



**Program Years: July 1, 2022 – June 30, 2023 & July 1, 2023 - June 30, 2024**

The submission of this document and its attachments allows the applicant to be considered for continued eligibility with CareerSource Suncoast (CSS) as a training provider. 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 Provider: \_\_\_\_\_  
Doing Business As: \_\_\_\_\_  
Address: \_\_\_\_\_  
Website: \_\_\_\_\_

**B. LICENSURE INFORMATION**

Did the school's licensure change since last program year?

- Yes Please provide new licensure information
- No Nothing further is needed at this time

**C. TRAINING PROGRAM DESCRIPTIONS**

Total # of Programs submitted with application: \_\_\_\_\_  
*(Must attach a separate "Continued Eligibility Training Program Description" for each proposed program)*

**D. 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;



**Continued Eligibility  
Training Provider Application**  
Local Workforce Development Area 18

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 funding of this application will not result in the displacement of currently employed workers or impair or substitute for work that would otherwise be performed or contracted for, by this Training Provider;

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, as described in the attached Instructions for Certification;

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

That I acknowledge that subsequent eligibility will be based on data reflecting favorable performance outcomes as verified through FETPIP; and,

That I am a duly authorized/empowered to sign contracts of behalf of this school;

**Name of Training Provider:** \_\_\_\_\_

**Name of Authorized Signer:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_