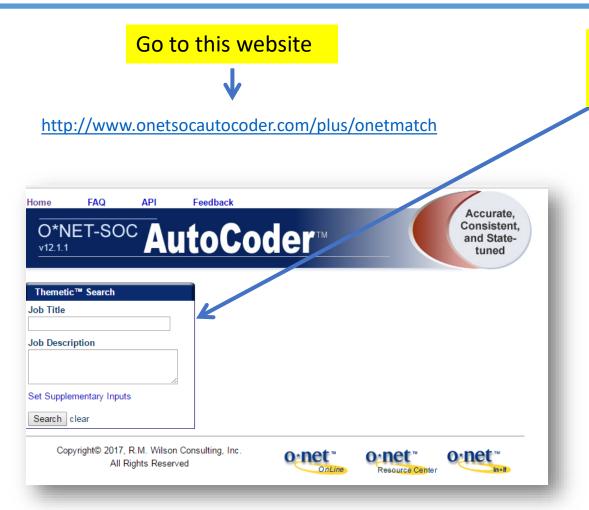




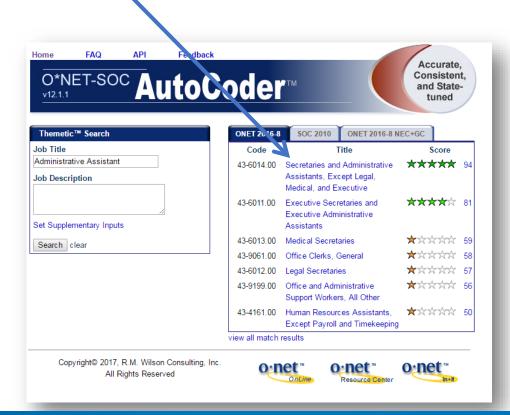




How to Find the O*NET-SOC Code



O Net Soc Auto Coder website can assist you in finding the employee job description SOC code for the grant employee spreadsheet.











TWC Prevailing Wage Chart

Texas Workforce Development Areas (WDA) Wages

Occupational Employment and Wage Statistics Program, Data Benchmarked to 2022

	1		Summary	Wage Statistics Frogram, Sata Schemmarkea to 2022	PCT25
Area Name	Туре	Code		Occupational Title	Wage
Alamo WDA	Hourly	43-6011	Detail	Executive Secretaries and Executive Administrative Assistants	\$24.71
Alamo WDA	Hourly	43-6012	Detail	Legal Secretaries and Administrative Assistants	\$17.91
Alamo WDA	Hourly	43-6013	Detail	Medical Secretaries and Administrative Assistants	\$15.82
Alamo WDA	Hourly	43-6014	Detail	✓ Secretaries & Administrative Assistants, Except Legal, Medical, & Executive	√ \$15.63
Alamo WDA	Hourly	43-9021	Detail	Data Entry Keyers	\$13.93
Alamo WDA	Hourly	43-9022	Detail	Word Processors and Typists	\$20.38
Alamo WDA	Hourly	43-9031	Detail	Desktop Publishers	\$15.14
Alamo WDA	Hourly	43-9041	Detail	Insurance Claims and Policy Processing Clerks	\$18.31
Alamo WDA	Hourly	43-9051	Detail	Mail Clerks and Mail Machine Operators, Except Postal Service	\$13.77
Alamo WDA	Hourly	43-9061	Detail	Office Clerks, General	\$13.87
Alamo WDA	Hourly	43-9071	Detail	Office Machine Operators, Except Computer	\$16.58
Alamo WDA	Hourly	43-9111	Detail	Statistical Assistants	\$17.05
Alamo WDA	Hourly	43-9199	Detail	Office and Administrative Support Workers, All Other	\$17.20

Alamo Area









TWC Skills for Small Business Application – Table 3

Completed Table 3

Trainee Name	Job Title	SOC Code	Hourly Wage	New Job	Existing Job	Prior SSB- Funded Training (Y/N)	Course Title/Section	Course Start (mm/dd/year)	Course End (mm/dd/year)	Total Course Cost (Tuition & Fees Only)	Amount for SSB Program to Fund*	Amount to be Paid by Business (if applicable)
Jane Doe	Office Manager	43-3011	\$17.00		Χ	N	Accounting I	04/04/2018	05/24/2018	\$450.00	\$400	\$50
Jane Doe	Office Manager	43-3011	\$17.00		Χ	N	Accounting II	05/25/18	06/15/18	\$550.00	\$500	\$50
John Smith	Architectural Drafter	17-2011	\$21.00	Х		Υ	Autodesk Inventor	05/02/2018	05/30//2018	\$1,800	\$1,800	\$0
⊢												
Emiliano Solis	General Constructor Laborer	47-2061	\$16.00	X		N	OSHA 10 (General Industry Safety)	07/19/2022	07/20/2022	\$281.00	\$281.00	
Fernando Sanchez	General Constructor Laborer	47-2061	\$18.00	X		N	OSHA 10 (General Industry Safety)	07/19/2022	07/20/2022	\$281.00	\$281.00	
Rodolfo Brown	General Constructor Laborer	47-2061	\$18.00	X		N	OSHA 10 (General Industry Safety)	07/19/2022	07/20/2022	\$281.00	\$281.00	
Ariel Green	General Constructor Laborer	47-2061	\$17.00	X		N	OSHA 10 (General Industry Safety)	07/19/2022	07/20/2022	\$281.00	\$281.00	
Tadeo Perez	General Constructor Laborer	47-2061	\$17.00	X		N	OSHA 10 (General Industry Safety)	07/19/2022	07/20/2022	\$281.00	\$281.00	



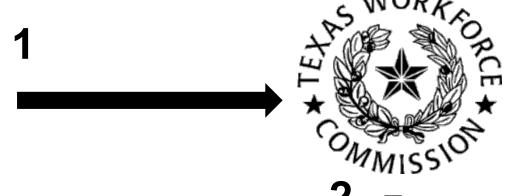




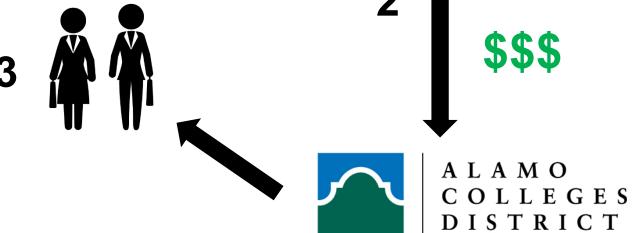


TWC Skills for Small Business Application Process

















TWC Training Information Form (TIF)

Data Reporting Requirements:

If your business' application is determined to be fundable, you will be asked to please provide TWC with specific data on each participating employee before the application is approved and funds are released to the college. It will be used by the college to track each employee's progress in the approved courses and report monthly to TWC.

The following are the required data elements that must be provided to TWC prior to final approval on the application and release funds to the college for the requested training:

- Employee's full name, middle initial (if applicable), and last name
- Employee's Social Security Number*
- Employee's mailing address
- Employee's birth date
- Employee's veteran status (Yes or No)
- Employee's hire date
- * <u>IMPORTANT:</u> There is NO alternative to the use of a SSN as the identifier of individual employees participating in the Skills for Small Business program. Employees who do not allow the release of this information to TWC will not be able to participate in the program. Upon application approval, TWC staff will follow up with your business for secure receipt of required information.









Skills for Small Business Resources

Kathy Fogle, Account Executive

Alamo Colleges Center Operations &

TWC Skills for Small Business Partner at

kfogle3@alamo.edu (210) 485-0863











Thank you.

Learn more at

alamo.edu/SkillsforSmallBusiness









