

TRAINING PROVIDER APPLICATION TO DETERMINE INITIAL ELIGIBILITY

PART I INSTRUCTIONS

Please complete this application and submit to the address indicated below.

Pursuant to WIA section 122 (2) (D), a separate application must be submitted for each program of training services offered.

A program of training services is one or more courses or classes that upon successful completion leads to a certificate, an associate's or baccalaureate degree, or skills and competencies recognized by employers. Only those programs that offer training for jobs included on the local Targeted Occupations List will be considered. All Non public postsecondary institutions (training providers) must be licensed by the State Board of Independent colleges and universities, or the State Board of Non Public Career Education.

If you are currently providing a category (a) or (c) program as described in PART II below; record organizational, program cost and performance information as indicated, and return this application to:

**Attention: Ms. Diane Nichols
First Coast Workforce Development, Inc.
215 N. Market Street, Suite 300
Jacksonville, Florida 32202**

PART II-INSTITUTION/SCHOOL INFORMATION

1. Name of Training Institution/School and any abbreviation or code number used to identify your organization:

Address: _____

(Street, Suite #, City, State, and Zip Code)

2. Name and phone number of contact person for training program information.

Name

Phone Number

3. Check the appropriate designation:

Category (a) Provider

Post-secondary educational institution eligible to receive funds under Title IV of Higher Education Act (HEA)

Registered Apprenticeship Program under National Apprenticeship ACT (NAA)

Category (c) Provider

Public _____ Private _____

Note:

Documentation identifying (by name and address) licensing, accrediting or certifying organization/s must be attached to this application.

Exempt Training Provider

On-the Job Training _____ Customized Training _____

Insufficient local area Providers _____

Certified program serving Special Population with Multiple Barriers _____

PART III - PROGRAM INFORMATION

If you have a catalog that contains the information requested by items 1 through or below, skip items 1 through 5 below and attach an original of your current catalog (highlight page/s applicable to the program proposed) to this application. If no catalog is available, ensure that all information requested below is accurate and complete.

1. Course description, code number, cost (normally paid by student: tuition, books, fees and supplies), alternate funding (Pell Grant, etc.), and training location:

(Use back of application or additional sheets if needed)

Statement of Acknowledgement

Wherein this institution/school understands: 1) that it will be placed on the State List of training providers only if, upon an assessment of its program performance in regard to outcomes and Targeted Occupation compliance, FCWD makes a favorable initial eligibility determination; and 2) subsequent eligibility will be based on data reflecting outcomes verified through FETPIP, and a reporting of program performance data to FETPIP is required during this initial and subsequent years in order to maintain an eligible training provider status.

Thereby, having so acknowledged herein, this institution/school submits this application.

Signature of Applicant

Title

Date Signed