

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

*Application for Subsequent Eligibility
Under the Workforce Investment Act*

TRAINING PROVIDER INFORMATION

Institution/Agency Name: _____

Program Name: _____

Mailing Address: _____

Contact Person/Title: _____

Telephone Number: _____

Facsimile Number: _____

E-mail: _____

Website: _____

Virgin Islands Tax Identification Number: _____

PROGRAM PERFORMANCE INFORMATION

(Please provide separate Performance Information for each program completed)

For a provider of training services to be determined to be subsequently eligible to [continue] to receive funds, such provider shall submit verifiable program specific performance information as follows:

1. **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 unsubsidized employment in area of training _____

Total number placed in unsubsidized employment in a training-related job: _____

Average wage at placement: \$ _____

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

Average wage six (6) months after placement: \$ _____

Virgin Islands Eligible Provider Application - *Subsequent Eligibility*

2. **Youth Services** (aged 18-21)

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 _____

NEW PROGRAM YEAR INFORMATION

Please provide information on upcoming program(s)

1. Program Name _____

2. Training Location _____

3. Is this location compliant with the Americans with Disabilities Act?

____ Yes ____ No

4. Is this program the same as that offered during last program year?

____ Yes ____ No

5. If yes, have there been any changes in the way the program is being offered? Please explain.

6. Program Synopsis (50 words limit)

7. Program Contact Hours _____

8. Prerequisites (include testing requirements, if any)

Virgin Islands Eligible Provider Application - *Subsequent Eligibility*

9. 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.*

10. Program Category (check one)

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

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

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

13. What is the class size? _____

14. What is the instructor to student ratio? _____

15. 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.

16. Please describe your organization’s placement policy. *(A 45% placement requirement is in effect)*

Virgin Islands Eligible Provider Application - *Subsequent Eligibility*

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

COST INFORMATION

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

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

COST	DESCRIPTION OF ITEM

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

COST	DESCRIPTION OF ITEM

4. Please note that payment for WIA customers is based on their attendance and performance throughout the program. Payments are made at midpoint and ending of the program, based on data submitted by the provider and verified by the monitoring unit. (See supplemental information page for more details)

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

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.