



APPLICATION FOR TRAINING PROGRAM INITIAL / CONTINUED ELIGIBILITY

PART I: APPLICANT INFORMATION

A. General Information

Name of School/Date
Primary Training Address:
Street Address:
City:
State: Zip:
FEIN Number:
Phone Number:
E-Mail:
Website Address:

B. WIOA Application Coordinator Contact Information

Primary Contact:
Title:
Phone Number:
E-Mail:
Is the Primary Contact Person Responsible for Admissions? Yes No
If no, please list the Admissions Contact Name and Phone Number:
Name: Phone: E-Mail:

C. General Eligibility

To be eligible to receive funds for the provision of services, the provider shall be one of the following:
An institution of higher education that provides a program that leads to a recognized postsecondary credential by the industry or the U.S. Department of Education, Illinois Board of Higher Education, Illinois Community
An entity that carries out programs registered under the "National Apprenticeship Act".
A public or private provider that has been recognized by the industry as meeting the standards necessary for approval or accreditation (e.g. Secretary of States Office)

D. Organizational Details

In what year did training operations begin?
Note: Applicant must have been open for at least one year prior to the application date to be considered
Is the applicant currently a state approved entity in good standing? Yes No (Attach Documentation)
Is financial aid offered? Yes No
If yes, please list the types of aid offered.
If applicable, what is the name of the Financial Aid Contact Person:
Phone Number: Email:

E. Accessibility and Non-Discrimination

Is the facility and programs accessible to all persons with disabilities? Yes No
(Attached photos-interior and exterior)

Is the organization compliant with the WIOA non-discrimination and equal opportunity provisions? Yes No

F. Business Location(s)

Please list all training locations in Illinois. Please list the primary location under 1.

Location 1: _____

Location 2: _____

Location 3: _____

Has the entity previously been certified by another LWIA in Illinois? Yes No

If yes, which LWIA(s)? _____

Are there any training locations outside of Illinois? Yes No

If yes, please list the location(s) and a contact person and phone number.

Location: _____ Contact Person/Phone: _____

Location: _____ Contact Person/Phone: _____

G. Agency Information

How many students attended your school over the past year (WIOA and Non-WIOA)? _____

What is the overall average completion rate for all students over the last year? _____

What is the average placement rate of all program completers over the past year? _____

Please note: more detailed information by program will be requested by program.

H. Additional Agency Information

Is the agency accessible via public transportation? Yes No

Is the agency bonded? Yes No

Does the agency have Board of Directors? Yes No

Please attach a list of Director's positions, names, titles, addresses and affiliations.

What type of Insurance does the agency maintain?

- General Liability
- Premises Liability
- Automotive
- Worker's Compensation
- Board of Directors/Directors and Officers
- Board of Directors/Errors and Omissions

I. Refund Policy

Does the applicant have a written refund policy? Yes No

Where can this policy be found? Please check all that apply.

On-line Course Catalogue Recruitment Materials

Attach a copy of the policy from at least one of the sources.

