



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](#). The [Application Instructions](#) may be used as a guide for completing this form. Our Business Outreach and Project Development team also 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. Please e-mail the fully completed Microsoft Word version (without signatures) and Attachment A spreadsheet to the attention of Cristina Ramos at SkillsForSmallBusiness@twc.state.tx.us. Please also send the original signed application by fax to (512) 463-7187 or by mail to the following address:

*Texas Workforce Commission
 4405 Springdale Rd.
 Austin, TX 78723
 ATTN: Cristina Ramos, Room 424T*

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 approved 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 application resubmission.

Applicant Information:

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

TABLE 1 – SMALL BUSINESS INFORMATION		
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:		
Business' Total Number of Individual Employees:		
Medical Insurance Provided?	YES	NO
Workers' Compensation or other benefits provided?	YES	NO
TWC Unemployment Tax Account Number: (This is the account under which the business reports employee wages to the TWC Tax Department .)		
4-Digit NAICS Code that identifies your industry: (To determine correct code, access the U.S. Census Web site at: http://www.census.gov/eos/www/naics .)		