



CERTIFICATION STATEMENT (CS) (ETP100E)

for Participating Employers Retraining Workers

<i>To be completed by ETP Contractor</i>	
CONTRACTOR NAME:	Studio Arts, LTD.
SAGREEMENT #:	ET24-0232
REFERENCE #:	24-0169
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	
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? IDENTIFY UNION AND LOCAL:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/>
JUSTIFY NEED FOR TRAINING:	
<i>Briefly explain the nature of your business and describe your business' purpose for participating in this training program.</i>	

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COMMITMENT TO TRAINING	
<p><i>Does your company currently have a training program?</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><i>If yes,</i></p> <p><i>Explain how ETP training funds will not displace your company's existing resources for training.</i></p> <p><i>Explain the types of training your company has provided in the past, whether the training was job specific or organization wide.</i></p> <p><i>Explain your company's current training efforts.</i></p> <p><i>Explain your commitment to training company workers after the completion of ETP-funded training.</i></p>	
EMPLOYER CONTRIBUTION	
<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>
ADD PROFESSIONAL EMPLOYEE ORGANIZATION (PEO) IF APPLICABLE	
COMPENSATORY NATURE OF TRAINING	
<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 REPRESENTATIVE

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-funded training.

Print Name of individual signing below: _____

Title: _____
(Owner, President, Vice President, or other authorized representative)

Phone #: _____

Signature: _____ Date: _____