

Application Cover Page

For Workforce Solutions Board Use Only		
Received By:	Date:	Time:

**Service Provider Application
Short-term Prevocational Services**

Vendor's Information

Full Legal Name of Vendor:	
Mailing Address:	
Street Address (if different):	
City/State/Zip:	

Vendor's Authorized Representative

Name:	
Title:	
Telephone Number:	
Fax Number:	
E-mail Address:	

Vendor's Contact Person:

Vendor's Federal Employer Identification Number:	
Is this a Historically Underutilized Business (HUB)?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Is your program regulated by a State Agency such as the Texas Workforce Commission Career Schools and Colleges or the Texas Higher Education Coordinating Board? YES NO

NOTE: If you answered NO to the question above, please attach a copy of your most recently audited financial statement.

Vendor Type – please check all that apply

<input type="checkbox"/> Charitable/Faith Based Org.	<input type="checkbox"/> Proprietary School	<input type="checkbox"/> Community College
<input type="checkbox"/> Community Based Org.	<input type="checkbox"/> University ___Public ___Private	<input type="checkbox"/> Other
Nature of Organization		
<input type="checkbox"/> Corporation	<input type="checkbox"/> For Profit	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	

Application

A separate application must be submitted for each program or service offering.

Type of Service Offering – please check all that apply	
<input type="checkbox"/> Basic Skills Instruction <input type="checkbox"/> Computer Skills Instruction <input type="checkbox"/> Workplace Literacy <input type="checkbox"/> Entry-level Skills Development <input type="checkbox"/> Job Readiness <input type="checkbox"/> Academic Remediation	<input type="checkbox"/> English as a Second Language <input type="checkbox"/> GED <input type="checkbox"/> Literacy and Adult Basic Education (ABE) <input type="checkbox"/> Other _____

Program Information

Program Name: _____

Training Address/Location: _____

Training Hours: _____

Program Web Address (if available): _____

Does your facility meet the requirements of the American with Disabilities Act? YES NO
 Are the facilities easily accessible by bus? YES NO

Do you maintain liability insurance? _____ Amount of Insurance: _____

If not will you provide? _____

Provider Background / Experience

Has your organization been providing the stated educational/training services for at least one year?
 YES NO

Proposed Program

Title	CIP Code ¹	Total Hours of instruction		Avg Class Size	Instructor to Student Ratio	No. of Participants in past 12 months*	No. of Completers in past 12 months*
		Classroom	Lab				

***see item h. below.**

Attach documentation to include the following:

- a. The type of certificate or other credential issued upon completion of the program, course or activity.**
- b. A statement as to methods and venues used to make others aware of your programs and activities.**
- c. A syllabus, course or program catalog, or brochure describing the program**

¹ If applicable, provide the Classification of Instructional Program Code. CIP codes are published by the National Center for Education Statistics and additional information can be found at <http://nces.ed.gov/pubs2002/cip2000/>.

- d. Outline of entry level requirements and/or characteristics of the population served, especially in regards to special populations with multiple barriers and/or disadvantaged populations.
- e. Teacher’s Credentials and Resume (Not applicable for institutions subject to State regulatory authorities such as the Texas Workforce Commission Career Schools and Colleges Division or the Texas Higher Education Coordinating Board. Others should complete and include a completed certification form provided in this RFP as Attachment 2, Certification Regarding Instructor Certificates.)
- f. Copy of refund policy including procedures in place in the event that a participant drops out of the program prior to completion. Policy may be in a tiered format to indicate refundable or non-refundable charges by time or category.
- g. Attendance Policy and a statement describing the completion criteria for the program
- h. The start and end date of the 12 month period for which performance is reported.

Cost Information

Provide a breakdown of costs. The following are sample budget categories. Add additional line items as needed.

REQUIRED PROGRAM FEES		
Total Cost Per Participant	\$	Itemized Costs
		Books
		Equipment
		Supplies
		Tools
		Other

All books, equipment, supplies, tools & uniforms purchased by Workforce Solutions for customers will either become the property of Workforce Solutions or the customer, not the training provider.

NOTE: Workforce Solutions cannot pay for counseling that is administered by a medical professional in a medical setting.

Certification of Applicant

1. Some organizations may need to have an on-site quality assurance review prior to approval. Workforce Solutions staff may need to conduct quality assurance reviews after a provider is approved to insure compliance with applicable State and Federal grant requirements.

By signing this application, the signatory authorizes Workforce Solutions to conduct an on-site quality assurance review.

The Applicant/Service Provider hereby submits an application to Workforce Solutions of the South Plains. This is an offer to provide the stated education and training services for eligible participants funded under the Workforce Innovation and Opportunity Act of 1998 and other State and federal programs administered by Workforce Solutions.

2. FINANCIAL DOCUMENTATION

Applicants that are not regulated by a State Regulatory Agency such as the Texas Workforce Career Schools and Colleges or the Texas Higher Education Coordinating Board are required to provide evidence of financial stability prepared by a certified public accountant. Is documentation of financial stability attached?

Yes No

3. CERTIFICATION REGARDING INSTRUCTOR'S CERTIFICATES

The undersigned certifies that the applicant's instructors are appropriately credentialed and/or certified by TEA or other approved accrediting agency or board to provide the instruction related to the programs offered herein. Documents are on file at the school or training facility and are available for inspection.

Authorized Signatory Name and Title:	Date: