

APPLICATION FORM

Northern Virginia Workforce Investment Board
Eligible Training Provider

A. Training Provider Information

1. Name of Training Organization		2. Federal Tax Identification Number	
3. Mailing Address	4. City	5. State	6. ZIP
7. Physical Address	8. City	9. State	10. ZIP
11. Internet Address	12. Phone Number	13. Name of WIA Contact Person	
14. Mailing Address of Contact Person	15. City	16. State	17. ZIP
18. Email Address	19. Phone Number	20. Fax Number	
21. Number of Years Provider Has Been in Operation	22. Type of Entity (Please select <i>one</i> of the following) Non-Profit College Approved to Operate in Virginia <input type="checkbox"/> Post-Secondary Technical Institute <input type="checkbox"/> Proprietary Institute of Higher Learning <input type="checkbox"/> Private Training Organization <input type="checkbox"/> Other (Please specify) <input type="checkbox"/>		
23. Identify your accrediting, certifying, or licensing agency			
24. Licensing Agency Mailing Address	25. City	26. State	27. ZIP

B. Placement/Financial Services

1. Does your organization provide job search assistance or placement services? If yes, please describe		Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. What types of financial aid are available to students?			
3. Financial Aid Office Phone Number	4. Does your organization have a tuition refund policy? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please attach the policy including time frames and percentage of reimbursement)		
5. Is your organization currently listed on any federal or state debarment list? (If yes, please identify which listing and date of inclusion)		Yes <input type="checkbox"/>	No <input type="checkbox"/>

C. Attachments to Application

1. A separate description (Section D) is attached for each proposed training program for a total of _____ descriptions.
2. The following items have been included as attachments to the application: <input type="checkbox"/> Program Description(s) <input type="checkbox"/> Catalog or Brochure <input type="checkbox"/> Schedule of classes <input type="checkbox"/> Tuition Refund Policy

4. Additional Comments:

5. I hereby certify that the information provided in this application package is true and correct. I also understand that my organization may be subject to an on-site review of training and facilities, and may be asked to provide supporting documentation before the final execution of an agreement. I assure that proposed training facilities are disabled accessible or that reasonable accommodations will be made for the provision of services to disabled individuals.

Printed Name and Title

Signature _____

Date

Please mail your application to:

**NORTHERN VIRGINIA WORKFORCE
INVESTMENT BOARD
c/o Training Provider Coordinator
8300 Boone Boulevard, Suite 450
Vienna, VA 22182**

If you have any questions concerning this application (that are outside the scope of the instructions) please e-mail info@myskillsource.org

Equal Opportunity Employer/Program. Auxiliary aids and services are available upon request to individuals with disabilities

2. PERFORMANCE MEASURES

If the provider does not have the capability to provide required performance data by program of study at the time of initial eligibility evaluation, it must include:

- Aggregate data that is available for the most recent two full years:
- Written justification for the missing program of study data; and
- Description of how it will track and record program of study data necessary for re-certification.

a. Please provide three verifiable references of employers who have hired successful program completers or who have used the proposed programs to train employees (Additional sheets may be used if necessary):

Company Name	Contact Name	Mailing Address	Phone Number
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b. What is the completion rate for this training program as defined by your institution?

c. State your definition of completion and how you derived the rate.

d. What is the unsubsidized employment rate for those who have successfully completed training?

%

e. What is the unsubsidized employment rate for those who have successfully completed training and find employment in a training related field?

%

f. What is the average hourly wage at placement for successful completers?

\$

g. What is the average number of hours per week that these successful completers work?

h. What percentage of these jobs include benefits?

%

i. If this is a new training program, describe the enrollment goals and anticipated completion outcomes.

3. CRITERIA FOR ADMISSION

a. Admission Office Phone Number

b. Is a high school diploma or G.E.D. required?

Yes No

c. Basic Skills - Indicate desired grade level:

Reading Math Language

d. Physical Abilities- Indicate any physical demand which may be necessary for this training and occupation:

- | | |
|--|---|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Kneeling |
| <input type="checkbox"/> Climbing | <input type="checkbox"/> Sitting |
| <input type="checkbox"/> Lifting | <input type="checkbox"/> Repetitive hand Motion |
| <input type="checkbox"/> Vision (without impairment) | <input type="checkbox"/> Hearing (without impairment) |

e. List any pre-screening, special requirements, or prerequisites for the program (e.g. drug test, medical exam, background check, etc.)

4. PROGRAM COST

- | | |
|--|----|
| a. Tuition (\$ per hour X hours) | \$ |
| b. Registration/Screening and Admission Fees | \$ |
| c. Books | \$ |
| d. Supplies/Materials (specify on right) | \$ |
| e. Hand Tools (specify on right) | \$ |
| f. Testing/Exam Fees | \$ |
| g. Graduation Fees | \$ |
| h. Other (specify on right) | \$ |
| i. Total Cost | \$ |