



APPLICATION FOR TRAINING PROGRAM INITIAL / CONTINUED ELIGIBILITY

PART I: APPLICATION INFORMATION

A. Applicant Information

Application Date: \_\_\_\_\_
Name of Training Provider: \_\_\_\_\_
Corporate Address: \_\_\_\_\_
Street Address: \_\_\_\_\_
City: \_\_\_\_\_
State: \_\_\_\_\_ Zip: \_\_\_\_\_
FEIN Number: \_\_\_\_\_ County: \_\_\_\_\_
Phone Number: \_\_\_\_\_
E-Mail: \_\_\_\_\_
Website Address: \_\_\_\_\_

B. WIOA Coordinator Contact Information

Primary Contact: \_\_\_\_\_
Title: \_\_\_\_\_
Phone Number: \_\_\_\_\_
E-Mail: \_\_\_\_\_

Is the Primary Contact Person Responsible for WIOA paperwork requests? (e.g. progress reports, attendance sheets, credentials, payments questions) Yes [ ] No [ ]

If no, please list the Appropriate Contact Person 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 recognized post secondary credential or industry recognized certification certified by the US Department of Education, Illinois State Board of Education (IBHE) or Illinois Community College Board (ICCB).
[ ] An entity that carries out program registered under the "National Apprenticeship Act".
[ ] A public provider that has been recognize by the industry as meeting the standards necessary for approval of accreditation (e.g. Secretary of States Office).

### D. Type of Organization

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Proprietary/Business School | <input type="checkbox"/> Labor Organization   | <input type="checkbox"/> College/University |
| <input type="checkbox"/> Community College           | <input type="checkbox"/> Private Non-Profit   | <input type="checkbox"/> CBO                |
| <input type="checkbox"/> Minority-Owned Business     | <input type="checkbox"/> Woman-Owned Business |   |

### E. Organizational Details

In what year did training operations begin? \_\_\_\_\_

**Note: Applicants must have been open for business for at least one year prior to application to be considered.**

If applicable, is the applicant currently a state approved entity in good standing? Yes  No

**(Attach Documentation)**

Is the provider accredited? Yes  No  If, yes, please list **all** accrediting bodies below

**Accrediting Body(ies):**

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Are there currently any issues with any of your accrediting bodies? If so, please explain below or attach more information.

### F. Financial Aid

Is financial aid offered? Yes  No

If yes, please list the types of aid offered.

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If applicable, what is the name of the Financial Aid Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are personal loans offered? Yes  No

Are payment plans offered? Yes  No

### G. Accessibility and Non-Discrimination

Is the facility accessible to all persons with disabilities? Yes  No

**If yes, please attach up-to-date photos of the exterior (e.g. main entrance to the facility).**

Is the program(s) accessible to all persons with disabilities? Yes  No

**If yes, please attach up-to-date photos of the interior (e.g. hallway, classroom, laboratory, training room, if applicable, computer room, elevator if program is not on the ground level).**

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

**(Please refer to PART III Applicant Declaration, Section B Non-Discrimination and Equal Opportunity Assurances)**

### H. 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 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: \_\_\_\_\_

### I. Applicant Performance

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? \_\_\_\_\_

### J. Additional Applicant Information

Are the training sites accessible via public transportation? Yes  No

Is the applicant bonded? Yes  No

Does the applicant 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

### K. 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.

Please list all programs proposed for initial eligibility (new programs) and/or continued eligibility (recertification's)

Name of Program	Type of Certification Initial or Continued	SOC Description (Please refer to Occupation List)	Type of Credential(s) Please list all that apply (e.g. CDL).