

## OVERVIEW

The workforce investment system emphasizes informed customer choice, system performance, and continuous improvement. The eligible provider process is part of the strategy for achieving these goals. Training providers must be determined eligible to receive Workforce Investment Act (WIA) funds to train adults and dislocated workers. Eligible participants who need training use a list of eligible providers to make an informed choice.

### Initial Eligibility Determination

Concerning **initial eligibility** determination, the following entities will automatically qualify as training providers as long as they make application:

...All programs provided by post-secondary educational institutions under Title IV of the Higher Education Act of 1965 that lead to associate degrees, baccalaureate degrees and/or certificates,

...An entity that carries out programs under the National Apprenticeship Act.

The following entities must make application that includes performance information. The local workforce investment area (LWIA) must then determine that their performance is acceptable.

....Another public or private provider of a program of training services including entities that provided training under JTPA.

### Subsequent Eligibility

The initial eligibility period for a provider of training services will be no longer than eighteen months and no less than 6 months. After this initial eligibility period, **ALL** providers of training services will be required to meet performance measures deemed necessary by the LWIB and State WIA authority.

Eligible training providers must be approved on an annual basis. The primary reason for subsequent approval is to verify that the training provider continues to offer the training program, to ensure that the information reported on the statewide training provider list is accurate, and to review current performance data.

When a training provider is placed on the statewide list, the state will assign an expiration date. Failure to apply for subsequent approval will result in removal from the current statewide-approved training provider list. The WIB and the state have the right to deny subsequent approval.

### Reasons For Denial

A training provider may be denied approval for a training program for the following reasons:

\*The application is not complete or is not submitted in a timely manner,

\*The necessary performance data is not included with the application, or the performance data does not meet LWIA approval,

\*Any other requirement for training providers under the Workforce Investment Act of 1998 is not met.

The State also has the responsibility to remove training providers from the approved training provider list under the following conditions:

\*The State shall remove a training provider from the approved training provider list if it is determined that the training entity intentionally supplied inaccurate information.

\*The State may remove a training provider from the approved training provider list if it is determined that the training entity substantially violated any requirement under the Workforce Investment Act of 1998.

### **Required Performance Data For Initial Eligibility**

As indicated earlier, some providers of training services must submit performance data with their application.

**If the training provider does not have the required performance data, it must provide the data that is available and must provide written justification for the missing data. The provider must also indicate how it will track and record the data necessary for subsequent approval.**

### **Notification Of Approval/Denial by DTR**

The State, upon receipt of the LWIB training provider list and after appropriate evaluation of such lists, will promptly issue determinations to any provider that the State removes from the LWIB training provider list. If the State does not send a denial notice within thirty (30) days after submission of the LWIB training provider list, the training program is automatically approved and will be published in the state approved training list.

Provider Application For Training Service Eligibility

|                                |       |
|--------------------------------|-------|
| <b>For WIA Office Use Only</b> |       |
| <b>Date Received:</b>          | _____ |
| <b>Date Reviewed:</b>          | _____ |
| <b>LWIB Approved/Denied:</b>   | _____ |

|   |      |  |     |
|---|------|--|-----|
| <b>1. Name of Local Workforce Investment Area Where Provider Is Located</b><br>_____  |      |  |     |
| <b>2. Provider/Organization Name:</b> _____   |      | <b>4. Facility is applying for eligibility under (pick one):</b> |     |
| <b>3. Federal ID Number:</b> _____  |      | _____ HEA Funding Title IV                                       |     |
|   |      | _____ Registered Apprenticeship                                  |     |
|   |      | _____ Other  |     |
| <b>5. Facility Is Applying for Consideration of (pick one):</b> Initial Eligibility _____ or Subsequent Eligibility _____   |      |  |     |
| <b>6. Does Provider Offer a Refund Policy?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   |      |  |     |
| If yes, briefly explain: _____  |      |  |     |
| <b>7. Mailing Address:</b>  |      |  |     |
| _____   |      | _____  |     |
| Street or P.O. Box  | City | State  | Zip |
| <b>8. Street Address/Location:</b>  |      |  |     |
| _____   |      | _____  |     |
| (Physical location of provider)   | City | State  | Zip |
| <b>9. Phone:</b> (    ) _____   |      | <b>10. Fax:</b> (    ) _____                                     |     |
| <b>11. Home Page Address:</b> _____   |      |  |     |
| <b>12. Contact Person/Application Respondent:</b> _____   |      |  |     |
| <b>13. Title:</b> _____   |      |  |     |
| <b>14. Address:</b> _____   |      |  |     |
| <b>15. Phone:</b> (    ) _____  |      | <b>Extension:</b> _____  |     |
| <b>16. E-mail Address:</b> _____  |      |  |     |
| <b>Certification:</b> I certify that the information given in this application is correct and true to the best of my knowledge and was prepared in accordance with the accompanying instructions. Willfully making false statements on this application or any attachments will deem this provider ineligible to provide services under the Workforce Investment Act of 1998. |      |  |     |
| <b>17. Signature:</b> _____   |      |  |     |
|   |      | <b>18. Title:</b> _____  |     |
| <b>19. Submittal Date:</b> _____  |      |  |     |

## TRAINING PROGRAM/COURSE INFORMATION

1. Training Program Name: \_\_\_\_\_ 2. CIP Code: \_\_\_\_\_

3. The Provider has been operating this program (*circle one*):

Less than one year    More than one year    More than three years    More than five years

4. ALL required performance data has been submitted for this training program.  Yes  No

5. If no, provide written justification for non-submission of data. \_\_\_\_\_

6. If answer to question 4 is no, describe plans to track and record the required data for subsequent eligibility.

7. Is Program HEA Approved:  Yes  No      8. Upon completion, what type of Degree/Certificate is awarded? \_\_\_\_\_

9. Training Program Length (*see instructions*): \_\_\_\_\_

Days    Weeks    Months    Years    Clock Hours    Credit Hours    Semesters    Quarters    Other (*if other, explain*)

### Training Program Costs:

10. Tuition: \_\_\_\_\_

11. Fees: \_\_\_\_\_

12. Textbooks: \_\_\_\_\_

13. Supplies/Miscellaneous: \_\_\_\_\_

14. Total \_\_\_\_\_

15. Training Program Description (*see instructions*):

## TRAINING PROGRAM LOCATION AND PERFORMANCE INFORMATION

|  |                  |                  |
|--|------------------|------------------|
| 1. State: _____  | 2. County: _____ |                  |
| 3. LWIA: _____   | 4. Campus: _____ |                  |
| 5. Physical Address of Program:  |                  |                  |
| _____  | _____            | _____            |
| City   | State            | Zip              |
| 6. Is this program considered a distance learning program? <input type="checkbox"/> Yes <input type="checkbox"/> No              |                  |                  |
| 7. Contact Person for this Program:  |                  |                  |
| _____  | Title: _____     |                  |
| 8. Mailing Address of Contact Person:  |                  |                  |
| _____  | _____            | _____            |
| City   | State            | Zip              |
| 9. Contact Phone: (____) _____   |                  | Extension: _____ |
| 10. Contact E-mail Address: _____  |                  |                  |
| 11. Is this site in compliance with the Americans Disability Act (ADA)? <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |                  |

|   |   |
|---|---|
| <b>PERFORMANCE INFORMATION</b>                  |   |
| <b><u>To Be Completed By Facility Staff</u></b> | <b><u>To Be Completed By LWIA Staff</u></b>       |
| Participant Universe:                           | WIA Participants:                                 |
| 12. Reporting Period: From _____ To _____       | 16. Reporting Period: From _____ To _____         |
| 13. Completion Rate _____ %                     | 17. Entered Employment Rate of Completers _____ % |
| 14. Entered Employment Rate _____ %             | 18. Retention Rate of Completers _____ %          |
| 15. Hourly Wage at Placement \$ _____           | 19. Hourly Wages of Completers \$ _____           |
|   | 20. Credential Rate _____ %                       |

In accordance with 122 (d)(1)(A) of the WORKFORCE INVESTMENT ACT (WIA), this facility will attest to the fact that the above performance data submitted is verifiable by program and can be made available for review upon request.

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

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

## APPLICATION INSTRUCTIONS

Please respond to each item on this application in the space provided. Failure to complete each section in its entirety may result in a delay of processing this application. The completion of this application, in a timely manner, is mandatory for all entities wishing to provide training services authorized by the Workforce Investment Act of 1998.

A separate application must be completed for EACH training SITE (e.g. each Kentucky Tech Area Technology Center.) A separate page two must be complete for each program/course of study (e.g. Computer and Info Sciences, General, Computer and Info Sciences, Other, Computer Engineering, Computer Engineering Tech). A separate page three must be completed for each training site where locations differ ( e.g. accounting program offered at University of Louisville main campus and University of Louisville Shelby Campus. Page one and two of the application may contain same information but program course of study is offered at two different locations thus the need for two page three's). Satellite programs that only operate on a part-time basis are not considered a full time alternate training location and will not require a separate page three.

### INSTRUCTIONS FOR PAGE ONE

1. **Name of Local Workforce Investment Area** - Local Workforce Investment Area (LWIA) in which training provider is physically located. The facility must submit their application to the LWIA in which they are physically located. Out of state facilities must submit applications to the closest geographically located LWIA.
2. **Provider/Organization Name** - This is the full name of the Provider/Organization as registered with the Kentucky Secretary of State.
3. **Federal ID Number** - Enter the nine (9) digit number assigned to the organization, by the Internal Revenue Service (IRS), for tax purposes.
4. **Facility is Applying for Eligibility under (pick one)** - Indicate if the institution is HEA approved or a registered apprenticeship. If the institution is neither of the above mark "other".
5. **Facility is Applying for Consideration of** - Check the box that applies to your facility. Initial eligibility is the first application you have submitted to your LWIA to be considered for inclusion on the Eligible Training Provider List. Subsequent eligibility refers to facilities who have been on the Eligible Training Provider List for at least seven months and are required to reapply for consideration to remain on the list.
6. **Does Provider Offer a Refund Policy** - Indicate whether or not your facility offers a refund policy. If yes **briefly** describe the refund policy or include, as part of the application, a copy of the policy when submitting to LWIA for review.
7. **Mailing Address** - Enter the complete **mailing address** of the organization.

PAGE ONE APPLICATION INSTRUCTIONS (continued)

8. **Street Address/Location** - Enter the physical location of the provider/organization.
9. **Phone** - Enter the primary telephone number of the training facility, with area code, including extension number if applicable.
10. **Fax Number** - Enter the appropriate fax number, with area code.
11. **Home Page Address** - Enter home page/URL address of facility if applicable.
12. **Contact Person/Respondent** - Enter information as appropriate for the individual who responded to the application. This individual may be called upon to answer any questions that could arise during the application process.
13. **Title** - Enter title of contact person indicated in item number 12 of these instructions.
14. **Address** - Enter mailing address of contact person listed in item number 12 of these instructions.
15. **Phone** - Enter telephone number (including area code and extension, if applicable) of person indicated as contact person in item number 12.
16. **E-Mail Address** - Enter e-mail address of person identified as the contact/application respondent in item number 12.
17. **Signature** - Signature of authorized representative of facility.
18. **Title** - Title of authorized representative of facility indicated in item number 17.
19. **Submittal Date** - Indicate date entire application is submitted to LWIA.

## PAGE TWO APPLICATION INSTRUCTIONS

[Note: If your organization is seeking certification for more than one training program, a separate Page Two must be completed for each training program.]

1. **Training Program Name** - Enter the title of the training program for which your organization is applying for certification. (It is helpful if the program name entered mirrors the CIP code title). **Important Note: Please see the list of Demand Occupations for the Northern Kentucky Workforce Investment Area included in this application packet. If this program does not train in one of the occupations included on this list, the applicant must provide written statements from 5 employers in the Greater Cincinnati Metropolitan Area indicating that they are currently hiring or intend to hire in this occupation during the calendar year. If the occupation is not on the Demand List and the above proof of demand is not provided, this program cannot be considered for use by the Northern Kentucky Workforce Investment Board.**
2. **CIP Code** - Classification of Instructional Programs (CIP) code provided by the National Center for Education Statistics (NCES). **Warning: Failure to accurately complete this portion of the application will result in processing delays.**
3. **The Provider has been operating this program** - Circle the answer that most closely answers this question.
4. **Did the provider submit complete performance data for this training program?** There are three areas of required performance data that the provider must submit. This data applies to the "participant universe". The three areas are, completion rate, entered employment rate and wages at placement. For the performance data submitted to be complete, the provider must submit all three criteria. Therefore, the providers has the choice of yes or no to this question. Check the answer that applies to the provider for this program.
5. **If no, did provider submit to the LWIA data that is available and provide written justification for the missing data?** If the provider submitted only partial data or no data at all for the three performance criteria indicated on the application, they would answer no to question number 4. If the answer to question number 4 is no, the provider must submit whatever performance data they have and written justification to explain why only part or no data was submitted.
6. **If the answer to question number 4 is no, how does the provider plan to track and record the data necessary for subsequent approval?** Documentation must be submitted to LWIA with the application to satisfy this requirement.
7. **Is Program HEA Approved** - Indicate if the training program is approved for HEA funding. Even though the training facility itself may be eligible for HEA funding, there may be individual programs within the facility umbrella that are not HEA eligible. WIA laws stipulate that all information be tracked by individual programs.
8. **Upon completion what type of degree/certificate is awarded** - Indicate appropriate award upon completion (i.e., diploma, certificate, license, degree.)
9. **Training Program Length** - Indicate the amount of time necessary to complete the training program/course of study with a numeric identifier. Once the numeric identifier has been determined select from the choices given you on the application i.e. 5 quarters, 600 clock hour,

**PAGE TWO APPLICATION INSTRUCTIONS continued**

12 months. If your particular situation is not reflected in the choices given, indicate so by selecting "other" and explain.

10. **Training Program Costs (Tuition)** - Indicate the **total cost of tuition** assessed to students for the **complete length** of the training program/course. Do not include charges for room, board, and other services.
11. **Training Program Costs (Fees)** - Indicate the **total fees** assessed to students for the **complete length** of the training program. This amount should reflect any required application, registration, and activity fees, as appropriate.
12. **Training Program Costs (Textbooks)** - Enter the **total cost** of textbooks required to **complete** the training program.
13. **Training Program Supplies/Miscellaneous Costs** - Enter the **total cost** of supplies and/or miscellaneous expenses that may be required to **complete** the training program.
14. **Total** - Enter sum of item numbers ten (10) through thirteen (13).
15. **Training Program Description** - Briefly describe the program. What skill will participant acquire, what will they be qualified to do upon completion of the program in terms of employment.

For each program location, it is necessary to complete a page three. For example, the information you completed on page two of this application contained data related to each individual program. If that program is offered in more than one location, a separate page three is required for each location. Therefore, every page two of this application, must be accompanied by at least one page three and in some cases more than one.

1. **State** - Enter state in which the program listed on page two of this application is offered.
2. **County** - Enter county in which the program listed on page two of this application is offered.
3. **LWIA** - Enter LWIA name in which the program listed on page two of this application is physically located.
4. **Campus** - If there are multiple campus locations for the program on page 2, complete a separate page 3 for each. (Example, an accounting program offered at both the University of Louisville Main Campus and the University of Louisville Shelby Campus.) If both facilities are located in Jefferson County and both facilities are considered to maintain a full time schedule, the University of Louisville's Main Campus identifier number would be campus number one and the University of Louisville's Shelby Campus would be campus number two.
5. **Physical Address of Program** -The mailing address of the main campus may be different from the physical location of the program itself; therefore, it is necessary to complete the section with the PHYSICAL address of the program. If the mailing address of the main campus and the physical address of the program are the same, complete this section accordingly for recording purposes.
6. **Is this program considered a Distance Learning program?** - Will the student take classes for this program on site or will the classes be offered via the internet or some other electronic form? Indicate by checking yes or no to this question. **Important Note: If the answer to this question is yes, please see the Additional information required for approval by the Northern Kentucky Workforce Investment Board section of this application for Distance Learning requirements.**
7. **Contact Person for this Program** - Likewise, the contact person referred to on page one may not be the appropriate person an LWIA staff or WIA participant needs to contact; therefore, it is necessary to capture both names. If the contact person indicated on page one of this application is the same as the one for the program, complete this section accordingly for recording purposes.
8. **Mailing Address of Contact Person** - Please complete this section indicating mailing address of person identified as contact person for this program.
9. **Contact Phone** - Complete this section with phone number, including extension if applicable, of contact person for this program indicated in item number 6 of this page for this program.
10. **Contact E-mail Address** - Supply the e-mail address of contact person indicated in item number 6 of this page.

**PAGE THREE INSTRUCTIONS continued**

11. **Is this site in Compliance with the Americans Disability Act (ADA)?** - Indicate the appropriate response by checking the correct box.
12. **Reporting Period, From - To (Refers to Participant Universe)**- Indicate in this section, the 12 month reporting period used to complete items 11, 12 and 13 on this page. The provider's most recent 12 month reporting period is preferred.
13. **Completion Rate** - Refer to attachment, Performance for Initial and Subsequent Eligible Provider Listing page one, for instructions on how to satisfy this requirement.
14. **Entered Employment Rate** - Refer to attachment, Performance for Initial and Subsequent Eligible Provider Listing page one, for instructions regarding this requirement.
15. **Hourly Wage at Placement** - Refer to attachment, Performance for Initial and Subsequent Eligible Provider Listing page one, for instructions regarding this requirement.
16. **Reporting Period (Refers to WIA Participants Only)** - This information will be supplied to each LWIA by the State. Provider will leave this item blank.
17. **Entered Employment Rate of Completers** - This information will be supplied to each LWIA by the State. Provider will leave this item blank.
18. **Retention Rate of Completers** - This information will be supplied to each LWIA by the State. Provider will leave this item blank.
19. **Hourly Wages of Completers** - This information will be supplied to each LWIA by the State. Provider will leave this item blank.
20. **Credential Rate** - This information will be supplied to each LWIA by the State. Provider will leave this item blank.

**PERFORMANCE FOR SUBSEQUENT ELIGIBLE PROVIDER LISTING  
(NUMBERS 1, 2 AND 3 PERTAIN TO THE PARTICIPANT UNIVERSE OR "ALL" )**

**1. Completion Rate**

- a. Calculation: divide number of successful completers by total that left the program:

$$\frac{\text{Successful Completers}}{\text{Total that left program}}$$

- b. An acceptable completion rate is **25%**.

The parties involved in determining these definitions and rates were KCTCS, Association of Independent Colleges and Universities, Kentucky Council on Post Secondary Education and guidelines from the Council on Occupational Education, and W.I.A. staff.

Due to the fact that no history is available on this information it is understood that after the first subsequent performance information is submitted it may be necessary to increase or decrease this figure.

**Successful Completers** are the total number of students who:

- graduate from a certificate, diploma or degree program, plus
- the number of students who enter employment as a result of training/skills received in courses. (Early leavers with marketable skills.),
- plus the number of students who transfer (at any point) up to another program. For example, students who transfer from a Technical program to a 2-year program or from a 2-year program to a 4-year program.

**2. Entered Employment Rate**

- a. Calculation: divide the total number employed in unsubsidized employment by the number who left the program and are no longer enrolled in the educational system. This calculation will not include students who transfer to another program.

$$\frac{\text{Number Employed in Unsubsidized Employment}}{\text{Number no longer enrolled in the educational system AND that left the program.}}$$

**Number Employed** is the total of all the individuals participating in the applicable program who obtain unsubsidized employment and are no longer attending an educational program.

**Unsubsidized employment:**

1. is any employment where the employee's wages are not directly paid (subsidized) in whole or in part by funds provided under the W.I.A. (e.g., on-the-job training) or by public funds as a benefit received from participation in a public program (e.g., Welfare-to Work).
2. includes entry into the Armed Forces, Peace Corps, VISTA, and other National Services programs funded by the Federal Cooperation for National and Community Service under the National Community Service Trust Act of 1993 (examples are activities in the Americorps and the National Civilian Community Corps program.)
3. also includes employment by publicly funded organizations such as hospitals, government agencies or school systems unless the employee's wages are paid by public funding as described in item 1 of this definition.

**Participation** is the number of students who have declared a program and, if applicable, have been accepted into that program and are still enrolled after the refund period (does not include individuals who are taking prerequisites).

- b. The agreed upon entered employment rate for ALL is **40%**, with the same understanding for changing as mentioned above for the completion rate.

Due to the fact that no history is available on this information it is understood that after the first subsequent performance information is submitted it may be necessary to increase or decrease this figure.

3. **Wage at Placement**

- a. Calculation: **Add hourly wages** of all individuals who obtained unsubsidized employment and divide by the total number of individuals who obtained unsubsidized employment.

$$\frac{\text{Total of hourly amounts earned by all "participating" individuals who obtained unsubsidized employment}}{\text{Total number of individuals who entered unsubsidized employment}}$$

- b. The agreed upon rate for the wage at placement for ALL is the **Federal hourly minimum wage**

The wage at placement figure is program specific. The participant does not have to obtain employment in the program from which he was completed to be counted in the wage rate.

**According to section 122 of the Act, verifiable program-specific performance information is required.**

(NUMBERS 4 THRU 7 PERTAIN TO W.I.A. PARTICIPANTS ONLY)

4. ENTERED EMPLOYMENT RATE OF COMPLETERS (BY PROGRAM)

- a) Calculation: Divide the number of satisfactory completers who entered unsubsidized employment (in first post quarter) by the number who satisfactorily completed (exit quarter). Keep in mind the number includes adults and dislocated workers.

$$\frac{\text{Number of satisfactory completers who entered unsubsidized employment in first quarter}}{\text{Number who satisfactorily completed (exit quarter)}}$$

- b) It has been determined that an acceptable entered employment rate of completers by program is **40%**.

SATISFACTORY COMPLETION is defined as:

Participants who have completed their W.I.A. Title IB activity as outlined in their employability plan.

UNSATISFACTORY COMPLETION is defined as:

A participant who did not complete their W.I.A. Title IB activity as outlined in their employability plan.

OTHER is defined as:

A participant who quit prior to completing their W.I.A. Title IB activity as outlined in their employability plan.

5. RETENTION RATE OF COMPLETERS (BY PROGRAM)

- a) Calculation: Divide the number of satisfactory completers who are in unsubsidized employment in 3rd post quarter by the number of satisfactory completers who are employed in the first post quarter.

$$\frac{\text{Number of satisfactory completers employed in unsubsidized employment in 3rd post quarter}}{\text{Number of satisfactory completers employed in unsubsidized employment in 1st post quarter}}$$

- b) It has been determined that an acceptable retention rate of completers by program is **50%**.

6. WAGES OF COMPLETERS (BY PROGRAM)

- a) Calculation: Of satisfactory completers look to see who had wages in post quarter one. Of those who reported wages in post quarter one, determine who continued to report wages in post quarters 2 and/or 3. Add the wages from post quarters 2 and 3.

Divide the total amount of wages in post quarters 2 and/or 3 by the number of completers who reported wages in post quarter one

Divide this dollar amount by 26 weeks to obtain average weekly earnings.

$$\frac{\text{Combine dollar amount of post quarters 2 and 3 for all who had wages in post quarter one}}{\text{Number who reported wages in post quarter one}}$$

Divide this calculated dollar amount by 26 to obtain average weekly earnings.

- b) The agreed upon average weekly earnings of completers by program is **\$190.00 per week**. The origin of this figure was determined after working with many different formulas. The calculation for this figure will be explained if necessary.

7. CREDENTIAL RATE OR RATE OF LICENSURE (BY PROGRAM)

- a) Calculation: Divide number of satisfactory completers who complete and obtain a credential by the number of satisfactory completers.

$$\frac{\text{Number who satisfactorily complete and obtain a credential}}{\text{Number who satisfactorily complete}}$$

- b) The agreed upon rate of licensure has been set at **60%**.

For a program to be on the subsequent statewide provider list, all minimum levels of performance **MUST** be met.

Performance is reviewed based on the program call size.

- 10 participants for the "ALL" category and/or
- 5 participants for the W.I.A. category,

If the cell size, by program for the appropriate category, is less than specified, the performance information will not be used to exclude that program from the list.

Local Boards have the option of requiring higher levels of performance and additional performance information as stated in section 122 of the Act for authorizing an individual training account (ITA). See the following section for **Additional Information Required for Approval by the Northern Kentucky Workforce Investment Board**.

Additional information required for approval by the Northern Kentucky Workforce Investment Board

**Note:** Programs which are provided by **post secondary educational institutions under Title IV of the Higher Education Act of 1996** that lead to associate degrees, baccalaureate degrees, diplomas, and/or certificates; or are provided under the **National Apprenticeship Act** are **exempt** from this requirement for additional information. All other potential providers of training must make application as prescribed above **and** meet the following criteria.

A. The applicant is currently licensed and/or accredited to provide such training. If the applicant is a proprietary school **they must be licensed to provide the applied for training program by the Kentucky State Board of Proprietary Education**. This applies whether or not they are licensed by any other state board or proprietary education or similar licensing body. If the applicant is accredited, accreditation must be granted by an appropriate state, regional or national board. Current proof of licensure and/or accreditation must be submitted at the time of application. If applicable, an applicant may be required to provide proof of licensure by the Kentucky State Board of Proprietary Education in addition to proof of accreditation. Verification of licensure or accreditation will be provided by WIB staff. Information on whether a grievance has been filed against that vendor by a trainee will also be verified. If the applicant satisfactorily provides this required information, they may be approved without further review by the Program Committee. If an unresolved grievance is pending, this information will be brought back to the Program Committee for their review.

B. Any vendor applicant which does not meet the above criteria must, in addition to submitting the application, provide detailed responses to the following questions. The Program Committee will review and evaluate this information and make recommendation to the Workforce Investment Board as to whether the applicant is approved to provide a given program of training. As a part of this review, the Program Committee will take into consideration the applicant's compliance with minimum standards established by the appropriate state, regional or national boards for the proposed training program.

- Given that your organization/agency is not licensed or accredited, are you currently in the process of seeking that status? If yes, at what point in the process is your organization/agency? If no, why has the organization/agency chosen not to seek licensure or accreditation?
- Does your organization/agency have adequate financial resources, or the ability to obtain them, which would enable them to provide the proposed services?
- Does your organization/agency have a satisfactory record of integrity, business ethics and fiscal accountability? Please submit your organization/agency's most recent annual audit.
- Does your organization/agency have a record of satisfactory past performance in the area in which services are proposed? Include information regarding the demonstrated quality of including performance listed below:

|   | Adult | Dislocated<br>Worker |
|---|-------|----------------------|
| # Enter unsubsidized employment   | _____ | _____                |
| # Retain unsubsidized employment<br>six months after placement                    | _____ | _____                |
| Earnings received six months<br>after placement into unsubsidized<br>employment   | _____ | _____                |
| # Attain recognized credential related<br>to achievement of educational<br>skills | _____ | _____                |

If such performance data is not available, what process will be put into place for evaluating and tracking such data for future review?

- Does your organization/agency have the necessary organization, experience, accounting and operational controls? Please provide a detailed explanation of your organization/agency's internal control structure, including an organizational chart.

- Does your staff have the technical skills to perform the proposed or services? Please provide detailed information regarding minimum required credentials/degrees etc. for positions within your organization. This should include both instructors and administrators.

**Distance/On-Line Programs only**

If the program will include distance or on-line instruction please respond to the following questions,

1. How will the training program track the time spent by the Individual Training Account participant on the program?
2. How will the training program track and verify progress of that individual toward successful completion of this program?

**Below are the Demand Occupations for the Northern Kentucky Workforce Investment Area projected through the year 2005**

**Occupational**

**Title**

Accountants & Auditors  
Adjustment Clerks  
Aircraft Mechanics  
Aircraft Mechanics  
Amusement & Recreation Attendants  
Automotive Mechanics  
Baggage Porters & Bellhops  
Bill & Account Collectors  
Bill & Account Collectors  
Bindery Machine Setters  
Bookkeeping, Accounting, Audit Clerks  
Brokerage Clerks  
Carpenters  
Cashiers  
Chemists  
Child Care Workers  
Clerical Supervisors  
Combination Machine Tool Setters  
Combined Food Preparation & Service Workers  
Computer Application Developer  
Computer Applications Software Engineer  
Computer Engineers  
Computer Hardware Engineers  
Computer Help Desk  
Computer Programmer  
Computer Support Specialists  
Computer Support Technician  
Computer Technical Support Person  
Cooks, Fast Food  
Cooks, Restaurant  
Correction Officers  
Counter & Rental Clerks  
Data Base Administrator  
Data Base Support  
Data Processing Equipment Repairers  
Dental Hygienists  
Electromechanical Equipment Assemblers  
Electronic Pagination System Workers  
Extruding & Forming Machine Operators/Tenders  
Farm Equipment Mechanics  
Financial Managers  
First Line Supervisors, Product  
Food Batchmakers  
Food Preparation Workers  
Food Service & Lodging Managers  
General Managers & Top Executives  
General Officer Clerks  
Guards  
Guards  
Hairdressers, Hairstylists  
Hand Packers & Packagers  
Heat, A/C, Refrigeration Mechanics  
Helpers, Brick & Stone Mason  
Home Health Aides  
Home Health Aides  
Homeland Security Workers  
Human Services Workers  
Industrial Engineers, Except Safety  
Industrial Machinery Mechanics  
Industrial Truck & Tractor Operators  
Instructors & Coaches, Sports

Internet Support  
Janitors & Cleaners  
Lawn Maintenance Workers  
Licensed Practical Nurse  
Machinery Maintenance Workers  
Maids & Housekeeping Cleaners  
Maintenance Repairers, General Utilities  
Manicurists  
Marketing & Sales, Supervisors  
Medical Assistants  
Medical Records Technicians  
MIS/IT Manager  
MIS/IT Assistant  
Mobile Heavy Equipment Mechanics  
Network/Computer Systems Administrator  
Network Local Area Administrator  
Network Technician  
Network Systems Analyst  
Network Wide Area Administrator  
Numerical Control Machine Operators  
Nursing Aides & Orderlies  
Occupational Therapists  
Order Fillers, Wholesale/Retail  
Order Fillers, Wholesale/Retail  
Paralegals  
PC Technician  
PC Support  
PC Support Assistant  
Personal & Home Care Aides  
Physical & Corrective Therapy  
Physical Therapists  
Pruners  
Railroad Conductor  
Legal Secretary  
Real Estate Agent  
Radiologic Technology  
Flight Instructor  
Receptionists & Information Clerks  
Registered Nurses  
Sales Agents, Business  
Salesperson, Retail  
Secretaries, except Legal & Medical  
Securities & Financial, Sales  
Securities & Financial, Sales  
Speech Pathologist, Audiologist  
Stock Clerks, Sales Floor  
Stock Clerks: Stockroom, Warehouse  
Surgical Technologists  
Systems Analyst  
Teacher Aides & Education Assistants  
Teacher Aides & Education Assistants  
Teacher's Aides, Paraprofessional  
Teachers, Elementary  
Teachers, Secondary School  
Teachers, Special Education  
Teachers, Special Education  
Technical Writers  
Transportation Agents  
Truck Drivers, Heavy  
Truck Drivers, Light  
Vehicle Washers & Equipment Cleaners  
Waiters & Waitresses  
Web Technician  
Web Developer

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PROVIDER/ORGANIZATION NAME

Copies of referenced CFRs, OMBs, Executive Orders, Titles, etc. are available upon request.

ASSURANCES

1. The applicant assures that it will establish, in accordance with Section 184 of the Workforce Investment Act (WIA), fiscal control and fund accounting procedures that may be necessary to ensure the proper disbursement of, and accounting for, funds received through the allotments made under Sections 127 and 132.
2. The applicant assures that it will comply with the confidentiality requirements of Section 136 (f)(3) of WIA.
3. The applicant assures that no funds received under the WIA will be used to assist, promote, or deter union organizing.
4. The applicant assures that it will comply with the nondiscrimination provisions of Section 188 of WIA, including an assurance that a Method of Administration has been developed and implemented.
5. The applicant assures that it will collect and maintain data necessary to show compliance with the nondiscrimination provisions of Section 188 of WIA.
6. The applicant assures that veterans will be afforded employment and training activities authorized in Section 134 of the WIA, to the extent practicable.
7. The applicant assures that it will comply with the following federal guidelines applicable to them:

|                    |   |
|--------------------|---|
| 29 CFR part 97     | Uniform Administrative Requirements for State and Local Governments (as amended by the Act) |
| 29 CFR 96          | (as amended by OMB Circular A-133)  |
| 29 CFR part 98     | Drug Free Workplace   |
| Public Law 101-336 | Americans with Disabilities Act   |
8. The applicant assures that funds will be spent in accordance with the Workforce Investment Act legislation, regulations, written Department of Labor guidance and all other applicable federal and state laws.
9. The applicant agrees to assist the Local Workforce Investment Area customers, where applicable, in applying to all available Federal and non-Federal sources of financial assistance, including PELL grants. PELL grants and other sources of funding received shall be applied as the first source of funding to be applied toward the trainee's cost of attendance. The Local Workforce Investment Area may be responsible for any balance needed within established policy limits.
10. A copy of the customer's Student Aid Report shall be provided, by the training provider, to the appropriate Local Workforce Investment Area along with any PELL grant award letters.



**Certification Regarding**  
**Debarment, Suspension and Other Responsibility Matters**  
**Primary Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participants' Responsibilities. The regulations were published as Part VII of the May 16, 1988, Federal Register (Pages 19160-19211).

1. The prospective primary participant, (i.e. grantee) certifies to the best of its knowledge and belief, that it and its principals:

a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;

b. Have not within a three-year period preceding this proposal been convicted or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

d. Have not within a three-year period preceding this application/proposal had one or more public transactions (federal, state or local) terminated for cause or default.

2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

## Certification Regarding Lobbying

### Certification for Contracts, Grants, Loans and Cooperative Agreements

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant loan or cooperative agreement.
2. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, Member of Congress, an officer or employee of Congress, or any employee of a Member of Congress in connection with this federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

**This certification is material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U. S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

#### 29 CFR Part 37.20 (a) (1)

#### Nondiscrimination and Equal Opportunity Certification

As a condition to the award of financial assistance under WIA from the Department of Labor, the grant applicant assures, with respect to operation of the WIA-funded program or activity and all agreements or arrangements to carry out the WIA-funded program or activity, that it will comply fully with the nondiscrimination and equal opportunity provisions of the Workforce Investment Act of 1998, including the

Nontraditional Employment for Women Act of 1973, as amended; the Age Discrimination Act of 1975, as amended; title IX of the Education Amendments of 1972, as amended; and with all applicable requirements imposed by or pursuant to regulations implementing those laws, including but not limited to 29 CFR Part 34. The United States has the right to seek judicial enforcement of this assurance.

**I certify that the entity completing this application will adhere to the Assurances; Certification Regarding Debarment, Suspension and Other Responsibility Matters Primary Covered Transactions; Certification Regarding Lobbying Certification for Contracts, Grants, Loans and Cooperative Agreements; and 29CFR Part 37 Nondiscrimination and Equal Opportunity Certification.**

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Name and Title of Authorized Representative

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Signature

Date