

**UNITED STATES VIRGIN ISLANDS
ELIGIBLE PROVIDER CERTIFICATION SYSTEM**

*Proposal for Customized Training
Under the Workforce Investment Act*

A. EMPLOYER INFORMATION

Company's Name: _____

Mailing Address: _____

Contact Person/Title: _____

Telephone Number: _____

Facsimile Number: _____

E-mail Address: _____

Virgin Islands Tax Identification Number: _____

Will other employers be involved? Yes ____ No ____

Total number of individuals to be trained and hired: _____

Please list the job titles and salaries they will be training for:

#	Job Title After Training	Salary

Total number of individuals to be trained and promoted _____

Please list current job titles, job titles for which training is being given (if changed), and salaries of employees after training:

#	Current Job Title	Job Title After Training	Salary

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B. TRAINING PROVIDER INFORMATION

Institution/Agency Name: _____

Mailing Address: _____

Contact Person/Title: _____

Telephone Number: _____

Facsimile Number: _____

E-mail: _____

Website: _____

Check One: For Profit _____ Not for Profit _____

Virgin Islands Tax Identification Number: _____

C. PROGRAM DESCRIPTION

1. Program Name _____

2. Training Location _____

3. Is this location compliant with the Americans with Disabilities Act?
____ Yes ____ No

4. Total Number of People to be trained _____

5. Total Cost of Program \$ _____

6. Program Synopsis (50 words limit)

7. Prerequisites (include testing requirements, if any)

All applicants seeking eligibility for financial assistance under Title I of the Workforce Investment Act of 1998 **must make assurances that they are able to provide programmatic and architectural accessibility to individuals with disabilities.*

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8. How does your program accommodate customers with various disabilities?

9. Program Contact Hours _____

10. Start Date _____ End Date _____

11. Weekly Schedule:

Days	Start and End Times
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

12. Describe briefly the skill(s) that will be acquired through the program of training services.

13. Please describe the type of certification that will be obtained at the completion of training. (if applicable)

14. What is the class size? _____

15. What is the instructor to student ratio? _____

16. Is this program for a “demand occupation” in the Territory based on the list of demand occupations attached? ____ Yes ____ No

If not, please describe the benefit(s) of this type of training activity.

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17. How will participant progress be measured? (Include testing, evaluation, demonstration or other)?

18. Kindly attach the course curriculum and current resumes of the instructors.

D. DEMONSTRATED PERFORMANCE

Indicate previous experience and/or performance with employment and training activities, public and/or private, for the past two (2) years.

If you do not have some of the past performance data requested in questions 4-6 or if you did not provide training services to a particular population, leave that section blank. Attached to this solicitation is a brief description of the performance measures that you will be required to collect this year in order to be considered for future participation with this program.

1. Have you previously provided training services in the Territory?

____ Yes ____ No

2. Provide the name and description of program including actual dates of operation.

3. Funding Source(s) or Sponsoring Agency(ies)

Name and Mailing Address of Contact Person _____

Amount of Funds Received \$ _____

4. Adults (aged 18 and over)/Dislocated Workers Served

Total number served: _____

Total number who successfully completed training: _____

Total number who received a credential _____

Total number placed in full-time training-related jobs: _____

Average hourly wage at placement: \$ _____

Total number who were still employed six (6) months after placement _____

Average hourly wage six (6) months after placement: _____

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5. Youth Services (aged 14-21)
Total number served: _____
Total number who successfully completed training: _____
Number completed major level of education (HS diploma/GED): _____
Number gained basic skills, work readiness skills and/or occupational skills _____
Number who continued on for post-secondary education or training, joined the military or entered a registered apprenticeship: _____
Total number who received a credential _____
Total number placed in full-time training-related jobs: _____
Average hourly wage at placement: \$ _____
Average hourly wage six (6) months after placement: _____
Total number who were still employed six (6) months after placement _____
6. If you have not had past experience in providing training services, describe/explain what qualifies you to receive funds for this purpose: _____

E. ADDITIONAL INFORMATION

1. Please provide documents that indicate your organization's ability to train in the specific field(s) described in this application. Attach a copy of your current Department of Education's Certification of Operation or Certification of Accreditation (if applicable).
2. Please provide a copy of the organization's current Virgin Islands' Business License. (if applicable)
3. Letter of Good Standing from the Lieutenant Governor's Office dated within past twelve (12) months.
4. If you are incorporated, please attach a copy of your incorporation papers and Certification of Good Standing from the Lieutenant Governor's Office.

Attachments: Background Information
Demand Occupations

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F. BUDGET INFORMATION

GRANT COST ANALYSIS

The proposing agency must submit a complete budget including, but not limited to, the form attached to this Request for Proposal. The budget must be in line item format according to whether costs are administrative or training.

Note: Round all numbers to the nearest dollar

1. ADMINISTRATIVE COSTS

1. Staff Salaries _____

2. Staff Fringe Benefits _____

3. Communications _____

4. Utilities _____

5. Materials and Supplies _____

6. Insurance _____

7. Contractual Services _____

8. Lease and Rentals _____

9. Equipment _____

10. Other _____

Total Administrative Costs \$ _____

List any in-kind contributions.

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2. DIRECT TRAINING COSTS

Line Item 2.a Staff Costs – Training

(Include only those staff persons that provide direct instructions or instruction-related services to trainees. Examples include training director, instructors, and clerical services to the training staff.)

Number	Position/Title	Salary per week or hour	% of Time to Project	Number. of weeks or hours	Total Salary
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Total Staff Salaries – Training \$ _____
Enter on line item 2.a.

Line Item 2.b Staff Fringe Benefits – Training

(Employers cost of fringe benefits for Staff)

F.I.C.A. _____ % x _____ = \$ _____

Workmen’s Compensation _____ % x \$ _____ = \$ _____

Health & Welfare Insurance _____ % x \$ _____ = \$ _____

 Retirement _____ % x \$ _____ = \$ _____

 Pension _____ % x \$ _____ = \$ _____

Other (Specify) _____ = \$ _____

Total Fringe \$ _____
Enter on line item 2.b

(Employer’s cost of fringe benefits for staff - enter only costs being claimed for reimbursement)

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Line Item 2.c. Equipment - Training

List below all equipment, materials and supplies necessary to the operation of the program that are to be charged to training. Indicate by letter in the “unit price” column whether the price is for purchase (p), rental (r) or leasing (l).*

Type	Quantity	Unit Price	Total

Total Equipment Costs \$ _____

Enter on line item 2.c

** A separate inventory must be maintained for all equipment leased/purchased through grant funds. All equipment, at the discretion of the grant recipient, must be returned to designated location no later than thirty (30) days after grant termination. No lease may extend past grant termination. In all cases, the leasing or rental of equipment, rather than purchase is encouraged.*

Line Item 2.d Other Training Costs (Supportive Services)

Specify Each Cost

ITEM	COST

Total \$ _____

Enter on line item 2.d

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TOTAL COSTS

TOTAL ADMINISTRATIVE COSTS \$ _____

Training Costs

Line Item 2.a – Salaries \$ _____

Line Item 2.b – Fringe Benefits \$ _____

Line Item 2.c – Equipment and Supplies \$ _____

Line Item 2.d– Other (Supportive Services) \$ _____

TOTAL TRAINING COSTS \$ _____

TOTAL PROGRAM BUDGET \$ _____
(Total Administrative + Total Training)

CERTIFICATION OF COMPLIANCE WITH THE SPECIFICATIONS

This is to certify that to the best of the undersigned knowledge and belief the data in this application is responsive to the specifications and is true and correct. The undersigned understands that non-responsive applications, as determined by the VIDOL/WIB, may not be reviewed for consideration. Further, the submission of this application has been authorized by the governing body of applicant, and applicant shall comply with both the assurance as applicable and regulations attached to the application package.

Signature _____

Typed Name _____

Title _____

Date _____

Note: An executed certification must be returned with each proposal.