



# CERTIFICATION STATEMENT (CS) (ETP100J)

## for MEC RESPOND (ALT Funding)



<i>To be completed by ETP Contractor</i>	
<b>CONTRACTOR NAME:</b>	LOCAL GOVERNMENT COMMISSION
<b>AGREEMENT #:</b>	ET15-1004
<b>REFERENCE #:</b>	ET15-0248
COMPANY'S CALIFORNIA ACCOUNT NUMBER (CEAN):	
COMPANY NAME:	
STREET ADDRESS:	
CITY:	
STATE:	
ZIP CODE:	
E-MAIL ADDRESS:	
WEBSITE ADDRESS:	
NUMBER OF FULL-TIME COMPANY EMPLOYEES	WORLDWIDE:
	IN CALIFORNIA:
ESTIMATED NUMBER OF ETP TRAINEES:	
NAICS INDUSTRY CODE	
Add Professional Employee Organization (PEO) If Applicable	Name of PEO:
	PEO CEAN:
TURNOVER RATE OF FULL-TIME EMPLOYEES DURING MOST RECENT CALENDAR YEAR (JANUARY-DECEMBER):	%
UNION SUPPORT:  Company employees represented by a union? Employees to be trained represented by a union?  Union and Local?  Contact Name and Information (phone, email)	<input type="checkbox"/> Yes <input type="checkbox"/> No Yes      No <hr style="width: 100%;"/>

**CERTIFICATION STATEMENT (CS)  
(ETP100J)**

**For MEC: RESPOND- Drought (ALT Funding)**

<b>FUNDING SOURCE QUALIFICATIONS and NEED FOR TRAINING</b>	
<b>Rapid Employment Strategies Pilot on Natural Disasters (RESPOND): Drought</b>	
<p>Describe how your company operation(s) / division qualifies for training in one or more of the following areas, and why you need to train your employees:</p> <p><b><u>Project Target:</u></b></p> <ul style="list-style-type: none"> <li>• Identify opportunities to re-skill workers displaced by drought impact on their industry sector or local economy;</li> <li>• Avert layoffs by employers for these same reasons; and</li> <li>• Assist employers with transitioning operations to more water-sustainable operations and practices.</li> </ul> <p>RESPOND will support training for designated drought impacted counties for industries such as:</p> <ul style="list-style-type: none"> <li>• Agricultural sector (including value-chain operations such as packing/distribution).</li> <li>• Service Sectors providing assistance to farm workers and farmers.</li> <li>• Water system operations and water supply.</li> <li>• Emergency needs related to drinking water.</li> <li>• Hydropower generation and any direct or indirect impacts to the electricity supply.</li> <li>• Support for efforts to address long-term habitat preservation and environmental sustainability.</li> </ul>	
<p>List the occupations and/or types of jobs of employees that will be trained:</p>	
<p>Participating employers must be located in a drought impacted county (see <a href="#">RESPOND Guidelines</a>). Please list the county(ies) where training will take place here:</p>	

<b>EMPLOYER CONTRIBUTION</b>	
<p><i>Describe your company's contribution towards training related expenses by marking the boxes that apply:</i></p>	<p><input type="checkbox"/> Pay trainee wages during training</p> <p><input type="checkbox"/> Contribute equipment, materials, supplies, or space for training</p> <p><input type="checkbox"/> Contribute staff time to conduct training assessments or coordinate training</p> <p><input type="checkbox"/> Other: _____</p>
<p><i>Estimate amount contributed to the above noted training-related costs:</i></p>	<p>Approximate employer contribution: \$ _____</p>
<b>RELIABILITY OF DATA</b>	
<p>Contractors must verify the data entered here, including an update on the address/contact information as necessary. In particular, contractors should verify the number of full-time employees. The size of a small business may change rapidly, and it is the contractor's sole responsibility to ensure numbers are accurate. The data displayed above may "populate" from previous entries, as a matter of convenience only. ETP makes no representation as to its accuracy.</p>	
<b>COMPENSATORY NATURE OF TRAINING</b>	
<p>Employer is aware of, and will abide by, the standards for compensating employees for time spent in "mandatory" training that is directly job-related, pursuant to state and federal work orders enforced by the Division of Labor Standards Enforcement (DLSE). (See DLSE Manual at Section 46.6.5).</p>	



**CERTIFICATION BY COMPANY MANAGEMENT**

**\* (MUST BE COMPLETED AND SIGNED BY THE PARTICIPATING EMPLOYER) \***

I certify that to the best of my knowledge the foregoing and all attached documents and accompanying information accurately and correctly reflect the reasons for our participation in the ETP Alternative Funded training program.

Print Name of Signatory: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
(Owner, President, Vice President)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
ELECTRONIC SIGNATURES ARE ACCEPTABLE

Company Contact (If other than signatory): \_\_\_\_\_

Phone & Fax Number: \_\_\_\_\_