

**STATE OF OHIO
WORKFORCE INVESTMENT ACT (WIA)
ELIGIBLE TRAINING PROVIDER
INITIAL APPLICATION**

Lake County Workforce Investment Board

Submitted to Local Workforce Investment Board #5

To be determined by the State
Identifier # _____

Federal Tax Identification Number (FTI):	
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Training/Education Institution Name:					
Training/Education Institution Address:					
City:		State:		ZIP:	
County Located In:		Telephone #:		FAX #:	
E-Mail Address:					
Web Site Address:					

Contact Person:					
Address:					
City:		State:		ZIP:	
County:		Telephone #:		FAX #:	
E-Mail Address:					

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I. Eligibility

1. Please check applicable category.

Type of Training/Education Institution	Public	Private	Non-Profit	Sectarian
Postsecondary eligible to receive Title IV funds from Higher Education Act (HEA) and provides an associate degree, baccalaureate degree, or certificate				
Postsecondary not providing an associate degree, baccalaureate degree, or certificate				
Registered Apprenticeship program under National Apprenticeship Act				
Non-Registered Apprenticeship Program				
Community Based Organization				
Joint Vocational School				
Proprietary School				

Postsecondary	Yes	No
2. Is your training/education institution authorized with your state to provide a program of education beyond secondary education?		

3. Do the programs of training services offered by your training/education institution lead to: (please **check all that apply** and identify Other.)

Attainments	Check
Associate degree	
Baccalaureate degree	
Certificate	
License	
Competency or skill recognized by employer	
Additional skills or competencies generally recognized by employers	
Other:	

Debarment Status	Yes	No
4. Is your training/education institution listed on any state or federal debarment list?		

5. If “Yes” to Question Four, please identify which listing and date of inclusion.

Name of Debarment List	Date of Inclusion

II. New Training/Education Institution Only

Previously Doing Business As (DBAs)	Yes	No
1. Are you a training/education institution that is new to the local area or labor market and is not providing a program of training services on the date of application or is offering a training program for the first time in the local area on the date of this application?		
2. If you are a training/education institution that is considered new, have you previously done business as (DBAs) under another name in any state?		

3. If "Yes" to Question 2, complete the following on previous DBAs:

Institution Name:					
Institution Address:					
City:		State:		ZIP:	
County Located In:					
Operating Years	From:		To:		
Previous FTI #					

Institution Name:					
Institution Address:					
City:		State:		ZIP:	
County Located In:					
Operating Years	From:		To:		
Previous FTI #					

Include additional page(s) as necessary.

III. Training/Education Institution Information – All training/education institutions must complete Sections III, IV, V, and VI (Postsecondary, Apprenticeship, Public and Private)

1. Specify the training/education institution type of certification:

Type	Yes	No	Approving Organization Name/Agency
Accredited			
Approved			
Registered with			
Licensed by			

Tuition and Financial Aid		Yes	No
2. Does your training/education institution have a tuition refund policy?			
3. Does your training/education institution have access to or offer the following financial aid?			
Description of Financial Aid:			
1. Federal grants			
2. State grants			
3. Local grants			
4. Scholarships			
5. Fellowships			
6. Training/education institution grants			

IV. Program Description

Describe the following for each individual program of training services for which a training/education institution would like to have certified in the local area where the application is submitted.

A separate program description (Section IV) is included for each proposed program of training services, for a total of: _____ descriptions. Catalogs or brochures will not be acceptable as the program description(s) for this application.

The individual program of training services is:

Single Course or Class _____ Training Program of Multi-Courses _____

1. General Information	Description
Program Name or Single Course/Class Title	
Program Synopsis (limited to 50 words)	
Curriculum Competency Based	
Prerequisites	
Total Credit/Curriculum Hours	
Total Number of Training Weeks	
Training Location(s)	
Days per Week	
Hours per Week	
Class Start Date(s)	
Class Projected End Date(s)	
Program on Continuous Basis	
Type of Attainment	
Type of financial aid offered or have access to:	
Refund Policy	

2. Program Cost Information	Description	Cost
Tuition (\$ per hour x hours)		\$
Registration Fee(s)		\$
Pre-Screening Fee(s)		\$
Book(s)		\$
Supplies/materials not included in tuition (e.g., lab, instructions, etc.)		\$
Tool(s)		\$
Testing/Exam Fee(s)		\$
Graduation Fee(s)		\$
Other:		\$

Curriculum		Yes	No
3. Is the proposed curriculum currently certified by an accrediting agency or similar national standardization program? If “Yes”, enter the name of the agency or authorizing entity:			
4. Is this proposed curriculum considered a nontraditional program of training services for women?			
5. Is this proposed curriculum considered a nontraditional program of training services for men?			

Demand Occupations			
6. Please provide the specific name of at least three occupations in demand, in the local area where this application is being submitted, for which trainees will be qualified after completion of this training program or course of study, with corresponding Occupational Employment Statistical (OES) Code. Provide the minimum entry-level wage for the three or more occupations. Indicate the certification, licensing, credentials by boards, or other approval required prior to employment.			
Occupation Name	OES Code	Entry Wage	Required Certification

V. Attachments to Application

Indicate if the following has been included as an attachment to the application:

Item(s)	Check if Attached
Certificate of Good Standing: If the training/education institution is incorporated, attach a current Certificate of Good Standing from the Office of the Secretary of State of Ohio.	
Local/Policy Board Requirements:	
Attachment 1 – Program Performance and Cost Information	
Attachment 3 – Documentation of Competency/Skill	

VI. Assurances and Certification

<p>The training/education institution submitting this application agrees to collect and provide the program performance and cost information required by the Workforce Investment Act and the Governor’s Workforce Policy Board. (See Attachment 1)</p>	
<p>The training/education institution agrees to accept the Individual Training Account payment method.</p>	
<p>I hereby certify that the information provided in this Application package is true and correct. I also understand that my training/education institution will be subject to an on-site evaluation and review of observed instructional training and facilities and will be asked to provide supporting documentation concerning the information presented before the final approval and execution of an agreement.</p>	
Signature of Authorized Official:	Date:
Name (Printed/Typed) and Title:	

To Be Completed by the Local Workforce Investment Board Only
LOCAL WORKFORCE INVESTMENT BOARD INFORMATION

Local Workforce Investment Area #:	5
Local Workforce Investment Board Name:	Lake County Workforce Investment Board
Local Workforce Investment Board Statewide Code:	

Contact Person:	Pamela Fiederer				
Address:	Lake County Department of Job & Family Services, 177 Main Street				
City:	Painesville	State:	OH	ZIP:	44077
County:	Lake	Telephone #:	440-350-2378	FAX #:	440-350-4493
E-Mail Address:	fiedep@odjfs.state.oh.us				
Web Site Address:	http://www.lake1stop.org				

Local Workforce Investment Board Approval		Yes	No
Approved to submit to Ohio Department of Job and Family Services:		X	
Comments (Optional)			
Signature of Authorized Official:		Date:	
Name (Printed) and Title:	Art Iacofano, Director, Lake County Department of Job & Family Services		

ATTACHMENT 1

Program Performance and Cost Information

Initial eligibility for all training/education institutions expires one year from the date that initial eligibility was determined by the State. Eligible training/education institutions **must collect during the initial year of eligibility** and submit annually, under the subsequent procedure established, verifiable program-specific and cost performance information. In order to be determined eligible to remain on the list for a subsequent year, training/education institutions **must collect, track, and meet the performance levels** established, and report one year from the date that initial eligibility was determined, the following program-specific performance and cost information.

The numbers and figures provided must reflect training results in the applicable program from the date initial eligibility was approved to the date of subsequent eligibility submission. If completions are not expected for the specified reporting period, enter Not Applicable (N/A) and provide an explanation.

LAKE COUNTY WORKFORCE INVESTMENT BOARD LOCAL REQUIREMENT: Please provide data for the most recent complete year of the program's operation. Information shall be specific to the individual training program.

If any of the data requested below is not available, please provide a written explanation of why it is not available, and describe the process that will be instituted to track and record such data in the future. Please provide any of the requested data which is available, even if not complete. Please provide any substantially similar data even if not identical to that requested.

Program Name or Single Course/Class Title:	
The following program information shall be collected, tracked, and reported for all individuals, including those not receiving WIA funding:	
1. What is the number of students enrolled in this training program or single course/class?	
2. What is the program completion rate for individuals participating in the applicable program or single course/class?	%
3. What is the percentage of individuals participating in the applicable program or single course/class who obtain unsubsidized employment?	%
4. What is the average wages (hourly) at placement in employment of individuals participating in the applicable program or single course/class?	\$

State/Local Minimum Performance Requirements:

2. Program Completion Rate = 75%
3. Unsubsidized Employment Rate = 75%
4. Average Hourly Wage at Placement = \$11.16

The following program information shall be collected, tracked, and reported for WIA participants only:		
1. What is the WIA number of students enrolled in this applicable training program or single course/class?		
2. What is the percentage of participants who have completed this training program or single course/class and who are placed in unsubsidized employment?		%
3. What is the retention rate in unsubsidized employment of participants who have completed this training program or single course/class, six months after the first day of employment?		%
4. What is the average wages (hourly) received by participants who have completed this training program or single course/class, six months after the first day of the employment?	\$	
5. What is the rate of licensure or certification, attainment of academic degrees or equivalents, or attainment of other measures of skills of graduates of this training program?		%
6. What is the actual cost of this training program or single course/class? (tuition and fees)	\$	

State/Local Minimum Performance Requirements:

2. Program Completion Rate = 75%
3. Six-Month Employment Retention Rate = 75%
4. Average Hourly Wage at Placement = \$11.16
5. Licensure/Certification Rate = 60%

ATTACHMENT 2 - Calculations for Performance Information

#2 (For all exiters of the program)

$$\frac{\text{Number of exiters that completed the program}}{\text{Total number of program exiters}}$$

#3 (for all exiters of the program)

$$\frac{\text{Number of exiters that successfully completed the program and obtained unsubsidized employment}}{\text{Number of exiters that successfully completed the program}}$$

#4 (for all exiters of the program)

$$\frac{\text{Sum of total hourly wages for all exiters that successfully completed the program and obtained employment}}{\text{Number of exiters that successfully completed the program}}$$

#2 (for WIA participants only)

$$\frac{\text{Number of exiters that successfully completed the program and obtained unsubsidized employment}}{\text{Number of exiters that successfully completed the program}}$$

#3 (for WIA participants only)

$$\frac{\text{Number of exiters that successfully completed the program and obtained unsubsidized employment and were employed six months after the first day of employment}}{\text{Number of exiters that successfully completed the program and obtained unsubsidized employment}}$$

#4 (for WIA participants only)

$$\frac{\text{Sum of total hourly wages (six months after the first day of employment) for all exiters that successfully completed the program and obtained employment}}{\text{Number of exiters that successfully completed the program and obtained unsubsidized employment}}$$

#5 (for WIA participants only)

$$\frac{\text{Number of exiters that receive licensure or certification, attained academic degrees or equivalent, or attained other measure of skills}}{\text{Number of exiters that graduate}}$$

#6 (for WIA participants only)

Sum of the total costs (tuition and fees) for all participants
Total participants
ATTACHMENT 3

DOCUMENTATION OF COMPETENCY/SKILL

LAKE COUNTY WORKFORCE DEVELOPMENT BOARD LOCAL REQUIREMENT

If the proposed program, upon successful completion, will provide the customer with a competency or skill recognized by employers, please provide the following information:

1. What is the competency or skill?

2. How is this competency or skill relevant to local employers (please be specific):

3. Describe how attainment of the competency will be determined and documented:
