



Workforce Innovation & Opportunities Act Eligible Training Provider Application

For Organizations Applying for eligible Training Provider Status and the Eligible Training Provider List Initial Eligibility. Only organizations who have been in business as a training provider for a minimum of ONE YEAR are eligible to apply.

Section A – GENERAL INFORMATION

1. Provider Information

Date of Submission: _____ Date of Receipt: _____

Organization Name: _____
Legal Name as it appears on W-9 Form

Address: _____
Street

City/Town State Zip

Federal Identification Number (FEIN): _____

Internet Address: _____

Administrative Contact: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Fiscal Contact: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

2. Type of Organization

Institution Ownership: Private, For Profit Private, Not for Profit Public

Institution Type: Four-year College or University Secondary Schools/Career & Technical Education
 Two-year Technical/Community College Community Based Organization
 Registered Apprenticeship Programs Trade Association
 Other, Please Specify: _____

Number of years in business as a training provider: _____ (minimum of one year is required)

3. Nature of Organization Check applicable description

- 1. Institution of Higher Education that:
 - a) Is eligible to receive Federal funds under Title IV of the Higher Education Act of 1965 (20 U.S.C 1970 *et seq*) **and**
 - b) Provides a program that leads to an associate degree, bachelor degree or certification
- 2. An entity that carries out a program registered under the National Apprenticeship Act (29 U.S.C. 50 *et seq*)
- 3. All other public or private providers of training service:
 - If #3 is checked, the following documentation must be mailed in with the application:
 - Evidence of General Liability Insurance AND
 - Audited Financial Statements (required if revenues are \$500k or more)



If an audit is not required for your agency, please provide a Financial Statement Review prepared by a CPA.

Section B – PROGRAM INFORMATION

Directions: This section must be completed for **each program** to be considered for the Eligible Training Provider List (ETPL).

1. Location Information

Address where training will be held: _____
Street City/Town State Zip

Course Name: _____

Facility Name: _____

Facility Address: _____
Street City/Town State Zip

Program contact Person: _____

Phone: _____ Fax: _____ Email: _____
Include Area Code

2. Detailed Information about this Program

The expectation of an approved program on the Eligible Training Provider List (ETPL) is that upon successful completion of the training, the participant will have gained the required skills to become employed. The job readiness and placement assistance components of the program are extremely important and the providers will be asked to submit outcome information.

Course Name: _____

Date program was first implemented: _____

Total number of students that have completed the program in the last twelve months _____

Total number of students that have obtained employment in training-related field _____

This is a new program and historical data is not available; data tracking will begin when program is approved.

It is expected that if your program is approved, outcome data for all students enrolled in this program including WIOA & non-WIOA participants will be tracked and reported to the ETPL Office.

Please describe job placement methods used to assist graduates in obtaining employment and any partnerships you may have:

Please limit your response to 500 characters

Please list the business(es), if any, in which you are planning to partner with as a result of this training program. If one is to be developed, please list the business(es) you have worked with in the past: *(Please limit your list to 6 most relevant)*

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Please provide a brief description of each employer partnership that is already established or to be developed. This includes job skills evaluation methods, other indicators of effectiveness in serving employers, and quality of partnership.

EMPLOYER #1: *Please limit your response to 500 characters*

EMPLOYER #2: *Please limit your response to 500 characters*

EMPLOYER #3: *Please limit your response to 500 characters*

Note: Please attached a separate document with a detailed description of each listed employer partnership including those not summarized in this section.



Provide a brief description of the program and skills that will be attained:

Please limit response to 500 characters or use a separate page

Is this a "GREEN" JOB? Yes No

Please see Supplement #2 on page 8 for definition of a Green job?

3. Completion Level – Certificate/Credential Awarded

Type of WIOA Certificate Issued to program graduate by Training Provider (select one only):

All programs must train for **in demand occupations** and **provide a WIOA certificate**. Please see Supplement #1 on page 8 for definition of a WIOA certificate.

Type of WIOA Certificate Issued: Associates Degree Bachelor's Degree
 Occupational Skills Licensure Occupational Skills Certificate/Credential

What organization will award the certificate? _____

Does this program prepare the participant to take an examination or licensing? Yes No

How does your school ensure program participants are scheduled for and pass the licensing exam(s)?

Please limit response to 250 Characters or use a separate page

4. Occupational Information Network Codes (O*NET)

- Programs on the Eligible Training Provider list must provide training for jobs that are in demand in Rhode Island. Please list up to three (3) occupational titles in which program graduates become employed following this training.
- Please use this link for current RI In-Demand Occupations – www.dlt.ri.gov/wio/pdfs/IndemandOccs.pdf
- **If you list an occupation that is not in this demand list, you must provide justification to support offering this program in section C of this application.**

O*NET Code	Occupation Title/Description	On RI In Demand List?	For Office Use Only
_____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
_____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
_____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
_____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____

5. Training Type, Schedule and Pre-Requisites

Type of Training: Classroom On-Site, Computer-based Training Hybrid/Blended

Distance learning/Internet/Web Based Training

Other, please specify: _____



TRAINING SCHEDULE AND PRE-REQUISITES

Enter the *Total clock Hours for each component listed below:

Classroom/Lecture Time: _____ Hours Internship: _____ Hours
 Lab Time: _____ Hours Externship: _____ Hours
 Shop: _____ Hours TOTAL: _____ Hours

*Total clock Hours per Week _____ X Number of Weeks _____ = Total Hours _____

If applicable, please also list Total Credit Hours: _____

Total Number of Weeks it takes to complete Program: (the # of weeks it takes to complete the program including any breaks)

Day Schedule(s) = _____ Weeks Evening Schedule(s) = _____ Weeks Weekend Schedule(s) = _____ Weeks

CLASS SIZE:

Is there a minimum class size requirement? Yes No

Is there a maximum class size requirement? Yes No

Number of Instructors: _____

Qualifications of Instruction: i.e. Education, Experience, level of relevant expertise, etc.

Please Limit response to 200 characters

MINIMUM ENTRY-LEVEL REQUIREMENT OR PREREQUISITES

WIOA counselors utilize this information to ensure that training candidates will be able to successfully complete the program coursework and required licensing exam(s). Individuals will only be referred if they score at or above the level specified.

Reading Grade Level: _____ Math Grade Level: _____

Minimum Education Required: GED High School Diploma No Minimum

List equipment used in this program:

Please limit response to 200 characters

6. Program Costs

A program catalog or brochure containing cost information provided to incoming students must be included with this application.

Program Costs:	Tuition	\$ _____
(round all figures to the nearest dollar)	Application Fees	\$ _____
	Registration Fees	\$ _____
	Books	\$ _____
	Lab Fees	\$ _____
	Testing and/or Exam Fees	\$ _____
	Uniforms	\$ _____
	Licensing Fees (if included)	\$ _____
	Supplies/Equipment Fees	\$ _____

Other program costs (please provide explanation):
 \$ _____ for _____
 \$ _____ for _____
 \$ _____ for _____

Other costs that participant will be responsible for that are not included in the costs of the program:
 \$ _____ for _____
 \$ _____ for _____
 \$ _____ for _____

TOTAL PROGRAM FEES: \$ _____



Is Financial Aid available? Yes No

Please indicate the types of Financial Aid available: Pell Grant Loans Scholarships
 Other, please explain _____

Proprietary School? Yes No
Registered under the National Apprenticeship Act of 1937? Yes No
Department of Veterans Affairs approved Training Program? Yes No

Section C – JUSTIFICATION FOR PROGRAMS NOT LISTED ON THE RI IN DEMAND OCCUPATION LIST

DIRECTIONS:

Please complete this section for each program that is NOT on the In Demand List, as an occupation is considered an employment opportunity only if the O*NET Code is found on the list. All training offerings must be directly related to employment opportunities in Rhode Island.

In the event a training program does not meet the criteria above, the State and Local Workforce Areas may allow training providers to submit written justification in support of the offering for inclusion on the Eligible Training Provider List. It is at the discretion of the Workforce Investment Areas to determine if this information warrants approval or denial of the program.

Information should include but is not limited to the following:

- Past performance information of your program
- Current labor market information that justifies the offering
- Training is directly related to employment opportunities
- Proof of coordination with industry employer
- Examples of advertised employment opportunities, etc

Justification:

Attach documentation that will back-up statements. Please continue on another page if additional space is needed.



Section D – COMPLIANCE AND REPORTING REQUIREMENTS

WIOA REPORTING REQUIREMENTS

The purpose of the WIOA Program is to provide the participant with the job skills that are necessary to become employed. Organizations approved for the ETPL will be expected to achieve positive employment outcomes for those enrolled in their programs. These positive outcomes will assist the State of Rhode Island in meeting its performance standards which are set by the U.S. Department of Labor.

Approved ETPL providers will be required to report the following outcomes to the RI Department of Labor and Training ETPL Office on a quarterly basis:

1. Number of all participants who enrolled in the training program
2. Of those participants, number of WIOA participants enrolled in the training program
3. Number of WIOA participants who are still enrolled in training
4. Number of all participants who participated in the training program who entered employment following the training
5. Of those participants, number of WIOA participants who entered employment following the training
6. Of all participants who entered employment, the number who obtained training related employment
7. Of those participants, number of WIOA participants who obtained training related employment
8. The number of all participants who obtain a credential
9. Of those participants, number of WIOA participants who obtain a credential

In addition, the State or Local Boards may request the following outcome information for each training participant enrolled and funded by WIOA:

1. Date that the individual completed the training program and earned certification
2. Date that the individual gained unsubsidized employment
3. Is employment related to the training received?
4. Name of employer
5. Job title
6. Starting wage
7. Number of work hours per week

GRIEVANCE POLICY

Attach a copy of your Grievance Policy and Procedures. Each student must be provided with a copy of this policy.

This organization understands and agrees to the following:

- **This application will be reviewed by the Local Workforce Investment Board and by the Rhode Island Department of Labor and Training ETPL Office. This review may consist in part with a site visit.**
- **In order to maintain eligibility and to continue to receive WIOA training funds for a program, this organization shall:**
 1. Allow provider facilities, classroom instruction, relevant financial and insurance records, and attendance records to be reviewed by state, federal and/or local monitors or auditors to ensure compliance with funding requirements
 2. Adhere to the refund policy that was submitted for all participants, including WIOA participants
 3. Within one week of program completion, provide copies of all diplomas/certificates issued to the student to the netWorkRI counselor identified on the participant's referral
 4. Understand that the Grantor or its representative have the right to perform on-site visits for the purpose of counseling customers and examining pertinent records and transactions of such customers.
 5. Retain participant program records for a period of seven (7) years from the date the participant completes or exits the program
 6. Ensure that Training costs of WIOA participants does not exceed the cost charged to any other customer in the program, and agree to submit a contract modification whenever program costs change, and;
- **Failure to comply with any of the requirements listed above any result in denial of this application or subsequent removal from the Eligible Training Provider List.**



Section E – ASSURANCES AND ADMINISTRATIVE REQUIREMENTS

WORKFORCE INNOVATION AND OPPORTUNITY ACT ASSURANCES:

1. The Training Provider assures that it will comply with the confidentiality requirements of WIOA §116(i)(3).
2. No funds received under the Workforce Innovation and Opportunity Act will be used to assist, promote, or deter union organizing. WIOA (§181(b)(7))
3. The Training Provider will comply with the nondiscrimination provisions of Section 188, and its implementing regulations at 29 CFR part 38(§188 and §102(E)(ii)).
4. The Training Provider will collect and maintain data necessary to show compliance with the Nondiscrimination provisions of WIOA §188, as provided in the regulations.
5. Training Providers who are in receipt of assistance from the workforce investment system or from the workforce investment system partners shall comply with the Architectural Barriers Act of 1968, Sections 503 and 5.
6. The Training Provider attests that it is in compliance with all applicable provisions of the Americans with Disabilities Act (ADA) and shall make any and all reasonable accommodations to provide access and equity of services to disabled persons applying to or enrolled in any program controlled by this contract.

GENERAL ADMINISTRATIVE REQUIREMENTS

1. 29 CFR Part 97 – Uniform Administrative Requirements for State and Local Governments
2. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards
3. Yellow Book – Government Auditing Standards for Non-profit Organizations

ASSURANCES AND CERTIFICATIONS

1. SF 242 B – Assurances for Non-construction Programs
2. 29 CFR Part 31, 32 – Non-discrimination and Equal Opportunity Assurance (and regulation)
3. 29 CFR Part 93 – Certification Regarding Lobbying (and regulation)
4. OMB Circular A-129 (Rev) Certificate of Non-Delinquency
5. 29 CFR Part 98 – Certification Regarding Drug Free Workplace
6. 29 CFR Part 98, Section 98.510 – Certification Regarding Debarment, Suspension

DIRECTIONS: Read and review Section E carefully, keeping in mind that by signing this application, you as a representative of the provider, are agreeing to comply with all requirements of this program.

Printed Name: _____ Title: _____

Signature of Authorized Representative: _____ Date: _____

Applicant organizations will be subject to review for compliance with applicable state and federal laws.

Please return completed application to: Rhode Island Department of Labor and Training
ETPL Office
1511 Pontiac Avenue, Building 72-3
Cranston, Rhode Island 02920
Phone (401) 462-8860



SUPPLEMENT #1 DEFINITION OF A WIOA INDUSTRY RECOGNIZED CERTIFICATE

Definition of a WIOA Certificate – A certificate is awarded in recognition of an individual’s attainment of measurable technical or occupational skills necessary to gain employment or advance within an occupation. These technical or occupational skills are based on standards developed or endorsed by employers. Certificates awarded by workforce investment boards or awarded in recognition of the attainment of only generic pre-employment or work readiness skills are not included in this definition. A certificate is awarded in recognition of an individual’s attainment of technical or occupational skills by:

1. A state educational agency or a state agency responsible for administering vocational and technical education within a state.
2. An institution of higher education described in Section 102 of the Higher Education Act (20 USC 1002) that is qualified to participate in the student financial assistance programs authorized by Title IV of that Act. This includes community colleges, proprietary schools, and all other institutions of higher education that are eligible to participate in federal student financial aid programs.
3. A professional, industry, or employer organization (e.g., National Institute for Automotive Service Excellence Certification, National Institute for Metalworking Skills, Inc., Machining level I credential) or a product manufacturer or developer (e.g. Microsoft Certified Database Administrator, Certified Novell Engineer, Sun Certified Java Programmer) using a valid and reliable assessment of an individual’s knowledge, skills, and abilities.
4. A registered apprenticeship program.
5. A public regulatory agency, upon an individual’s fulfillment of educational, work experience, or skill requirements that are legally necessary for an individual to use an occupational or professional title or to practice an occupation or profession (e.g. FAA aviation mechanic certification, state certified asbestos inspector).
6. A program that has been approved by the Department of Veterans Affairs to offer education benefits to veterans and other eligible persons.
7. Job Corps centers that issue certificates.
8. An institution of higher education which is formally controlled, or has been formally sanctioned, or chartered, by the governing body of an Indian tribe or tribes.



SUPPLEMENT #2 DEFINITION OF A GREEN JOB

As defined in O*NET – Does this training lead to employment in any of the following areas:

1. Renewable Energy Generation – This sector covers activities related to developing and using energy sources such as solar, wind, geothermal, and biomass. This sector also includes traditional, non-renewable sources of energy undergoing significant green technological changes (e.g. oil, coal, gas, and nuclear).
2. Transportation – This sector covers activities related to increasing efficiency and/or reducing environmental impact of various modes of transportation including trucking, mass transit, and freight rail.
3. Energy Efficiency – This sector covers activities related to increasing energy efficiency (broadly defined), making energy demand response more effective, constructing “smart grids,” and other energy efficient activities.
4. Green Construction – This sector covers activities related to constructing new green buildings, retrofitting residential and commercial buildings, and installing other green construction technology.
5. Energy Trading – This sector covers financial services related to buying and selling energy as an economic commodity, as well as carbon trading projects.
6. Energy and Carbon Capture and Storage – this sector covers activities related to capturing and storing energy and/or carbon emissions, as well as technologies related to power plants using the integrated gasification combined cycle (IGCC) technique.
7. Research, Design, and Consulting Services – This sector encompasses “indirect jobs” to the green economy which includes activities such as energy consulting or research and other related business services.
8. Environment Protection – This sector covers activities related to environmental remediation, climate change adaptation, and ensuring or enhancing air quality.
9. Agriculture and Forestry – This sector covers activities related to using natural pesticides, efficient land management or farming, and aquaculture.
10. Manufacturing – This sector covers activities related to industrial manufacturing of green technology as well as energy efficient manufacturing processes.
11. Recycling and Waste Reduction – This sector covers activities related to solid waste and wastewater management, treatment, and reduction, as well as processing recyclable materials.
12. Governmental and Regulatory Administration – This sector covers activities by public and private organizations associated with conservation and pollution prevention, regulation enforcement, and policy analysis and advocacy.



Eligible Training Provider Application Instruction

CHECKLIST: Application for Eligible Training Provider List (ETPL)

Please print this checklist and check off each document to ensure a complete package is being submitted. Applications will not be processed if any information or documentation is missing. **Mail the completed forms in a package with this checklist in the order below:**

Completed Application

Ensure that all sections are filled out completely

***For providers submitting more than one program, the full application only has to be completed one time and then complete section B for each additional program.

Certificate of General Liability Insurance

If the nature of your organization is “all other Public or Private Provider of Training”, this certificate must be current and provide “insurance coverage as may be required by any federal or state applicable laws and/or the Workforce arising out of the operation of this agreement.” Upon expiration of the certificate, the provider must submit a new certificate to the Grantor.

Financial Statement

If the nature of your organization is “All other Public or Private Provider of Training”, the provider must be able to demonstrate financial stability by submitting one of the following most recent financial documents such as:

- Profit and Loss Statement;
- Balance Sheet or Audit; or
- Any other financial document that would detail financial soundness of the organization

Published Course Catalog or Program Brochure

This **MUST** include the costs for the program, as providers must ensure that the cost of training to WIOA customers does not exceed the training cost charged to non-WIOA customers in the same program. A description of the program should also be in this document.

Refund Policy

Include a copy of the refund policy that applies to all students in your programs.

Completed W-9

Complete the W-9 form that is included with the application package.

Grievance Policy

Please sign the application and mail original application with signatures, certificate of liability (where required), W-9, published course catalog or program brochure, and refund policy and to:

Rhode Island Department of Labor and Training
ETPL Office
1511 Pontiac Avenue, Building 72-3
Cranston, Rhode Island 02920
Phone (401) 462-8860

PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpayer Identification Number (T.I.N.)

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

Social Security No. (SSN)

Form boxes for Social Security No. (SSN)

Employer ID No. (EIN)

Form boxes for Employer ID No. (EIN)

NAME

ADDRESS

(REMITTANCE ADDRESS, IF DIFFERENT)

Address input field

CITY, STATE AND ZIP CODE

City, state and zip code input field

CERTIFICATION: Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
(2) I am not subject to backup withholding because either: (A) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (B) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions -- You must cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax return. However, if after being notified by IRS that you were subject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, do not cross out item (2).

PLEASE SIGN HERE

SIGNATURE TITLE DATE TEL NO

BUSINESS DESIGNATION:

- Please Check One: Individual, Medical Services Corporation, Government/Nonprofit Corporation, Partnership, Corporation, Trust/Estate, Legal Services Corporation

NAME: Be sure to enter your full and correct name as listed in the IRS file for you or your business.

ADDRESS, CITY, STATE AND ZIP CODE: Enter your primary business address and remittance address if different from your primary address). If you operate a business at more than one location, adhere to the following:

- 1) Same T.I.N. with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
2) Different T.I.N. for each different location -- submit a completed W-9 form for each T.I.N. and location. (One year-end tax information return will be reported for each T.I.N. and remittance address.)

CERTIFICATION -- Sign the certification; enter your title, date, and your telephone number (including area code and extension).

BUSINESS TYPE CHECK-OFF -- Check the appropriate box for the type of business ownership.