



Training Provider Application

1. Name of Training Organization		2. Federal Tax ID#	
3. Mailing Address	4. City	5. State	6. Zip
7. Physical Address	8. City	9. State	10. Zip
11. Name & Title of Contact Person:			
12. Email Address of Contact Person:		13. Phone Number of Contact Person:	
14. Mailing Address of Contact Person (if different from above)			
15. Year Established		16. Website Address:	
17. Type of Entity			
Other (please Describe) _____			
18. Does your organization provide job search assistance or placement services? (if yes, please describe)		Yes	No
19. What types of financial aid are available to students?			
20. Does your organization have a tuition refund policy? (if yes, please attach the policy including time frames and percentage of reimbursement)		Yes	No
21. Name of Financial Aid Contact Person		22. Email Address of Financial Aid Contact Person	

Training Provider Application

23. Please provide three customer references including contact information:

1.

2.

3.

SUPPLEMENTAL INFORMATION

In addition to the attachments associated with the previous sections of this application, copies of the following documents **MUST** be included:

- _____ 1. Copy of Virginia oversight documentation(SCHEV, VA School of Nursing, etc)
- _____ 2. Copy of License to Conduct Business in Virginia
- _____ 3. Copy of Training Provider Grievance Procedure for individuals with complaints on issues, such as discrimination, accessibility, etc.
- _____ 4. ADA Facilities Accessibility Checklist (included in packet)
- _____ 5. Suspension/Debarment Certification (included in packet)
- _____ 6. Anti-Discrimination Certification (included in packet)
- _____ 7. For each training program, fill out training program application (included in packet) and provide documentation which includes 1) Training Program description, 2) Outline of the Program, 3) Skills to be obtained.



**Training Provider
ADA (Americans with Disabilities Act) Facilities Accessibility
Self-Attestation Form**

Based on the ADA Facilities Checklist provided with this document, I have reviewed the parking lots, walks, entrances, exits, stairs and facility interiors and have completed the attached checklist. I certify that my organization is ADA compliant and meets the requirements as specified on the ADA checklist. If there are requirements that were not met, I will provide reasonable accommodations as described below.

Organization: _____

Authorized Signature: _____ **Date:** _____

Printed Name and Title: _____

Description of Accommodations and Effective Date (*if more space is needed, please attach additional pages*):

Training Provider ADA FACILITIES ACCESSIBILITY CHECKLIST

Training Provider _____

Training Location _____

Checklist Completed by: _____

	Yes	No	n/a
Parking Lots			
Are designated accessible parking spaces located near the facility?			
Are these spaces at least 12 feet wide?			
Do they allow a person to get out of vehicles on a level and smooth surface (no sand, gravel, etc.)?			
Can a person using these spaces reach walks or doors to the building without walking or wheeling behind parked vehicles?			
Walks			
Are walks at least 48" wide?			
Are walks in good repair and reasonable free of abrupt changes in surface level?			
Are drop-offs on sides or differences in terrain near walks marked by fences or rails?			
When crossing other walks, driveways, or parking lots, do walks blend to a common level?			
Entrances, Exits, and Stairs			
Are primary entrances and exits ramped to allow persons using wheelchairs or crutches access to the facility?			
If there are ramps:			
a. Are they sloped gently?			
b. Are the ramps in good repair including handrails?			
c. Is the surface of the ramp "non-slip"?			
Do doors have clear openings of no less than 32" when open?			
Can doors be opened or closed by a single effort?			
Are door sills free of extreme slopes or abrupt changes in surface level?			
If the building has elevators, are they on the same level as accessible entrances?			
Are stair surfaces "non-slip"?			
Do stairs have handrails?			
Facility Interiors			
Do floors have "non-slip" surfaces?			
Are floors on each story at a common level or connected by ramps?			
Are hallways free of protruding objects (coat racks, hanging signs, etc.) that interfere with pedestrian traffic?			
Are restroom facilities accessible and usable by persons in wheelchairs?			
Are public telephones equipped for use by persons with hearing impairments?			
Are public telephones accessible to persons in wheelchairs?			
Are elevators accessible and usable by mobile disabled persons?			
Do fire alarms utilize both sight and sound systems?			
Are water fountains usable by persons in wheelchairs?			

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

(1) The prospective lower tier subcontract proposer 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 subcontract proposer is unable to certify to any of the statements in this certification, such prospective subcontract proposer shall attach an explanation to this proposal.

Organization

Authorized Signature

Date

Printed Name and Title

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 Virginians With Disabilities Act, the Americans With Disabilities Act and Section 11-51 of the Virginia Public Procurement Act which provides:

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

- 1) During the performance of this contract, the Contractor agrees as follows:
 - 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 reasonably 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 nondiscrimination clause.
 - b) The Contractor, in all 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 placed in accordance with 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 order over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

Organization

Authorized Signature

Certification and Representation

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

1. That the information contained in this application and all attachments is true and correct to the best of my knowledge and belief; and
2. That _____ (Applicant Entity) will permit representatives of the Workforce Development Board and the Commonwealth of Virginia 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 the WIOA.
3. I understand that approval by a LWDB places the provider and program on the state Eligible Training Provider List but does not guarantee a local area will fund the approved training activity through the issuances of an ITA. That determination is further based on local policy which must include, at minimum, relevance of training to demand occupations that are in demand regionally, availability of local funds, and likelihood that training will support the individual in meeting their career objectives and employment. The selection of a training provider is based on participant choice.

Signed this _____ day of _____, _____

 Signature

 Telephone Number and Email address

FOR LWDB OFFICE USE ONLY			
Date Received by SWDB	Date Approved by SWDB	Date SWDB Submitted to State	Authorized SWDB Signature



Training Program Application

A separate application form must be completed for each training program or occupational skills course of study.

1. Training Organization			
2. Contact Person – Name & Title			
3. Training Program or stand-alone course name			
4. Program or course description			
5. Year Program Established	6. Total Credit or Curriculum Hours	7. Number of training weeks or hours	8. Minimum Class Size
9. Is curriculum certified by an accrediting agency or similar national standardization program: <div style="display: flex; justify-content: space-around;"> Yes (if yes specify) No </div>			
10. Description of training and skills to be obtained – <i>Attach training program description, include an outline of what is covered in the program and what skills are to be obtained.</i>			
11. Which in-demand industry sectors and occupations best fit with the training program; and the average wage for the primary target occupation for which the training prepares the individual, as published by the Virginia Employment Commission, for the local area. If the in-demand sectors & occupation differ from what is defined by the region, please provide LMI Information to support the sector & occupation.			
12. Does training lead to an industry recognized credential, diploma, license, or degree? <i>If yes, indicate which.</i> <div style="display: flex; justify-content: space-around;"> Yes No </div>			
13. Is this a stackable credential, part of a sequence to move an individual along a career pathway or up a career ladder? <div style="display: flex; justify-content: space-around;"> Yes No </div>			
14. Was this training developed in partnership with a business? <div style="display: flex; justify-content: space-around;"> Yes No </div> If yes, Name of Business(s):			

15. List Businesses that support this training program:

16. Describe how you will ensure access to training services throughout the state, including rural areas and through the use of technology:

17. Describe how you will work with the local board to serve individuals with barriers:

Program Cost	
18. Registration/Pre-screening/Admissions Fees	\$
19. Tuition (check all items included in Tuition)	\$
Books	\$
Required Supplies(Tools, uniforms, etc.	\$
Testing/Exam Cost	\$
Licensure/Certification Cost(s)	\$
Other Required Fees	\$
20. Total Cost to Complete Curriculum/Course	\$

Criteria for Admission

21. Describe the prerequisites or skills and knowledge required prior to the commencement of training:

22. Is a High School Diploma or GED required: Yes No