

QUALIFIED ORGANIZATION APPLICATION

Applicants are hereby notified and acknowledge that these application and appendix materials will be provided to the training advisory committee for review. Applicants further understand that application and appendix materials—including employee names—will be published on the DIR website in accordance with the Bagley-Keene Open Meeting Act and redacted subject to applicable state and federal laws including, but not limited, to the California Information Practices Act of 1977.

Return Completed Form to: Senior Deputy, Licensing & Registration | DLSEJanitorialService@dir.ca.gov

This form is to be completed by an organization applying to become a “qualified organization” and/or its “training partner” as defined under Labor Code section 1429.5(j). Please answer each question in a complete manner.

A “training partner” means a “nonprofit, worker center, or labor organization with at least two years of demonstrated experience in addressing workplace sexual abuse, immigrants’ rights advocacy, and worker rights advocacy.”

Information Regarding Who is Completing this Form:

Name of person submitting form: _____

Title: _____

Email address: _____

Organization *(please include the name, address, phone number, email, and website to be listed on the [DIR](#) website):*

Service Areas Covered *(please specify each county in which the training will be provided):*

(Add an addendum if more space is needed.)

Please indicate if you are an organization applying to become a qualified organization (or, “applicant organization”), or if you are a training partner completing this form in collaboration with the applicant organization.

Qualified Organization (QO) **Training Partner**

a. If you are the training partner, please identify the name of the affiliated applicant organization. _____

b. In addition, if you are a training partner, please provide [documentation](#) showing you are a nonprofit, worker center, or labor organization with at least two years of demonstrated experience in addressing workplace sexual abuse, immigrants’ rights advocacy, and worker rights advocacy.

- c. Please provide a copy of the [written partnership agreement](#) between the applicant organization and the training partner.
- d. **(For QO applicants only.)** Are you a nonprofit corporation as described in subsection (c) of Section 501 of the Internal Revenue Code of the United States (26 U.S.C. 501(c))?
 Yes No
If yes, please attach the [IRS 501\(c\) Determination Letter](#).

A QO, on its own or through its training partner, must comply with all of the following (Nos. 1-4):

1. Do you have and maintain at least 30 qualified peer trainers who are available to provide training to nonsupervisory covered workers? Yes No
Please provide a [list](#) of at least 30 qualified peer trainers.

2. Do you have access to local and regional sexual violence-related trauma services and resources for local referrals documented through letters of acknowledgment from service providers?
 Yes No
If yes, please provide [letters of acknowledgment](#) from at least two service providers.

3. Are you committed to ongoing education and development as documented by a minimum of 10 hours of professional development each year for qualified organization staff and peer trainers in areas of research and strategies to prevent and respond to sexual assault and sexual harassment? Yes No
If yes, please provide [documentation](#) showing a minimum of 10 hours of professional development in the last year.

4. Do you have seven years of demonstrated experience working with employers to provide training to employees both on and off the worksite in the janitorial industry, including seven years demonstrated experience working with immigrant low-wage workers?
 Yes No
If yes, please provide [documentation](#) of seven years of demonstrated experience as referenced above.

Please complete the following questions regarding peer trainer qualifications.

- a. Does each peer trainer have the training, knowledge, and experience necessary to train nonsupervisory covered workers?
 Yes No

5. Does each peer trainer have at least a cumulative 40 hours of sexual assault advocate training in the following areas? Yes No
If yes, please provide [documentation](#) showing at least a cumulative 40 hours of sexual assault advocate training in the following areas.
 - Survivor-centered and trauma informed principles and techniques.
 - The long-term effects of sexual trauma and the intersection of discrimination, oppression, and sexual violence.
 - The availability of local, state, and national resources for survivors of sexual violence.
 - Interactive teaching strategies that engage across multiple literacy levels.
 - Conducting discrimination, retaliation, and sexual harassment prevention training.
 - Responding to sexual harassment complaints or other discrimination complaints.
 - Employer responsibility to conduct investigations of sexual harassment complaints.

- Advising covered workers regarding discrimination, retaliation, and sexual harassment prevention.

6. Does each peer trainer have two years of nonsupervisory work experience in the janitorial or property service industry? Yes No

If yes, please provide documentation showing that each peer trainer has two years of nonsupervisory work experience in the janitorial or property service industry.

7. Is each peer trainer culturally competent and fluent in the language or languages that the relevant covered workers understand? Yes No

If yes, please complete the following section:

Instructional Language(s): Spanish English Other _____

Please provide documentation that each peer trainer is culturally competent and fluent in the language or languages that the relevant covered workers understand.

I declare under penalty of perjury under the laws of the State of California that the foregoing, including all documents submitted in support of the foregoing, is true and correct.

Name of Person Completing this Form: _____

Signature of Person Completing this Form: _____ Date: _____

Office Use:
Date Submitted _____

DLSE Approved: Yes No Date _____