



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. Suspension/Debarment Certification (included in packet)
- _____ 5. Anti-Discrimination Certification (included in packet)
- _____ 6. 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.

**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