

CRATER REGIONAL WORKFORCE INVESTMENT GROUP

114 N. UNION STREET, PETERSBURG, VIRGINIA 23803

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**Application for Providers of Training Services
For training referrals under the Workforce Investment Act (WIA)**

The purpose of this application is to collect information on program enrollments, completions, degrees awarded, job placements and the financial stability of the agency. The data will be placed on a statewide listing of eligible providers of training services; accessible to all job seekers through the Workforce Investment Act (WIA) of 1998.

Agency Information

Date: _____, 20

Contact Person:

Federal Tax ID Number:

Mailing Address

Line 1:

Line 2:

City: _____ State: _____ Zip: _____ -

Street Address or Location:

Phone:(_____) _____ - Ext:

Fax: (_____) _____ -

E-Mail:

Website:

Number of years agency has been in operation:

Admissions Office Phone Number: () - Ext:

Financial Aid Office Phone Number: () - Ext:

Accrediting Organization (state approving entity):

Is your training program and facility in compliance with the provisions of the Americans with Disabilities Act (ADA)?

Yes No

Does your institution participate in Title IV, Federal Financial Aid programs, such as Pell Grants and Perkins Loans Programs?

Yes* No

** If Yes, list types and attach a copy of Title IV eligibility certification.*

List Federal Financial Aid Programs in the box below:

Is a Non-Discrimination statement provided/accessibile?

Yes No

Agency Classification

Please select the category (and subcategory, if applicable) that best describes your organization

Unit of Government

City

County

State

Consortium

Not for Profit (tax exempt under IRS code 501)

Community- based Organization (per Sec. 101 of WIA)

Educational Institution as defined in Sec. 481 (a) (1) Higher Education Act of 1965

4+ year

2 year

Proprietary Post-
Secondary

Commercial (For Profit) Organization

Proprietorship

Partnership

Corporation

Please check applicable selections which describe your organization:

Community-Based Organization

Accredited School (Proprietary, For-Profit)*

Accredited School (Not-For-Profit)*

Non-Accredited Private Training Provider (Proprietary, For-Profit)

Non-Accredited Private Training Provider (Not-For-Profit)

Other (Please describe):

* Provide as an attachment documentation of accreditation

TRAINING PROGRAM/COURSE STATISTICS

The following data must be tracked **each year** for each program of training services provided and must be completed for **all** students. All performance data is required for training provided under WIA. Definitions explaining these categories are indicated in the example below.

EXAMPLE ONLY - DO NOT FILL OUT	Total Participants	Completed/ Employed	Percentage
Completion Rate			
Employment Rate			
Retention Rate (6 months after 1st day of employment)			
Rate of state recognized or industry recognized licensure; certification, attainment of academic degree or equivalent attained by all program graduates (i.e., CAN, LPN, CDL)			
Wages (average beginning hourly wages for all employment placements)			
Wages (average hourly wage gain in 6 months after employment)			
Percentage of job-seeking individuals participating in program who obtain unsubsidized employment.			

- 1. Completion Rate** – Number of applicants who completed program. This percentage is formulated by dividing total number of applicants who completed the program by total number of program enrollees.
- 2. Employment Rate** – Of those who were not employed at registration, the number of adults who have entered employment by the end of the first quarter after exit divided by the number of adults who exit during the quarter.
- 3. Retention Rate** – Of those who are employed in the first quarter after exit, the number of adults who are employed in the third quarter after exit divided by the number of adults who exit during the quarter.
- 4. Rate of state recognized or industry recognized licensure; certification, attainment of academic degree or equivalent attained by all program graduates (i.e., CAN, LPN, CDL)** - Of adults who received training, the number of adults who were employed in the first quarter after exit and received a credential by the end of the third quarter after exit divided by the number of adults who exited services during the quarter.
- 5. Wages (average beginning hourly wages for all employment placements)** - (average beginning hourly wages for all employment placements) – The hourly wage for exitters entering unsubsidized employment.
- 6. Wages (average hourly wage gain in 6 months after employment) - (average hourly wage gain in 6 months after employment)** – Average earnings change in six (6) months. Of those who are employed in the first quarter after exit: Total post-program earnings (earnings in quarters 2 and 3) divided by the pre-dislocation earnings (earnings in quarters 2 and 3 prior to dislocation).
- 7. Percentage of job-seeking individuals participating in program who obtain unsubsidized employment** - Number of exitters entering unsubsidized employment (for a period of time) divided by the total number of exitters (for a period of time).

CERTIFICATION AND REPRESENTATION

I, _____ (Name), as _____ (Title) of _____ (Applicant Agency), hereby certify and represent the following:

1. That the information in this application and all attachments is true and correct to the best of my knowledge and belief, and

2. That _____ (Applicant Agency) will permit official representatives of the local Workforce Investment Board access to its facilities, staff, and records for the purpose of verifying information contained in this application and for collecting any additional information related to its qualifications as a provider of training services under WIA.

Authorized this _____ day of _____, 20____.

Name:

Title:

Crater Regional Workforce Investment Board
APPLICATION/RECERTIFICATION FOR PROVIDERS OF
TRAINING SERVICES
Training Program/Course Information

A separate application must be completed for **each** training program or occupational skills course of study. A program of training services is one or more courses or classes that, upon successful completion, leads to a certification, an associate degree or baccalaureate degree, a competency or skill recognized by employers, or a training regimen that provides individuals with additional skills or competencies.

Training Program Name:

Total Program Length:

Training Program Description and/or Curriculum:

Prerequisites:

Exams Taken for Successful Completion: YES NO

List Exam (s) Taken:

Is the Occupation in Demand? YES NO

Total Hours of Instruction:

Training Program Costs:

Tuition:	\$, .
Fees:	\$, .
Textbooks:	\$, .
Supplies, Misc. (i.e., uniforms, tools, license, physicals, graduation fees)	\$, .
TOTAL COSTS:	\$, .

Training Program Site:

Telephone Number: Phone:() - Ext:

SUPPLEMENTAL INFORMATION

In addition to the attachments associated with the previous sections of this application, copies of the following documents **MUST** be included. Please place your initials in the space provided to indicate you have attached the requested documentation.

Suspension/Debarment of Certification

Equal Opportunity Certification

Copy of License to Conduct Business in Virginia

Copy of Current General Liability Insurance Coverage

Proof of Accreditation

Copy of Grievance Procedure for Individuals with complaints on issues such as discrimination, accessibility, etc

FOR CRWIB OFFICE USE ONLY			
Date Received By CRWIB	Date Approved By CRWIB	Date CRWIB Submitted to State	Authorized CRWIB Signature

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION-LOWER TIER COVERED TRANSACTIONS

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Organization:

Authorized By:

Date: _____, 20

ANTI-DISCRIMINATION CERTIFICATION

The Contractor certifies to the Commonwealth that they will conform to the provisions of the Federal Civil Rights Act of 1964 as amended as well as the Virginia Fair Employment Contracting Act of 1975, as amended, where applicable, the Virginia with Disabilities Act and Section 11-51 of the Public Procurement Act which provides:

In every contract over \$10,000 the provisions in (a) and (b) below apply:

1. (a) The Contractor will not discriminate against any employee or applicant for employment because of race, religion, color, sex, national origin, or disabilities except where religion, sex, or national origin is a bona fide occupational qualification reasonable necessary to the normal operation of the Contractor. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this non-discrimination clause.

(b) The Contractor in a solicitations or advertisements for employees placed by or on behalf of the Contractor, will state that such contractor is an equal opportunity employer.

(c) Notices, advertisements, and solicitations places in accordance with the Federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this section.

(d) The Contractor will include the provisions of (a) above in every subcontract or purchase orders over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

Organization

Authorized By:

Date: _____, 20

CERTIFICATION REGARDING LOBBYING

CERTIFICATION FOR CONTRACTS, GRANTS, LOANS, AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, in connection with the awarding of any federal contract, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in according with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1342, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Grantee/Contractor Organization:

Program:

Certified By:

Date: , 20

Stop! Make sure you have fully completed this form before pressing the submit button

Click here to submit your form

Click here to clear this form entirely:
will be lost if this button is pressed..

***WARNING!** All information entered on this form

Once you have submitted this form, click [here](#) to access the Acknowledgement form. You **must** fill, out, print and mail in the Acknowledgement form along with your supplemental documentation. You do not, however, need to submit a hardcopy of this application form.