



TEXAS WORKFORCE COMMISSION SKILLS FOR SMALL BUSINESS Application Instructions

The [Skills for Small Business Program Overview](#) provides information on eligibility, program parameters, reporting requirements, and submission of the application. 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 SkillsForSmallBusiness@twc.state.tx.us.

1. Table 1: Please provide information about the small, private business requesting training assistance.
 - a. The business street address, including the [nine-digit ZIP code](#), indicating the employee's physical work site. Please do not list a Post Office box.
 - b. The total employee count companywide. If your company has multiple locations within and outside of Texas, even globally, the total employee count across all locations is required.
 - c. If you do not know your Experian Business Identification Number (BIN), please go to the [Experian Web site at http://www.SmartBusinessReports.com/ExperianBIN](#), type in your company name, city and state, and then hit "search." The next page will show the BIN number in the upper left corner.
 - a. Your TWC Account Number is the account under which the business reports employee wages to the [TWC Tax Department](#).
 - b. To determine your NAICS Code (North American Industrial Classification System Code), please access the [U.S. Census Web site at: http://www.census.gov/eos/www/naics](#).
2. Table 2: Please provide [eligible public community or technical college](#) information, including the name of the college representative whom you consulted to complete this application (*if applicable*).
3. Please explain how each training course(s) listed in Attachment A will have an immediate, positive impact on the business' daily operations.
4. Table 3, Attachment A: Please provide the information listed below. You may add rows as needed
 - a. The job title of each individual for whom training is requested.
 - b. The Standard Occupational Classification (SOC) Code for each job title listed. You may enter occupational information at [O*NET-SOC AutoCoder](#) for determining the correct occupational codes. (*If you need additional assistance, please contact TWC's Business Outreach and Project Development team at (877) 463-1777 or e-mail SkillsForSmallBusiness@twc.state.tx.us*)
 - c. The actual hourly wage of the employee in the occupation for which you are requesting training. *Do not provide monthly, annual or average wages, or wage ranges.*
 - d. Please indicate if the individual in the occupation for which you are requesting training is new or existing. (*A **new employee** is an individual who was hired in the 12 months prior to the date this application is received by TWC. An **existing employee** is one who is currently employed by the business and has been employed for longer than the 12 months prior to the date this application is received.*)
 - e. Please indicate if the individual in the occupation for which you are requesting training has previously received training under the SSB program.
 - f. The requested SSB-funded course title and section.
 - g. The course beginning and end dates.
 - h. The total cost of the course (tuition and fees only), the amount the SSB program is anticipated to fund and the amount the business is anticipated to fund (if applicable).
5. Please sign the "Business Assurances and Attestations" (Application Page 2) and include it with your application.

