



APPLICATION FOR TRAINING PROGRAM INITIAL / CONTINUED ELIGIBILITY

PART I: APPLICATION INFORMATION

A. Applicant Information

Application Date: _____
Name of Training Provider: _____
Corporate Address: _____
Street Address: _____
City: _____
State: _____ Zip: _____
FEIN Number: _____ County: _____
Phone Number: _____
E-Mail: _____
Website Address: _____

B. WIOA Coordinator Contact Information

Primary Contact: _____
Title: _____
Phone Number: _____
E-Mail: _____

Is the Primary Contact Person Responsible for WIOA documentation/data requests? (e.g. progress reports, attendance sheets, credentials, payments questions) Yes [] No []

If no, please list the Appropriate Contact Person Name and Phone Number:

Name: _____
Phone: _____ E-Mail: _____

C. General Eligibility

To be eligible to receive funds for the provision of services, the provider shall be one of the following:

- [] An institution of higher education that provides a program that leads to recognized post secondary credential or industry recognized certification certified by the US Department of Education, Ohio Department of Education, The Ohio Department of Higher Education, Ohio State Cosmetology or Barber Board, Ohio Department of Health, Council for Higher Education Accreditation or Board of Career Colleges and Schools.
[] An entity that carries out program registered under the "National Apprenticeship Act".
[] A public provider that has been recognize by the industry as meeting the standards necessary for approval of accreditation (e.g. Secretary of States Office).

D. Type of Organization

- | | | |
|--|---|---|
| <input type="checkbox"/> Proprietary/Business School | <input type="checkbox"/> Labor Organization | <input type="checkbox"/> College/University |
| <input type="checkbox"/> Community College | <input type="checkbox"/> Private Non-Profit | <input type="checkbox"/> CBO |
| <input type="checkbox"/> Minority-Owned Business | <input type="checkbox"/> Woman-Owned Business | |

E. Organizational Details

In what year did training operations begin? _____

Note: Applicants must have been open for business for at least Two years prior to application to be considered.

If applicable, is the applicant currently a state approved entity in good standing? Yes No

(Attach Documentation)

Is the provider accredited? Yes No If, yes, please list **all** accrediting bodies below

Accrediting Body(ies):

Are there currently any issues with any of your accrediting bodies? If so, please explain below or attach more information.

F. Financial Aid

Is financial aid offered? Yes No

If yes, please list the types of aid offered.

If applicable, what is the name of the Financial Aid Contact Person: _____

Phone Number: _____

Email: _____

Are personal loans offered? Yes No

Are payment plans offered? Yes No

G. Standardized Assessment

Does the Training Provider require an assessment for program entry? Yes No

If yes, what assessment is required? (e.g., TABE, HESI, Wonderlic, Other) _____

If other, please specific: _____

If no, does the Training provider agree to accept the basic skills assessment?
conducted by the OhioMeansJobs Center in lieu of a training provider assessment? Yes No

H. Accessibility and Non-Discrimination

Is the facility accessible to all persons with disabilities? Yes No

If yes, please attach up-to-date photos of the exterior (e.g., main entrance to the facility).

Is the program(s) accessible to all persons with disabilities? Yes No

If yes, please attach up-to-date photos of the interior (e.g., hallway, classroom, laboratory, training room, if applicable, computer room, elevator if program is not on the ground level).

Is the organization compliant with the WIOA non-discrimination and equal opportunity provisions? Yes No

(Please refer to PART III Applicant Declaration, Section B Non-Discrimination and Equal Opportunity Assurances)

I. Business Location(s)

Please list all training locations in Ohio. Please list the primary location under 1.

Location 1: _____

Location 2: _____

Location 3: _____

Are any training locations outside of Ohio? Yes No

If yes, please list the location(s) and a contact person and phone number.

Location: _____ Contact Person/Phone: _____

Location: _____ Contact Person/Phone: _____

J. Applicant Performance

How many students attended your school over the past year (WIOA and Non-WIOA)? _____

What is the overall average completion rate for all students over the last year? _____

What is the average placement rate of all program completers over the past year? _____

What is the overall average credential attainment rate for all students over the last year?

K. Additional Applicant Information

Are the training sites accessible via public transportation? Yes No

Is the applicant bonded? Yes No

Does the applicant have Board of Directors? Yes No

What type of Insurance does the agency maintain?

- General Liability
- Premises Liability
- Automotive
- Worker's Compensation

L. Refund Policy

Does the applicant have a written refund policy? Yes No

Where can this policy be found? Please check all that apply.

On-line Course Catalogue Recruitment Materials

Attach a copy of the policy from at least one of the sources.

Please list all programs proposed for initial eligibility (new programs) and/or continued eligibility (recertification's)

Name of Program	Type of Certification Initial or Continued	O'NET Code	Type of Credential(s) Please list all that apply (e.g. CDL).

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PART II. TRAINING PROGRAM BASIC INFORMATION/CHANGE FORM

Please note that this information may be the same information used to become registered with the State of Ohio Workforce Inventory of Education and Training (WIET) (<https://wiet.ohio.gov/wiet/>). Any program changes to approved programs must be made through the WIET list and local WIOA Staff MUST be notified.

A. Applicant Information

Name of Applicant: _____

Date: _____

Primary Contact: _____

Title: _____

Phone Number: _____

E-Mail: _____

Website Address: _____

B. Training Program Information

Program Name: _____

SOC Description _____

Program Description (4,000 character limit)

C. Instructional Hours

If this is a Community College program, is this a certificate program? Yes No

Is this a credit hour program? Yes No

If yes, how may credit hours for program completion? _____

What is the curriculum code for the program (if applicable) _____

How many weeks does it typically take to complete the program? _____

What are the total hours of instructional/classroom time? _____

Other than employment, what is the primary goal of the program? _____

What certifications, licenses or registrations are offered? Please list the name of nationally recognized accrediting, crediting, certifying, licensing, or registering body. List all that apply.

D. Program Offerings (check all that apply)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Full Time Enrollment | <input type="checkbox"/> Part-Time Enrollment | <input type="checkbox"/> Internships |
| <input type="checkbox"/> Non-English Instruction | <input type="checkbox"/> Classroom Instruction | <input type="checkbox"/> Labs |
| <input type="checkbox"/> Weekend Classes | <input type="checkbox"/> Night Classes | <input type="checkbox"/> Day Classes |
| <input type="checkbox"/> Internet Instruction | <input type="checkbox"/> Open Entry/Exit | <input type="checkbox"/> Other: _____ |

E. Entry-Level Requirements (Please check all that apply)

<input type="checkbox"/> Drug/Alcohol Screening	
<input type="checkbox"/> High School Diploma/GED	
<input type="checkbox"/> Physical Exam	
<input type="checkbox"/> Math (Specify level)	
<input type="checkbox"/> Reading (Specify level)	
<input type="checkbox"/> Language (Specify)	
<input type="checkbox"/> Writing (Specify)	
<input type="checkbox"/> Prerequisites (Specify)	
<input type="checkbox"/> Other	

F. Program Costs

Tuition: _____
Books: _____
Fees: _____
Tests: _____
Other Expenses: (Materials, Supplies, Tools, Uniforms, etc.) _____
List here: _____

G. Types of Financial Aid Available (check all that apply)

- Pell Grants
- Federal Loans (Stafford, Plus, etc.)
- Other (Please specify) _____
- Institutional Scholarships

H. Other

What year was the **program** established? _____

Please indicate the location(s) where this program is offered:

Please describe the application procedure for this program. Include any materials that the customer should bring when applying for the program. If fees, tests, etc. are not available through the provider-please indicate how they are expected to be provided.

Part III: Applicant Declaration

A. Authorizing Official

Name of Provider _____
Date: _____
Authorized Signatory: _____
Title: _____
Phone Number: _____
E-Mail: _____

B. Non-Discrimination and Equal Opportunity Assurances

The training provider assures that it will comply with all non-discrimination and equal opportunity provisions of the laws listed below:

- Section 188 of the Workforce Innovation and Opportunity Act (WIOA) of 2014, Title 29 CFR Part 38, Non-Discrimination and Equal Opportunity Regulations prohibits discrimination on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical condition, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief; and/or against any beneficiary programs financially assisted under Title I of the Workforce Innovation and Opportunity Act of 2014 on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his/her participation in any WIOA Title I financially assisted program or activity;
- Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color and national origin;
- Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of age;
- Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on basis of sex in educational programs;
- The Americans with Disabilities Act Amendments (ADAAA of 2009) is a civil rights law that was originally passed by Congress in 1990 (as the Americans with Disabilities Act-ADA) and protects individuals with disabilities from discrimination in the workplace, as well as school and other setting, it prohibits discrimination on the basis of disability in employment, state and local government, public accommodations, commercial facilities, transportation and telecommunications;
- 29 CFR Part 38 and all other regulations impeding the laws listed above, and;
- The assurances apply to the grant applicant's operation of WIOA Title I financially-assisted program or activity, and to all agreements the grant applicant makes to carry out the WIOA Title I financially assisted program or activity. The grant applicant understands that the United States has the right to seek judicial enforcement of this assurance.

C. Additional Assurances

The training provider also assures that they will fully comply with the following additional provisions:

- The provider will provide additional information if requested by The Workforce Development Board or OhioMeansJobs | Cleveland-Cuyahoga County;
- The provider will follow state and local policies governing the ITA process;
- The provider may bill according to the section 4 of the Ohio Means Jobs Cleveland-Cuyahoga County Vendor Agreement (50% for Enrollment, 25% for Completion and 25% for Placement).
- Items requested by OMJ|CC may include, courses taken, exams taken, and certifications obtained. The provider will forward program information to the career coach as requested.
- The provider agrees to cooperate with scheduled/unscheduled monitoring visits by WIOA staff or their funding organizations;
- The provider agrees not to withhold client certifications or the ability to take certification exams based on waiting for payments from OMJ|CC.
- The provider understands they are now required to post an Equal Opportunity Poster (11x14) in their training facility. This information will be sent to your organization by way of email and must be printed and posted in area of high traffic area of your facility.
- The provider understands they are subject to onsite monitoring review for compliance.

D. Attachments

- | | |
|---|--|
| <input type="checkbox"/> Evidence of Good Standing, if applicable | <input type="checkbox"/> Course Catalogue |
| <input type="checkbox"/> Information Regarding Board Members | <input type="checkbox"/> Refund Policy |
| <input type="checkbox"/> Evidence of Accreditation | <input type="checkbox"/> Additional Materials. List below if including |
| <input type="checkbox"/> Photos of Training Site | _____ |

E. Attestation

As the _____ of _____
(Title) (Affiliation)

I hereby attest that I have read the WIOA Title I Policies applicable to Area 3, The Workforce Development Board of Cuyahoga County Ohio and that the information contained in this application is true and correct to the best of my knowledge.

(Name)

(Date)