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)
   ________________________________
   ________________________________
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.

_________________________________________________________________________
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: ____________________________
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)

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

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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.