**WORKFORCE DEVELOPMENT BOARD** OF CENTRAL OHIO

# APPLICATION FOR TRAINING PROGRAM INITIAL / CONTINUED ELIGIBILITY

## PART I: APPLICATION INFORMATION

### A. Applicant Information

Application Date: _____
Name of Training Provider: _____
Corporate Address:

Street Address: _____
City: _____
State: _____ Zip: _____
FEIN Number: _____ County: _____
Phone Number: _____
E-Mail: _____
Website Address: _____

### B. WIOA Coordinator Contact Information

Primary Contact: _____
Title: _____
Phone Number: _____
E-Mail: _____

Is the Primary Contact Person Responsible for WIOA paperwork requests?
(e.g. progress reports, attendance sheets, credentials, payments questions)     Yes ❏     No ❏

If no, please list the Appropriate Contact Person Name and Phone Number:

Name: _____
Phone: _____     E-Mail: _____

### C. General Eligibility

**To be eligible to receive funds for the provision of services, the provider shall be one of the following:**

❏ An institution of higher education that provides a program that leads to recognized post secondary credential or industry recognized certification certified by the US Department of Education, Ohio Department of Education (ODE), and the Ohio Department of Higher Education (ODHE).

❏ An entity that carries out program registered under the "National Apprenticeship Act".

❏ A public provider that has been recognize by the industry as meeting the standards necessary for approval of accreditation (e.g. Secretary of States Office).

## D. Type of Organization

- ❑ Proprietary/Business School
- ❑ Community College
- ❑ Minority-Owned Business
- ❑ Labor Organization
- ❑ Private Non-Profit
- ❑ Woman-Owned Business
- ❑ College/University
- ❑ CBO

## E. Organizational Details

In what year did training operations begin?  _____

**Note: Applicants must have been open for business for at least one year prior to application to be considered.**

If applicable, is the applicant currently a state approved entity in good standing?       Yes   ❑        No   ❑
*(Attach Documentation)*

Is the provider accredited?            Yes   ❑        No   ❑        If, yes, please list **all** accrediting bodies below

**Accrediting Body(ies):**
_____
_____
_____
_____

Are there currently any issues with any of your accrediting bodies? If so, please explain below or attach more information.

[ ]

## F. Financial Aid

Is financial aid offered?            Yes   ❑        No   ❑

If yes, please list the types of aid offered.
_____
_____
_____

If applicable, what it the name of the Financial Aid Contact Person: _____

Phone Number: _____        Email: _____

Are personal loans offered?            Yes   ❑        No   ❑

Are payment plans offered?            Yes   ❑        No   ❑

## G. Standardized Assessment

Does the Training Provider require an assessment for program entry?            Yes   ❑        No   ❑

If Yes, what assessement is required? (e.g., TABE, HESI, Wonderlic, Other) _____

If other, please specificy: _____

If no, does the Training provider agree to accept the basic skills assessment
conducted by the OhioMeansJobs Center in lieu of a training provider assessment?            Yes   ❑        No   ❑

## H. Accessibility and Non-Discrimination

Is the facility accessible to all persons with disabilities?        Yes ❑    No ❑

Is the program(s) accessible to all persons with disabilities?        Yes ❑    No ❑

Is the organization compliant with the WIOA non-discrimination and equal
opportunity provisions?        Yes ❑    No ❑
**(Please refer to PART III Applicant Declaration, Section B Non-Discrimination and Equal Opportunity Assurances)**

## I. Business Location(s)

Please list all training locations in Ohio. Include "Online Only" if training is delivered online or online only.

Location 1 : _____

Location 2: _____

Location 3: _____

Are any training locations outside of Ohio?        Yes ❑    No ❑

If yes, please list the location(s) and a contact person and phone number.

Location: _____ Contact Person/Phone: _____

Location: _____ Contact Person/Phone: _____

## J. Applicant Performance

How many students attended your school over the past year (WIOA and Non-WIOA)? _____

What is the overall average completion rate for all students over the last year? _____

What is the average placement rate of all program completers over the past year? _____

What is the overall average credential attainment rate for all students over the last year?

## K. Additional Applicant Information

Are the training sites accessible via public transportation?        Yes ❑    No ❑

Is the applicant bonded?        Yes ❑    No ❑

Does the applicant have Board of Directors?        Yes ❑    No ❑

What type of Insurance does the agency maintain?

❑ General Liability        ❑ Board of Directors/Directors and Officers

❑ Premises Liability        ❑ Board of Directors/Errors and Omissions

❑ Automotive

❑ Worker's Compensation

## L. Refund Policy

Does the applicant have a written refund policy?     Yes  ❑     No  ❑

Where can this policy be found?  Please check all that apply.

On-line  ❑              Course Catalogue        ❑              Recruitment Materials              ❑

**Attach a copy of the policy from at least one of the sources.**

Please list all programs proposed for initial eligibility (new programs) and/or continued eligibility (recertification's)

| Name of Program | Type of Certification Initial or Continued | SOC Description (Please refer to Occupation List) | Type of Credential(s) Please list all that apply (e.g. CDL). |
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