

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

*Application for Initial Eligibility  
Under the Workforce Investment Act*

**TRAINING PROVIDER INFORMATION**

Institution/Agency Name: \_\_\_\_\_

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

\_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

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

Facsimile Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Virgin Islands Tax Identification Number: \_\_\_\_\_

**PROGRAM DESCRIPTION**

1. Program Name \_\_\_\_\_

2. Training Location \_\_\_\_\_

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

4. Program Synopsis (50 words limit)

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

5. Program Contact Hours \_\_\_\_\_

6. Prerequisites (include testing requirements, if any)

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

Virgin Islands Eligible Provider Application

7. How does your program accommodate customers with various disabilities? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*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.*

8. Program Category (check one)

- Adult Education/Literacy
- Entrepreneurship
- Job Readiness
- Occupational Skills
- Skill Upgrading
- Workplace
- Other (specify): \_\_\_\_\_

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

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

10. Please describe the type of certification that will be obtained at the completion of training.

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

11. What is the class size? \_\_\_\_\_

12. What is the instructor to student ratio? \_\_\_\_\_

13. Is this program a “demand occupation” in the Territory based on the list of demand occupations provided you? \_\_\_\_\_Yes \_\_\_\_\_No

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

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

14. Please describe your organization’s placement policy.

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

Virgin Islands Eligible Provider Application

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

---

---

---

**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 the Subsequent Eligible Training Provider List.*

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: \_\_\_\_\_

5. Youth Services (aged 14-21)

Total number served: \_\_\_\_\_

Total number who successfully completed training: \_\_\_\_\_

Virgin Islands Eligible Provider Application

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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COST INFORMATION**

1. Cost of Program (Tuition Per Person): \$ \_\_\_\_\_

2. Please list all costs covered by tuition (per person)

<b>COST</b>	<b>DESCRIPTION OF ITEM</b>

3. Please list additional costs (per person) not covered by tuition, if applicable

<b>COST</b>	<b>DESCRIPTION OF ITEM</b>

4. Please note that payments for WIA customers are based on their attendance and performance throughout the program. WIA payments are made at midpoint and ending of the program, based on data submitted by the provider and verified by the monitoring unit. Service provider payment policy should be posted on the application for the benefit of those individuals interested in taking classes but, that are NOT funded through WIA.

**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.

For each training program you are proposing to be offered to Workforce Investment Act customers, please also enclose:

1. A schedule for the training program. Indicate beginning and ending dates for course(s), hours for classes, holidays and vacation periods.
2. The course curriculum. Include current resumes of the instructors.
3. The program's goals for the training, using the measures stated above.

---

---

Attachments: Background Information  
Demand Occupations  
Workforce Investment Act Performance Measures

**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.*