



SUNCOAST WORKFORCE-REGION 18
TRAINING VENDOR APPLICATION
2011-2012

NAME OF TRAINING VENDOR: \_\_\_\_\_

Date Established: \_\_\_\_/\_\_\_\_/\_\_\_\_ FEIN: # \_\_\_\_\_

ADDRESS: \_\_\_\_\_
(Mailing Address) (City) (State) (Zip)

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE :(\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

A. ORGANIZATIONAL QUALIFICATIONS: (check all that apply)

- 1. Training Vendor is: Public \_\_\_\_ Private For-Profit \_\_\_\_ Private Non-Profit \_\_\_\_
2. Training Vendor is a post-secondary educational institution eligible to receive funds under Title IV of Higher Education Act :
Yes \_\_\_\_ No \_\_\_\_
3. Training Vendor is licensed by Commission for Independent Education:
Yes \_\_\_\_ No \_\_\_\_ If yes, License #: \_\_\_\_\_
4. Training Vendor has a registered apprenticeship program under the National Apprenticeship Act :
Yes \_\_\_\_ No \_\_\_\_
6. Training Vendor is accredited by: \_\_\_\_ COE \_\_\_\_ SACS \_\_\_\_ Other : \_\_\_\_\_
7. Vendor participates in the Florida Education and Training Placement Information Program (FETPIP):
Yes \_\_\_\_ No \_\_\_\_
8. Vendor does not currently participate in FETPIP but agrees to participate for the proposed programs:
Yes \_\_\_\_ No \_\_\_\_

Note: Any Training Vendor approved must agree to report performance data to the Florida Employment and Training Performance Information Program (FETPIP). Nonpublic institutions do this reporting through the Commission for Independent Education.

- 9. Is the school minority/female owned and operated?
Yes \_\_\_\_ No \_\_\_\_ If minority owned, State registration #: \_\_\_\_\_

Please attach copies of above referenced licenses/accreditations to this application.

**B. STUDENT AID / SCHOLARSHIP PROGRAMS** (check all 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) \_\_\_\_\_

**C. TRAINING VENDOR POLICIES**

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

- |  |  |
|--|--|
| _____ School Catalogue                             | _____ Grade Reporting Policy                               |
| _____ Counseling Policy                            | _____ Withdrawal/Dropout Policy                            |
| _____ Attendance Policy                            | _____ Payment Policy Regarding Tuition Payment and Refunds |
| _____ Book Policy (Purchasing, Payment, Ownership) |  |

**D. INSURANCE (Note: **attach proof of insurance, minimum \$1,000,000**)**

Liability Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**E. PROGRAM DESCRIPTIONS AND BUILDING/FACILITY ACCESSIBILITY CHECKLIST**

A separate Program Description/Statement of Work is attached as Appendix A for each proposed training program for a total of (#) \_\_\_\_\_ Programs.

A separate Building/Facility Accessibility Checklist is attached as Appendix B for each proposed training site for a total of (#) \_\_\_\_\_ sites.

**F. CERTIFICATION**

I hereby certify and affirm the following:

As authorized signatory agent for the Training Vendor, 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 Vendor 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 Vendor;

That neither this Training Vendor 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 school 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 has authorization 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;

Training Vendor: \_\_\_\_\_

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

Print Name & Title: \_\_\_\_\_

Date Submitted: \_\_\_\_\_