TRAINING PROVIDER APPLICATION – INITIAL ELIGIBILITY

Complete and submit to:

CareerSource North Central Florida
1112 North Main Street,
Gainesville, FL 32601
etpl@careersourcencfl.com

Application Institution:		Date:	
Address:			
Telephone:		Federal Employee's ID #:	
Submitted by:			
Name*:		Title:	
Email Address:			

*Submitter affirms that the information provided on this application is true and correct, and agrees that falsified information or significant omissions may be justification for termination, and/or may disqualify institution from future consideration as an ITA training provider.

Eligible Training Provider (ETP) Category (select one)	
☐	An institution of higher education providing programs leading to a recognized postsecondary credential.
☐	An entity that carries out programs under the National Apprenticeship Act.
☐	A public or private provider of training services programs which may include joint labor-management organizations, pre-apprenticeship programs and occupational/technical trainings.
☐	Provider of adult education and literacy activities under Title II if such activities are provided in combination with occupational skills training.

Provide answers to the following questions:	Yes	No
1. Training programs are in compliance with occupations in demand as listed on the Board's current TOL (with the exception of apprenticeship programs).	☐	☐
2. The institution reports performance information to FETPIP.	☐	☐
3. The institution certifies that all facilities where training is provided are ADA compliant.	☐	☐
4. Is the institution minority/female owned and operated?	☐	☐
If Yes, indicate State Registration #:_____		
5. The institution is: ☐ Public ☐ Private For-Profit ☐ Private		
6. How long has the institution been in operation:_____		

7. Has the institution or any of its programs been terminated as a Training Provider in any Local Workforce Development Area? If yes, please list which LWDA and indicate date or termination: _____	☐	☐
8. Is the institution eligible to receive Title IV funds?	☐	☐
9. Are scholarships offered?	☐	☐
10. The institution's default rate on student loans: _% past year _% current year		

11. Please describe how the institution carries out the following requirements, and for each response, please identify any programs offered that deviate from the practices identified. Use additional sheets as necessary.

    a. Serves employed individuals and/or individuals with disabilities and other barriers to employment.

    b. Ensures that programs meet the needs of local businesses and partners. Please identify any specific partnerships or collaborations that have been established with business or industry.

With your application, please include, as applicable:

- Complete the Training Provider Performance spreadsheet <u>for each program</u> to be approved for initial eligibility.

- Copies of reports or information reported to State Agencies with respect to Federal and State training programs.

- Copies of your institution's most current FETPIP report.

TRAINING PROGRAM MATRIX – INITIAL ELIGIBILITY

Complete and submit to:

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Training Provider Name:			
Program Name: (as listed in catalog)		**Course Number:** if applicable	
Address of Training Program:			
Submitted by:			

Complete one form for each training program and ensure your program is on the Regional Targeted Occupations List.

SOC Information:	**Occupation** (as identified on our Demand Occupations List (DOL)	**SOC Code**	**High Skill/High Wage Occupation?** (from the CSRC DOC)	
			Yes	No
Training Program Description: (Please provide a brief overview)				
Industry-Recognized Degree or Certified Awarded to Successful Completers:				

Program Length:	☒ ☐ ☒ ☐ ☐ ☒	**Program Costs** All costs necessary for enrollment and completion of program: i.e. tuition, uniforms, books, licensure, etc. Column (1). Include only those costs for which the training provider is responsible or willing to be responsible. For example, if the
List any required prerequisites, including costs and course numbers or skills required to entered training. You may use a separate sheet of paper if necessary:		training provider does not pay licensure fees, include those costs on column (2).

Line Item Category Select on from drop down menu	**(1) Training Provider Costs**	Other required costs
Certification/Testing: Please specify test(s). If you don't offer the tests, include the costs on the student costs column.		
Enrollment Fee		0.00
License Application Fee		0.00
Exam Application Fee		0.00
Subtotals:		**$0.00**
TOTAL PROGRAM COST:		

TRAINING PROVIDER PERFORMANCE SPREADSHEET

Training Programs and Pre-Requisites Submitted for Review	Total Cost of Attendance (including tuition and fees)	Program Reporting Period	Total Number of Individuals Enrolled	Number of Individuals who Completed	Total Number of Individuals Awarded a Recognized Industry/Post-Secondary Credential	Number of Individuals Who Entered Employment After Completing	Average Wage Rates of Individuals Employed After Completing Training	Certificate or Credential Awarded	Credential stackable for career ladder? (Y, N)
Program: Pre-Req:	$								
Program: Pre-Req:	$								
Program: Pre-Req:	$								
Program: Pre-Req:	$								
Program: Pre-Req:	$								
Program: Pre-Req:	$								