



Program Year: July 1, 2022 – June 30, 2023

The submission of this documents allows the applicant to be considered for approval as an Eligible Training Provider for CareerSource Suncoast (CSS). CSS reserves the right to request additional information regarding the applicant's administrative, financial, and legal status, and to visit the applicant's facilities during normal and reasonable working hours. The submission of this document does not entitle the applicant to any rights, fees, or services. Failure to submit a complete application will result in the application being rejected.

CONTACT PERSON FOR THIS APPLICATION PROCESS:

Name: _____
Title: _____
Phone: _____
Email: _____

A. TRAINING PROVIDER INFORMATION

Name of Training Provider: _____

Doing Business As: _____

Address: _____

Website: _____

FEIN 9-digit #: _____ **(attach W-9)**

Training Provider is: Public; Private For-Profit; Private Non-Profit

Is the institution minority / female owned and operated?

Yes If yes, indicate State Registration #: _____

No

Has the institution been terminated as a training provider in any other Local Workforce Development Area (LWDA)?

Yes If yes, which LWDA and date of termination: _____

No

Has any of the institution's programs been terminated by any other LWDA?

Yes If yes, which LWDA, programs and dates of termination: _____

No

B. ORGANIZATIONAL QUALIFICATIONS

NOTE: Must answer "Yes" to one of the options below in order to be eligible for approval:

1. Training Provider is an institution of higher education that provides a program that leads to a recognized postsecondary credential:
 Yes No
2. Training Provider is an entity that carries out programs registered under the National Apprenticeship Act (NAA) (50 Stat. 664, chapter 663; 29 U.S.C. 50 et seq.):
 Yes No
3. Training Provider is an "other public or private provider of training services programs", which include joint labor-management organizations, pre-apprenticeship programs and occupational/technical training:
 Yes No
4. Training Provider is a provider of adult education and literacy activities under Title II and such activities are provided in combination with occupational skills training:
 Yes No

C. ADDITIONAL ORGANIZATIONAL QUALIFICATIONS

1. Training Provider has been conducting business in Florida for at least two years:
 Yes If yes, indicate date established in Florida: _____
 No
2. Training Provider is licensed, certified, or otherwise authorized under Florida law to provide training services programs:
 Yes If yes, **provide a copy** of verifying documentation.
 No
3. Training Provider is accredited by a nationally recognized organization:
 Yes If yes, **provide a copy** of accreditation from: _____
 No
4. Training Provider has regional AdvancED/SACS accreditation as a secondary public or private school district, and will continue to maintain AdvancED/SACS accreditation:
 Yes No
5. Training Provider reports performance information to the Florida Education and Training Placement Information Program (FETPIP) – either directly, or coordinated through Commission for Independent education (CIE) licensure, or accreditation -- and will continue to report performance upon approval as an Eligible Training Provider:
 Yes No



6. Training Provider certifies that training is provided with reasonable accommodations for equal access and all facilities where training is provided are ADA compliant:

- Yes
- No

D. FINANCIAL AID / SCHOLARSHIP PROGRAMS

1. Is the institution eligible to receive Title IV funds? Yes No

2. Check all Student Aid and Scholarship Programs that are available:

- Pell Grant Program
- Supplemental Educational Opportunity Grant
- College Work-Study Program
- Perkins Loan Program
- Supplemental Loans to Students
- State Student Incentive Grant
- Scholarships or Waivers by Training Vendor
- Other (specify) - _____

E. TRAINING PROVIDER POLICIES

Provide copy of catalogue and indicate below the page number on which policies may be found, or attach a copy of each of the following policies:

- School Catalogue
- Counseling Policy – page # _____
- Grade Reporting Policy - page # _____
- Withdrawal/Dropout Policy - page # _____
- Attendance Policy - page # _____
- Tuition Payment Policy - page # _____
- Refund Policy - page # _____
- Book Policy - page # _____

F. CERTIFICATE OF LIABILITY INSURANCE

Attach proof of insurance (minimum \$1,000,000) - Certificate Holder must state CareerSource Suncoast, 1112 Manatee Ave East, Bradenton, FL 34208

Liability Insurance Carrier: _____
Policy Number: _____

G. PROGRAM DESCRIPTIONS

Total # of Programs submitted with application: _____

(Must attach a separate "Initial Eligibility Training Program Description" for each proposed program)



H. CERTIFICATION

I hereby certify and affirm the following:

As authorized signatory agent for the Training Provider, I hereby certify that the information contained in this Application, including the attached Program Description(s), is true and correct to the best of my knowledge and belief, and that the information contained herein constitutes a firm offer;

That neither the Training Provider nor its employees or Board members have used their position for purposes that constitute personal or organizational conflict of interest in obtaining a contract award based on this application;

That neither this Training Provider nor its principals are presently debarred, proposed to be debarred, suspended, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;

That neither this Training Provider nor its principals have had any civil judgments rendered for fraud or had public transactions terminated for cause or default within a three year period preceding this application;

That the Training Provider shall comply with Executive Order 11246, Equal Employment Opportunity Act, as amended by Executive Order 11375 and others, and as supplemented in Department of Labor regulation 41 CFR, Part 60 and 45 CFR, Part 92, if applicable.

That Suncoast Workforce Board, Inc., doing business as CareerSource Suncoast, is authorized to contact any and all references and fund sources named herein in order to verify funding, accreditation, licensure, and satisfactory performance; and to inspect premises as to ADA compliance; and

That I am a duly authorized signatory agent empowered to sign on behalf of this Training Provider.

Name of Training Provider: _____

Name of Authorized Signer: _____

Title: _____

Signature: _____

Date: _____