



## Application for Eligibility as a Training Provider Under the Workforce Innovation and Opportunity Act (WIOA)

- Check One:**
- Initial Application
  - Renewal Application

**Provider Information:** \_\_\_\_\_

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

\_\_\_\_\_

Federal EIN: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Training Facility Address (if different):** \_\_\_\_\_

\_\_\_\_\_

**Web Site Address:** \_\_\_\_\_

Provider Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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

**The training facility meets the requirements of the Americans with Disabilities Act (ADA)?**

- Yes                       No

**Please email the following items to [Sarah.Buxton@vermont.gov](mailto:Sarah.Buxton@vermont.gov)**

- Program catalog/brochure
- Current class schedule
- Policies [specifically, tuition refund, EEO and Accessibility policies]

**Program Information** (Pages 2-6 must be completed for each program)

Training Program Title: \_\_\_\_\_

**Type of Training: (check all that apply)**

- Occupational Skills Training
- College Credit Program

**Type of Credential Issued (check all that apply)**

- Associate Degree
- Baccalaureate Degree
- Career Readiness Certificate
- Recognized State License
- Industry Recognized Certificate
- (IRC) Non-IRC
- U.S. Department of Labor Registered Apprenticeship Certificate
- State of Vermont Registered Apprenticeship Certificate
- College Credit Number of credits \_\_\_\_\_
- Other \_\_\_\_\_

**Describe how the programs leads to any recognized post-secondary credentials<sup>1</sup>**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If the program is intended to prepare the student for licensure or certification, list the type of license and the name of the licensing or certifying entity.**

Type of License or certification: \_\_\_\_\_ License

or Certification Entity: \_\_\_\_\_ **Total**

**Hours of Instruction:**

Contact Hours    Hours \_\_\_\_\_  
Credit Hours    Hours \_\_\_\_\_  
Number of Semesters or Hours Required \_\_\_\_\_

**Delivery Method: (check all that apply)**

- ON Line
- Classroom
- On-the-Job site
- Other-please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Class Size and Location:**

Course location: \_\_\_\_\_

Minimum class size, if applicable: \_\_\_\_\_

Maximum class size, if applicable: \_\_\_\_\_

1. Recognized post-secondary credential-The term "recognized post-secondary credential" means a credential consisting of an industry- recognized certificate or certification, a certificate of completion of an apprenticeship, a license recognized by the by the State involved or Federal Government, or an associate or baccalaureate degree.

**Program Approvals: Are students in the program eligible for Pell Grants under Title IV of the Higher Education Act of 1965?**

- Yes: Date of certification granted by U.S. Department of Education \_\_\_\_\_
- No

Is this program approved by the Vermont State Board of Education?  Yes  No

Is the program approved by the U.S. Department of Education or other State Board of Education?  Yes  No

Which state? \_\_\_\_\_ Which Agency? \_\_\_\_\_

Is this program approved by a Professional Association?  Yes  No

Name of Professional Association: \_\_\_\_\_

If provider or program is a certified training provider in other state(s), please enter other state(s):

\_\_\_\_\_

**Program Description:**

Brief description of the training program: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the minimum program entry requirements (e.g. reading or math level, high school diploma or GED, other education or experience requirements):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the businesses (employers) that you have worked with to develop this training curriculum (including business name, address, key contact, phone number):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how the program aligns with the in-demand industry sectors and occupations in Vermont:

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List the businesses (employers) that have expressed an interest in, or commitment to, hiring individuals who complete this training (including business name, address, key contact, phone number):

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Describe the support services available to student(s):

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Describe the financial assistance available for student(s):

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Describe any discounts or other allowances that will be given to WIOA participants:

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**Cost Information** (*per semester, per student*)

Semester Tuition (in-state Vermont)	_____
Semester Tuition (out-of-state)	_____
Fees	_____
Books (estimate)	_____
Uniforms (estimate)	_____
Room and Board (estimate)	_____
Tools (estimate)	_____
Other _____	_____
_____	_____
Total Cost (per student in-state)	_____
Total Cost (per student out-of-state)	_____

**Eligible Training Provider Performance Information  
(Complete One Performance Information Sheet for Each Program)**

**Twelve-month period of performance for training program<sup>1</sup> being reported:**

From (date) \_\_\_\_\_ to (date) \_\_\_\_\_

Training Program Title: \_\_\_\_\_

1. # Enrolled \_\_\_\_\_ # Completed \_\_\_\_\_ # of WIOA Participants \_\_\_\_\_ # of WIOA completed \_\_\_\_\_
2. The percentage of program participants who have completed the program.

All Students \_\_\_\_\_ % WIOA Students \_\_\_\_\_ %

3. The percentage of program participants who are in unsubsidized employment during the second quarter after exit from the program. All Students \_\_\_\_\_ % WIOA Students \_\_\_\_\_ %
4. The percentage of program participants who are in unsubsidized employment during the fourth quarter after exit from the program. All Students \_\_\_\_\_ % WIOA Students \_\_\_\_\_ %
5. The median earnings of program participants who are in unsubsidized employment during the second quarter after exit from the program. All Students \$ \_\_\_\_\_ WIOA Students \$ \_\_\_\_\_
6. The percentage of program participants who obtain a recognized post-secondary credential<sup>2</sup>, or a secondary school diploma or its recognized equivalent during participation in or within one (1) year after exit from the program. Participants who obtain a secondary school diploma or its recognized equivalent shall be included only if such participants, in addition to obtaining such diploma, have obtained or retained employment or are in an education or training program leading to a recognized post-secondary credential within one (1) year after exit from the program. All Students \_\_\_\_\_ % WIOA Students \_\_\_\_\_ %
7. Where appropriate, rate of successful completion by all participants of:

Licensure

Professional Certificate

Attainment of Degrees

**Note: The Eligible Training Provider will likely need to work with the VDOL in order to complete #3-5, above.**

Mail Application To:

Vermont Department of Labor  
c/o Workforce Development Division  
P.O. Box 488 Montpelier, VT 05601-0488

Footnotes:

- <sup>1</sup> For an initial eligibility determination, the Training Provider should provide any accurate information related to the requested performance measures and certify to the VDOL the ability to meet minimum performance levels and accurately submit the required information at the end of the performance period. Contact the VDOL, Workforce Development Division for further information (802-828-4151).
- <sup>2</sup> Recognized post-secondary credential-The term "recognized post-secondary credential" means a credential consisting of an industry-recognized certificate or certification, a certificate of completion of an apprenticeship, a license recognized by the by the State involved or Federal Government, or an associate or baccalaureate degree.

**Authorized Signature:** By signing, I hereby certify that all information provided in this application package (including attachments) is accurate as of the date of submission. I further certify my understanding that any or all of the items included in the application may be displayed as part of the Vermont list of WIOA-approved training providers. As a potential recipient of funds from WIOA this organization agrees to comply with non-discrimination provisions of the WIOA located in Section 188 and 29 CFR 37. By signing this document the Training Provider agrees to comply with the WIOA reporting requirements.

Certified by:

Signature of Authorized Official Signature of Reporter (if different)

Typed/Printed Name of Signatory Typed/Printed Name of Signatory

Signatory's Official Title Signatory's Official Title

Name of Organization

Date:

If the Vermont Department of Labor, after consultation with the State Workforce Development Board, determines that a training provider intentionally provided inaccurate information, or determines the provider has substantially violated any requirements of the Workforce Innovation and Opportunity Act, eligibility shall be terminated and all funds received for the program during the period of non-compliance shall be repaid.