# Eligible Training

# Provider Application

Applicant Information

**Name of Organization:** Click here to enter text.

**Address:** Click here to enter text.

**City:** Click here to enter text.

**State:** Click here to enter text.

**Zip:** Click here to enter text.

**Ward (if applicable):** Click here to enter text.

**Website:** Click here to enter text.

**Federal Employer Identification Number (FEIN):** Click here to enter text.

**Contact Name:** Click here to enter text.

**Title:** Click here to enter text.

**Phone number:** Click here to enter text.

**Email:** Click here to enter text.

**Organizational Type.** Please indicate your organizational type:

[ ]  A postsecondary institution eligible under Title IV of the HEA and offering programs leading toward an associate degree, baccalaureate degree or certificate

[ ]  An apprenticeship program registered with the District’s Office of Apprenticeship Information and Training

[ ]  Other public or private provider of occupational training services (e.g., nonprofit, community- or faith-based organization; trade association or chamber of commerce; or private, for-profit service provider)

Program Services

 **Overview of Proposed Training Program(s).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Name or Course of Study** | **Target Occupation(s)** | **SOC Code(s)[[1]](#footnote-1)** | **Date First Implemented** | **Total Cost per Student[[2]](#footnote-2)** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Program Information.** Please provide the following information for *each* program or course of study listed in the table above. Copy and paste the relevant fields as necessary.

 *Occupational Training* (required). Describe the course curriculum for the occupational training to be provided. Describe how the curriculum will provide participants with the knowledge, skills and abilities necessary for entry into the target occupation, consistent with the [District’s High Demand Sectors and Occupations List](https://dcworks.dc.gov/sites/default/files/dc/sites/dcworks/page_content/attachments/2015%20Demand%20Sectors%20and%20Occupations%20List%20-%20WIC%20Board%20Approved.pdf).

 Click here to enter text.

 Please include a content outline for *each* program offered.

*Certification/Credential.* Please indicate the type of certification or credential offered:

[ ]  High school or secondary degree, diploma, or GED

[ ]  Post-secondary diploma, certificate, or degree, <1 year

[ ]  Post-secondary diploma, certificate, or degree, 1-2 years

[ ]  Associate degree

[ ]  Registered apprenticeship certificate

[ ]  Occupational license

[ ]  Personnel certification from industry or professional association

[ ]  Other skill certificate for specific skill sets or competencies within one or more industries or occupations

[ ]  Other (please specify):

Name of certification or credential and third-party administrative body: Click here to enter text.

*Career Services (optional).* Do you intend to provide job search and placement services as part of this training program? [ ]  Yes [ ]  No

If yes, please indicate which of the following job search and job placement services are provided as part of the program:

 [ ] Career counseling services

[ ] Resume building

[ ] Internships, externships, on-the-job training, transitional employment opportunities

[ ] Mock interviewing

[ ] Job matching

[ ] Job development/job placement

[ ] Post-placement follow-up services

[ ] Coordination for alumnae peer support networks

Please describe the job search and placement services you plan to provide to participants. How will it be contextualized to your program model’s target occupations?

Click here to enter text.

 *Course Hours and Schedule.* Indicate the total number of course hours.[[3]](#footnote-3) Click here to enter text.

[ ]  Occupational training hours: Click here to enter text.

[ ]  Job Search and Placement activities hours: Click here to enter text.

[ ]  Other hours (please describe): Click here to enter text.

 Please describe the regular weekly course schedule (e.g. class days/times):

 Click here to enter text.

Please include a current academic enrollment calendar that indicates class start and end dates for each proposed program.

*Supportive Services.* While ITA funds may only be used to support costs defined in WIC Policy No. 2013-008, Change 1 (tuition and books, required equipment, and license and exam fees), the District strongly encourages ETPS to leverage additional resources to provide services that help participants complete training and overcome barriers to employment. Please indicate whether your offer any of the following to program participants:

[ ] Case management

[ ] Life skills/work readiness/professional skills development

[ ] Tutoring

[ ] Mentoring

[ ] Mental health services

[ ] Substance abuse counseling

[ ] Drug testing

[ ] Health care

[ ] Stipends

[ ] Child care assistance

[ ] Driver’s license obtainment or driving record remediation

[ ] Transportation assistance

[ ] Legal assistance

[ ] Housing assistance

[ ] Assistance for individuals with disabilities

[ ] Assistance with work-related expenses (uniforms, supplies, tools, etc.)

[ ] Financial counseling (assistance with financial aid, other tax assistance, or debt removal)

[ ] Basic computer literacy

[ ]  Other (describe)

*Instructors.* Please indicate the number of Instructors for each proposed training program.

Click here to enter text.

Briefly describe the qualifications of the course instructors (200 words or less).

Click here to enter text.

Please submit current professional resumes for all instructors.

*Program Enrollment Requirements***.** Describe any minimum requirements or prerequisites for program enrollment (e.g., required literacy/numeracy levels or educational attainment) and any factors that may disqualify an individual from program participation (such as failure to pass a drug test, etc.)

Click here to enter text.

*Population Served* . If your program is designed to meet the needs of jobseekers with specific barriers to employment (such as individuals returning from incarceration, homeless individuals, long-term unemployed, basic skills deficient residents, or TANF recipients, etc.), please describe that target population and how your program addresses these barriers:

Click here to enter text.

**Industry Engagement**

Please indicate how area employers in the training program’s targeted industry or occupation contribute to training program services.

[ ]  Hire graduates

[ ]  Assist with and/or provide input on curriculum

[ ]  Serve on industry advisory or programmatic boards

[ ]  Provide instruction or in kind instructors

[ ]  Provide job shadowing, mentoring, or internship opportunities

[ ]  Provide materials, equipment, meeting space, or other in-kind resources

[ ]  Make financial contributions

[ ]  Offer tuition reimbursement or other benefits that facilitate training and education

[ ] Other (please describe) Click here to enter text.

 **Proposed Program Cost Breakdown**

Please complete the table below. The costs detailed below should include expenses associated with the occupational training, related expenses, and career or supportive services for each program described under Program Information above).

The tuition and program-related costs listed should be based on rates that are normally charged to an enrolled student and made commercially available to the public.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Program Name** | **Tuition** | **Books** | **Licensing/ Certification Fee(s)** | **Required Equipment** | **Other** | **Total Cost** |
| Click here to enter text.Occupational Training Services  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text.Career or supportive services (if applicable) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

Please submit an electronic PDF file of course catalogue or marketing brochures demonstrating that all program-related costs are standard rates charged to the public.

Is this program eligible for Pell Grants or other federal financial assistance under Title IV of the Higher Education Act? [ ] Yes. [ ] No. *(Providers that are Title IV post-secondary institutions or DC OAIT apprenticeship programs)*

If “Yes,” please include a copy of your organization’s certificate of eligibility to participate in Title IV funding. Please note that participants in qualifying programs must apply for Pell Grant or other grant funding; WIOA funds may only be used to cover authorized expenses that are not covered by Pell Grants or other grants.

If the total cost described above exceeds the total amount of ITA funds available, please describe how you will leverage other funding sources to ensure that WIOA-funded participants are not liable for such additional costs.

Click here to enter text.

If the total cost of the program exceeds the total amount of eligible ITA funds, you must submit a cost cap letter on institutional letterhead stating that neither DOES nor DOES customers will be liable for training costs that exceed ITA funding. Please use the [cost cap letter template](https://dcgovict.sharepoint.com/%3Aw%3A/r/sites/WorkforceInvestmentCouncilEOM/_layouts/15/Doc.aspx?sourcedoc=%7B0A56F0E0-E384-4077-AFF9-8CD1046553F2%7D&file=Eligible%20Training%20Provider%20ITA%20Cost%20Cap%20Letter%20Template.docx&action=default&mobileredirect=true) as a guide.

Organizational Capacity

**Educational License**

Is your organization currently licensed to provide education and occupational training services through the District Higher Education Licensure Commission, Maryland Higher Education Commission, or the State Council of Higher Education for Virginia? [ ] Yes. [ ] No.

Please list the training location(s) approved under the current license:

Click here to enter text.

Please attach a copy of your current educational license and/or letter of good standing from your state’s higher education authority.

**Facilities**

Describe the facilities that will be used to provide services, including the address(es) at which services will be provided, hours of operation, total square footage of facilities, accessibility to target jobseekers, including those with disabilities, and equipment or resources that will be available to jobseekers.

Click here to enter text.

**Financial Management**

Describe the organization’s fiscal management systems and staff’s government contract (or other government funding source) accounting experience.

Click here to enter text.

Describe how program staff will coordinate with fiscal management staff to ensure proper tracking and documentation of program enrollment, participation, completion for billing purposes.

Click here to enter text.

**Performance Reporting and Data Management**

Describe your organization's data management system and procedures for tracking and reporting student outcomes including credential attainment, and employment placement and retention.

 Click here to enter text.

Who in your organization is responsible for maintaining and evaluating the data system? Who in the program will be responsible for data entry, and who will be responsible for reporting? How will the program ensure that all service and outcome data is submitted in an accurate and timely manner?

 Click here to enter text.

**Grievance Policies and Procedures**

Please describe any internal grievance policies and procedures available to WIOA customers.

Click here to enter text.

Please attach any relevant policies or standard operating procedures.

 **Drug Testing Policies**

Does your organization utilize drug testing as a condition of eligibility or participation in any of the programs described above? [ ] Yes. [ ] No.

 If so, please describe your organization’s drug testing the policies and procedures.

 Click here to enter text.

Please attach any relevant policies or standard operating procedures.

**Past Performance**

If the program(s) included in this application are currently being offered, or have previously been offered, by the applicant, please provide the following performance data requested below for the most recent twelve (12) month period for which data is available (to the extent practicable):

**Year:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Name** | **Number of participants enrolled** | **Number of participants who completed program** | **Number of individuals participating in the program who obtained unsubsidized full-time, permanent employment** | **Average wage at job placement in employment for all individuals participating in the program** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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**Attachment A: Training Provider Assurances and Acknowledgements**

Please initial each of the blank fields below. The undersigned assures compliance to ALL of the following:

      WIC WIOA Eligible Training Provider Policy

      [American’s with Disabilities Act](http://www.eeoc.gov/laws/statutes/ada.cfm)

      [Civil Rights Act](http://www.eeoc.gov/laws/statutes/titlevii.cfm)

      [Federal Acquisition Regulations, Subpart 9.4—Debarment, Suspension, and Ineligibility](https://www.acquisition.gov/far/05-50/html/Subpart%209_4.html)

      [District of Columbia Municipal Regulations (DCMR)](http://os.dc.gov/os/cwp/view%2Ca%2C1207%2Cq%2C522392.asp)

      [Drug-Free Workplace Act](http://www.dol.gov/elaws/asp/drugfree/require.htm)

      [Language Access Act](http://ohr.dc.gov/ohr/cwp/view%2Ca%2C3%2Cq%2C636135%2CohrNav%2C%7C30953%7C.asp)

# Initial Eligibility: Application Checklist

|  |  |  |
| --- | --- | --- |
| **Application Checklist** | **Applicant** | **WIC staff** |
| One (1) electronic copy of the fully completed application packages with attachments in MS Word or Adobe Acrobat. | [ ]  | [ ]  |
| Training Provider Assurances and Acknowledgments (Attachment A). | [ ]  | [ ]  |
| Application checklist. Label as Attachment B.  |  |  |
| A content outline for each program offered. Label as Attachment C. | [ ]  | [ ]  |
| Current professional resumes for all instructors. Label as Attachment D. | [ ]  | [ ]  |
| Catalogs or brochures and evidence of fees charged for licensing or certification (where applicable) that demonstrate that the costs associated with each program are the customary tuition and charged to the public. Label as Attachment E. | [ ]  | [ ]  |
| Copy of evidence of accreditation, registration, or approval. Label as Attachment F. | [ ]  | [ ]  |
| Copy of certificate of eligibility for HEA Title IV funds. Label as Attachment G. (If Available) | [ ]  | [ ]  |
| Applicant’s most recent independent annual audit report with all related attachments and the most recent Form 990. For a sole proprietor or for-profit entity, include copies of the two (2) most recent year’s federal income tax returns and the most recent year-end balance sheet and income statement. If no audited statements are available, the applicant must supply equivalent financial statements certified by provider to fairly and accurately reflect the provider’s financial status. Label as Attachment H. | [ ]  | [ ]  |
| Copy of W-9 Form. Label as Attachment I. | [ ]  | [ ]  |
| Proof of Commercial General Liability Insurance. Label as Attachment J. | [ ]  | [ ]  |
| Clean Hands Self Certification from the Department of Consumer and Regulatory Affairs (DCRA); Label as Attachment K.  | [ ]  | [ ]  |
| Certificate of Good Standing from the Office of Tax & Revenue (OTR). Label as Attachment L. | [ ]  | [ ]  |
| Any relevant policies or standard operating procedures related to participant grievances. Label as Attachment M.  | [ ]  | [ ]  |
| Any relevant policies or standard operating procedures related to participant drug testing. Label as Attachment N. | [ ]  | [ ]  |

1. SOC codes for target occupations can be found at [www.onetonline.org](http://www.onetonline.org). [↑](#footnote-ref-1)
2. Amount should not exceed $5,000. [↑](#footnote-ref-2)
3. Please indicate the total number of course hours, For example, If a course lasts six months and participants are in class six hours a day four days a week, and in a four hour lab course one day a week, the total class time would be 576 classroom hours (24 weeks x 24 hours per week). [↑](#footnote-ref-3)