## Customized Training Program (CTP) Application

### Program Guidelines and Contract Template

Please refer to the Customized Training Program Guidelines for a detailed program description, policies and procedures. Also, please review the Contract Template prior to completing this application. Both are available on the [CTP website](https://www.sbctc.edu/colleges-staff/programs-services/customized-training).

### Eligible Applicants

The Customized Training Program (CTP) accepts applications from two-party affiliations comprised as follows:

1. One party must be a private business that is:
   1. Located in or newly locating to Washington;
   2. A Washington State business and occupation (B&O) taxpayer;
   3. Providing employment opportunities in Washington; and
   4. Forming an agreement with a qualified training institution for customized training.
2. The second party must be a qualified training institution, defined as a Washington State community or technical college or a Washington-located private career school or college licensed by either the Workforce Training and Education Coordinating Board or the Higher Education Coordinating Board.

Applications for the CTP must be submitted to the State Board for Community and Technical Colleges (SBCTC) by the qualified training institution. To release funds in a timely manner, approved applicants must have a signed contract and begin funded activities within 90 days of approval of their application.

### Application Process

The process for applying to the CTP is as follows:

1. **Project Initiation** – Training institutions should contact the SBCTC as early as possible in project development to discuss funding availability and project suitability. Call [Danny Marshall](mailto:dmarshall@sbctc.edu) at 360-704-4332.
2. **Application** – Applications are available online and must be submitted electronically to [Danny Marshall](mailto:dmarshall@sbctc.edu).
3. **Review** – Applications will be reviewed by the SBCTC in a timely manner, but please allow at least two weeks for review.
4. **Project Approval** – Training institution representatives will be notified of application approval, typically by email. It is the training institution’s responsibility to notify the business of approval status.
5. **Contract Packaging** – The SBCTC will then finalize and issue the contract for review and signatures by the business and training institution. Training activities covered by the CTP may not commence until all parties have signed the contract, so please allow adequate lead-time to finalize the contract and to collect all signatures by coordinating a timeline with the SBCTC Program Administrator. *The SBCTC now accepts electronic signatures.*

If you have questions about the CTP, please contact [Danny Marshall](mailto:dmarshall@sbctc.edu), 360-704-4332.

#### Principal Partners

1. **Training Institution Contact Information**

**Institution Name:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**City, State, ZIP:** Click or tap here to enter text.

**Contact Name:** Click or tap here to enter text.

**Telephone:** Click or tap here to enter text. **Email:** Click or tap here to enter text.

***Private career schools and colleges must submit an electronic scan of their current license to operate in Washington to*** [***Workforce Education***](mailto:dmarshall@sbctc.edu) ***at the time of application submission.*** *The license should be issued from either the Higher Education Coordinating Board or the Workforce Training and Education Coordinating Board.*

1. **Training Institution Contract Signatory**

**Name & Title:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**City, State, ZIP:** Click or tap here to enter text.

**Telephone:** Click or tap here to enter text. **Email:** Click or tap here to enter text.

1. **Business Contact Information**

**Business:** Click or tap here to enter text.

**Uniform Business Identifier (UBI):** Click or tap here to enter text.

**Billing Address:** Click or tap here to enter text.

**City, State, ZIP:** Click or tap here to enter text.

**City and County where training will be conducted:** Click or tap here to enter text.

**Contact Name:** Click or tap here to enter text.

**Telephone:** Click or tap here to enter text. **Email:** Click or tap here to enter text.

1. **Business Contract Signatory**

**Name & Title:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**City, State, ZIP:** Click or tap here to enter text.

**Telephone:** Click or tap here to enter text. **Email:** Click or tap here to enter text.

#### Project Timeline

1. **Date of application** (must be renewed if a contract is not signed within 90 days): Click or tap to enter a date.
2. **Contract start date** (date which contracted work begins, such as needs assessment, training design and development, or pre training activities): Click or tap to enter a date.
3. **Training start date** (date at which actual training is expected to begin): Click or tap to enter a date.
4. **Training end date** (date by which training and related post training activities will be completed). To allow for contingencies please make this date the 28th day of the month that follows the last month of training: Click or tap to enter a date.
5. **Contract end date** (date at which business has fully reimbursed SBCTC for training costs – should be 18 months after the training end date): Click or tap to enter a date.

#### Business Description

1. **Business or industry description** (400 characters or less including spaces):

Click or tap here to enter text.

1. **Primary products or services of the business** (200 characters or less including spaces):

Click or tap here to enter text.

1. **Number of years business has been established in Washington:** Choose an item.
2. **Frequency at which business pays Washington State Business and Occupation (B&O) Tax to the Washington State Department of Revenue:** Choose an item.
3. **NAICS Code(s):** Click or tap here to enter text.

#### Training Needs and Outcomes

1. **Summary of the need for training** (400 characters or less including spaces):

Click or tap here to enter text.

1. **Desired contract outcomes for the business, e.g., new employment positions to be created, business expansion, business relocation, etc.** (400 characters or less including spaces):

Click or tap here to enter text.

1. **Desired training outcomes for the business, e.g., trainees will be able to function in the position, run the equipment, etc.** (400 characters or less including spaces):

Click or tap here to enter text.

1. **Description of any other economic or workforce development resources, programs, or funds that this training is coordinated with, leveraged by, or an outgrowth of, e.g., Industry Skill Panels, WorkSource hiring pool, state-financed development loans, etc.** (400 characters or less including spaces):

Click or tap here to enter text.

#### Trainee Summary

1. **Total unduplicated count of trainees to be trained in the project:** Click or tap here to enter text.

##### Description of positions to be trained

|  | Unduplicated count of trainees in each type of position | Average hourly wage of regular employees in these positions | Medical/health benefits offered? |
| --- | --- | --- | --- |
| Management trainees: | Click or tap here to enter text. | Click or tap here to enter text. | Yes  No |
| Supervisor trainees: | Click or tap here to enter text. | Click or tap here to enter text. | Yes  No |
| Production trainees: | Click or tap here to enter text. | Click or tap here to enter text. | Yes  No |
| Support staff trainees: | Click or tap here to enter text. | Click or tap here to enter text. | Yes  No |
| Sales trainees: | Click or tap here to enter text. | Click or tap here to enter text. | Yes  No |
| Other trainees:  Please describe: Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Yes  No |

### Budget

1. **Total cost of training project:1** Click or tap here to enter text.
2. **Per-trainee cost of training:   
   Must equal total cost (6.a) divided by total employees to be trained (5.a)** Click or tap here to enter text.

### Employment2

|  | Job Count at All WA Locations | Job Count at Training Location |
| --- | --- | --- |
| Count of regularly employed positions last calendar year: | Click or tap here to enter text. | Click or tap here to enter text. |
| Count of regularly employed positions this calendar year: | Click or tap here to enter text. | Click or tap here to enter text. |
| Expected count of regularly employed positions twelve (12) months after training end-date: | Click or tap here to enter text. | Click or tap here to enter text. |

**References**

1. Costs may include costs of instruction and pre- and post-training activities, materials and supplies, rental of class space, marketing, travel, and indirect.
2. Positions include a count of regularly employed full-time and part-time jobs (including those vacant) on business’s payroll during the specified time period.

## Attachment B

### Project Description

1. **Description of the scope of work:**

Click or tap here to enter text.

1. **Summary of project objectives:**

Click or tap here to enter text.

1. **Training end-date** (date by which training and related post training activities will be completed). To allow for contingencies please make this date the 28th day of the month that follows the last month of training:: Click or tap to enter a date.

### Training Elements

For each training element (module, course, or class), provide information a. through k. Copy, paste and complete a. through k. for each new element title (topic or course taught). Each of these elements should then be listed as a deliverable under the Project Deliverables, Costs and Timeframe section.

1. **Title**: Click or tap here to enter text.
2. **Element CIP** (closest match): Click or tap here to enter text.
3. **Short description:** Click or tap here to enter text.
4. **Training delivery method** (examples: classroom, instructor-led, online): Click or tap here to enter text.
5. **Delivery site(s)** (employer’s site; off-site training location; etc.): Click or tap here to enter text.
6. **Audience** (existing or new employees): Click or tap here to enter text.
7. **Number of trainees:** Click or tap here to enter text.
8. **Total training hours per trainee:** Click or tap here to enter text.
9. **Explanation of training start- and end-dates, as applicable:** Click or tap here to enter text.
10. **Instructor** (or instructor qualifications):Click or tap here to enter text.
11. **Supplies and materials to be provided by training institution:** Click or tap here to enter text.
12. **Supplies and materials to be provided by business:** Click or tap here to enter text.
13. **Title:** Click or tap here to enter text.
14. **Element CIP** (closest match): Click or tap here to enter text.
15. **Short description:** Click or tap here to enter text.
16. **Training delivery method** (examples: classroom, instructor-led, online): Click or tap here to enter text.
17. **Delivery site(s)** (employer’s site; off-site training location; etc.): Click or tap here to enter text.
18. **Audience** (existing or new employees): Click or tap here to enter text.
19. **Number of trainees:** Click or tap here to enter text.
20. **Total training hours per trainee:** Click or tap here to enter text.
21. **Explanation of training start- and end-dates, as applicable:** Click or tap here to enter text.
22. **Instructor** (or instructor qualifications):Click or tap here to enter text.
23. **Supplies and materials to be provided by training institution:** Click or tap here to enter text.
24. **Supplies and materials to be provided by business:** Click or tap here to enter text.

### Support Activities

Please provide additional information on any activities that are not mentioned above. This may include needs assessment, interviews, meetings, pre-testing activities, program evaluation, skills testing, outcome evaluation, etc.

Click or tap here to enter text.

### Copyright Provisions

Ownership of the curriculum is to be covered here in the contract. Curriculum that is proprietary to the business will understandably be owned by the business. Ownership of curriculum that is newly developed for this company could be jointly owned, particularly if both parties are able to use it again. Colleges retain ownership of their pre-existing curriculum and are advised to retain ownership of new curriculum that could be used in future applications, e.g. basic supervisory skills or customer service skills.

### Project Deliverables, Costs, and Timeframe

The matrix below provides guidelines for organizing your training project by identifying the specific deliverables that will occur before, during, and after the actual training. Blank lines can be deleted. By the same token, please add lines for deliverables that are not listed here. If you provide a deliverable but can’t assign a specific cost to it, please include it in the list and note the cost as “included in Module costs” or elsewhere.

| Pre-Training Deliverables | Cost of each deliverable | Brief Description of Pre-Training | Timeframe |
| --- | --- | --- | --- |
| Needs Assessment | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Curriculum Development | *Sample: Included in module costs* | Click or tap here to enter text. | Click or tap here to enter text. |
| Other | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Subtotal Required: | $ 0.00 |  |  |

| Training Deliverables | Cost of each deliverable | Brief Description of Training | Timeframe |
| --- | --- | --- | --- |
| Module 1 *(use own terms)* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Module 2 *(if needed; use own terms)* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Module 3 *(if needed; use own terms)* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Subtotal Required: | $ 0.00 |  |  |

| Post-Training Deliverables | Cost of each deliverable | Brief Description of Post-Training | Timeframe |
| --- | --- | --- | --- |
| Program Evaluation | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Other | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Subtotal Required: | $ 0.00 |  |  |
| Total Cost of Training Program to Business: | **$ 0.00** |  | **Training Program End Date:**  *[MM/DD/YYYY]* |