

PROVIDERS OF TRAINING SERVICES INITIAL APPLICATION

Applicant Organization:			
Address:		City, State, Zip:	
Telephone Number:	Fax Number:	Website Address:	
Contact Person Name and Title:		Federal I. D. Number:	

Submission of this APPLICATION constitutes a formal request to participate in the Workforce Investment Act (WIA) Program as a Provider of Training Services and to be placed on the Statewide list of eligible providers of training services.

REQUIRED PROVIDER OF TRAINING SERVICES INFORMATION - INDICATE WHERE THE INFORMATION CAN BE FOUND FOR ATTACHED CATALOGS, BROCHURES, ETC.

SECTION ONE

Based on current Labor Market Information (LMI), **identify** and **give full description** of your available **in-demand** educational/training courses/activities (if a catalog or some other form not easily reproduced, submit four [4] copies)

SECTION TWO

Give entry **qualifications/prerequisites** for each available in-demand training course or activity.

SECTION THREE

Give the **schedule or frequency** for which each specific training course or activity is to be offered.

SECTION FOUR

Give information regarding the **availability of the Federal Pell Grant** and any other form of financial aid, scholarships, reduced price arrangements, etc., that are available to the entity's students.

SECTION FIVE

Give information regarding the entity's **payment** and **refund** policies.

SECTION SIX

For **each** in-demand training program offered for training services, give the following **verifiable performance information** annually (population data must include at minimum, the most recent two year period):

- a. Program completion rate for all individuals participating;
- b. Percentage of individuals who obtained unsubsidized employment for all individuals participating;
- c. Percentage of individuals who obtained unsubsidized employment in an occupation related to the training program for all individuals participating; and

Average wage of all individuals participating at placement in unsubsidized employment.

SECTION SEVEN

Give **complete cost** of each in-demand training course or activity (i.e., tuition, fees, books, tools, etc.).

SECTION EIGHT

Give evidence of the current status of any required State Licenses and/or Education Accreditation.

SECTION NINE

Provide a **SIGNATORY LETTER OF AUTHORITY** for the person(s) who will sign the Voucher System Agreement and Invoices.

CERTIFICATION: I certify that the information contained in this Provider of Training Services Application is true and accurate to the best of my knowledge and understand that if the information provided herein is later determined to be materially incorrect or misleading, my agency may be denied eligibility status may be terminated for a period of not less than two years. I further certify that by signing below I am the CONTRACTURAL SIGNATORY AUTHORITY for this entity and will comply with the terms and conditions established under the S. C. WIA Eligible Training Provider system.

Signature of Signatory Authority:	Typed Name and Title:	Date:
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