CareerSource
BROWARD

Eligible Training Provider
Application Packet

The completed application can be mailed or e-mailed to:

CareerSource Broward
C/o Special Projects Program Manager
Training@careersourcebroward.com
2890 West Cypress Creek Road
Fort Lauderdale, FL 33309

If e-mailed, required attachments must be included in a .pdf format

Packet Contents

Glossary

Broward Workforce Development Board (Board):

The Board is the designated regional workforce investment board under the Workforce Innovation and Opportunity Act of 2014 (WIOA).

CareerSource Broward (CSBD):

CSBD is the grant recipient and administrative entity for the CSBD Council of Elected Officials (CSBD Council) and the Broward Workforce Development Board, Inc. (Board). They are the CSBD governing boards. CSBD was created pursuant to federal and state law to administer workforce development and Welfare Transition (WT) Programs.

Eligible Participant:

An individual who has been deemed eligible to enroll and participate in the WIOA or WT program. Participation shall be deemed to commence on the first day, following determination of eligibility, on which the individual begins receiving services.

Eligible Training Provider:

Eligible Provider approved by the Board and included on the Eligible Training Provider List (ETPL).

Eligible Training Provider List (ETPL):

Florida Department of Economic Opportunity's statewide list of Eligible Training Providers approved by Regional Workforce Boards.

Eligible Training Provider Status:

With the exception of entities that carry out apprenticeships programs registered under the National Apprenticeship Act; interested Training Providers must apply for Initial Eligibility to be listed on the ITA List with CareerSource Broward. As there are two types of Eligibility statuses, 1) "Initial Eligibility" and 2) "Continued Eligibility", Training Providers seeking Initial Eligibility are awarded this status for a period of one (1) full year, after which they may seek Continued Eligibility.

<u>Initial Eligibility (One-Year term):</u>

Initial Eligibility is the process in which a training provider that desires to add Training Courses to the ITA List submits both the Initial Training Provider application and the Training Program Application, along with applicable supporting documents, to CSBD for consideration.

<u>Continued Eligibility (Two-Year term upon completion of Initial Eligibility):</u>

Training Providers, who complete the one-year Initial Eligibility term, must submit a completed application for Continued Eligibility which is sent by CSBD's Special Projects Program Manager as applicable, at a minimum of 90 days before current Initial Eligibility expires. In addition to maintaining the required Training Provider eligibility requirements as described above, training courses to remain on the ITA list, the course must:

   a) Be for an in-demand occupation in Broward County that also meets the minimum entry wage requirements as listed on the Regional Targeted Occupation List which is updated annually.

    b) Have training related placement rates of 70% within guidelines per CSBD Board policy

Florida Education and Training Placement Information Program (FETPIP):

An interagency data collection system that obtains follow-up data on former students and program participants. It accomplishes its data collection by electronically linking vendor's participant files to the administrative records of other state and federal agencies.

Individual Training Account (ITA) List:

List of approved Eligible Training Providers and training courses posted publicly on:

http://www.careersourcebroward.com/CareerServices/DevelopNewSkills.aspx

ITA Participant:

An individual enrolled in a CSBD funded program, under the WIOA either as an Adult, Dislocated Worker, or Youth or in the WT program.

Welfare Transition Program (WT):

The Federal Personal Responsibility and Work Opportunity Reconciliation (PRWORA) Act was passed in 1996. The goal of Florida's Welfare Transition (WT) program is to emphasize work, self-sufficiency, and personal responsibility.

Workforce Innovation and Opportunity Act of 2014 (WIOA):

An Act of the United States Congress to establish programs to prepare youth and unskilled adults for entry into the labor force and to give job training to those economically disadvantaged individuals and other individuals who face serious barriers to employment and who are in need of such training to obtain prospective employment. WIOA is not an entitlement program.

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Eligible Training Provider Program Overview

The Workforce Innovation and Opportunity Act (WIOA) and Welfare Transition Program (WTP) provides funds for a variety of workforce development services and activities. One of those services is occupational skills training for individuals who meet the eligibility requirements and other requirements under WIOA and WTP.

To access skills training, eligible individuals must:

1. Be enrolled as a participant under WIOA or WTP.

2. Select from courses available on the CareerSource Broward ITA List.

3. Meet entry requirements for the course of study as determined by the school and by the participants' CSBD Success Coach.

4. Be able to show how they will be able to support themselves while in training.

The ITA List is comprised of Eligible Training Providers and courses:

1. Which meet criteria established by the CSBD governing boards

2. Which submit a completed application to be on the ITA List

3. Which provide training in a demand occupation which meets the Workforce Estimating Conference Selection Criteria as to the number of job openings and hourly entry wage rates for Broward County

4. Whose applications have been approved by the CSBD governing boards

5. Whose course completion and placement data will be reported to FETPIP

6. Whose apprenticeship programs are registered under the National Apprenticeship Act

With the exception of Registered Apprenticeship programs, schools and course of study are subject to removal at any time based upon criteria established by the governing boards.

Eligible Training Providers must:

1. Be in business as a school under their current ownership for a minimum of two (2) years.

2. Be licensed by the Florida Department of Education[1].

3. Be accredited by an entity recognized by the US Department of Education.

4. Where accreditation is not available for a course of study, the provider must be able to issue an industry recognized credential to participants completing the course.

5. For courses of training delivered by schools which require approval by a State Agency in order to provide the course of training, such courses shall be eligible for inclusion on the ETPL even though the course is not accredited.

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[1] *Contact the Commission for Independent Education (CIE) at (850) 245-3200 or online at **http://www.fldoe.org/cie/** to obtain licensure. The State of Florida requires training providers to be one of the following: 1) Postsecondary, public educational institution eligible to receive funds under Title IV of Higher Education Act (HEA) and/or an entity that carries out registered programs under the Act of August 16, 1937 (commonly known as the "National Apprenticeship Act"; 50 Stat. 664, Chapter 663, 29 USC 50 et seq.); or 2) The State Board of Independent Colleges and Universities (SBICU) must issue a valid license to any nonpublic or independent institution that grants two-year or four-year degrees. The legal authority for licensing authority for licensing these institutions is Chapter 446 of the Florida Statutes at Chapter 6E, F.A.C., or 3) The State Board of Nonpublic Career Education (SBNCE) issues licenses to non-degree granting, non-public schools that provide courses of instruction in Florida. This provides some assurance that public vocational dollars are being spent with private providers whose curriculum, instructors, and financial stability have been verified and approved. Sections 246.201-246.31, Florida Statutes, authorize this provision.*

6. Training providers/schools approved by an IT software developer, whose products are considered universal products used nationally or globally to train individuals on their software, are not required to be accredited nor is the course of training required to be accredited; however, the training provider/school MUST be listed by the IT software developer on the developer's website.

7. Training providers/schools offering preparatory courses to assist students in passing occupational certification examination may be eligible even though the course is not accredited. The occupation must be in demand and the course pass rate will be subject to evaluation.

8. Offer training in a facility that is in compliance with ADA requirements.

9. Be able to provide a Dunn & Bradstreet report to establish fiscal accountability.

10. Report their performance to the Florida Education Training and Placement Information Program (FETPIP) **http://www.firn.edu/doe/fetpip/.**

11. Be able to pass a site visit.

12. Be approved by CSBD governing boards.

Eligible Training Courses:

1. Must be offered to the general public.

2. Eligible training courses resulting in a credential up to and including a bachelor's degree may be considered for inclusion on the ITA List. Please note that training courses longer than 24 months in duration require the eligible participant to be at or within 24 months of program completion. For example, a student enrolled in a bachelor's degree program would not be considered an eligible participant until they were within 24 months of program completion.

3. Must be for a demand occupation in Broward County that also meets the minimum entry wage requirements as listed on the Regional Targeted Occupation List.

4. Must result in a 70% training related placement rate for participants in accordance with a formula established by CSBD. New schools and/or courses are limited to 10 students until performance is established.

5. May include those offered by another local Florida Regional Workforce Board as long the school and the course of training meet the minimum criteria established by CSBD to be on the ITA List, CSBD workforce participant student enrollment does not exceed 50% of the course's total enrollment, and a Training Provider Contract is in place.

6. Current Eligible Training Providers interested in adding additional programs to the ITA after becoming an Eligible Training Provider do not have to submit a new Initial Training Provider Application. Instead, Training providers should complete the following:

   o Step 1: Review the current **Regional Targeted Occupations List** posted on the CSBD website for Broward County to ensure new courses fall under identified occupations.

   o Step 2: If proposed course(s) link to occupations on the Regional Targeted Occupations List posted, Training Providers must complete the Training Program Application in its entirety, and provide all supplemental documentation for **each** new proposed training course.

   o Step 3: Once all portions of the applicable forms are completed, please submit it to our training@careersourcebroward.com mailbox along with all supplemental documentation for review.

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Eligible Training Provider Application and Approval Process Steps Include:

STEP #1: Complete **Initial Eligibility Training Provider Application** and **Training Program Application** and provide ALL required documentation.

STEP #2: Meet Eligible Training Provider and Training Course criteria.

STEP #3: Receive satisfactory reference checks from three (3) sources.

STEP #4: Pass a fiscal accountability review (e.g. satisfactory Dunn & Bradstreet business credit rating report).

STEP #5: Pass a site visit completed by CSBD.

STEP #6: Program Manager confirms receipt of insurance certificate with CSBD named as additional insured, completed State and Federal Forms, and FETPIP enrollment.

STEP #7: Receive recommendation from the CSBD ITA Review Committee.

STEP #8: Receive approval from CSBD governing boards.

STEP #9: CSBD ITA Contract is prepared and sent to the Eligible Training Provider.

STEP #10: Training Provider returns three (3) executed copies of the CSBD ITA Contract.

STEP #11: CSBD ITA Contract signed by CSBD President/CEO.

STEP #12: Program Manager adds School/Provider and approved courses to the ITA List.

STEP #13: Program Manager informs Provider and CSBD staff of the addition of the new school and courses to the ITA List.

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INITIAL ELIGIBILITY TRAINING PROVIDER APPLICATION

The submission of this document allows the applicant to be considered as a vendor of CareerSource Broward (CSBD). CSBD reserves the right to request additional information regarding the applicant's administrative, financial, and legal status, and to visit the applicant's facilities during normal and reasonable working hours. **The submission of this document does not entitle the applicant to any rights, fees, or services. Failure to submit a complete application will result in the application being rejected.**

School/Institution Information

Training Provider Name:	FEIN #:
Training Provider Type: ☐ Not-for-Profit ☐ For Profit ☐ Public	Current Student Population:
Address:	Suite #:

City:	State:	Zip:

Primary Contact for training program information:	Primary Contact Email: @ .
Primary Contact Telephone #: ( ) - ext.	Primary Contact Alternative #: ( ) - ext.
CEO:	CEO Email: @ .
Financial Officer:	Financial Officer Email: @ .
Financial Officer Telephone #: ( ) - ext.	

Date the School opened its doors for business (MM/DD/YYYY):   /   /
Please provide a copy of the Articles of Incorporation.

Does the School use a fictitious name?   ☐ No   ☐ Yes
　　　　　　　　　　　　　　　　If yes, name of dba: _____
　　　　　　　　　　　　　　　　If yes, please provide a copy of the fictitious name certificate.

List additional locations where classes may be offered, if any:	Location #1: _____ Location #2: _____ *Provide a copy of the license & accreditation for each location courses will be offered to CSBD participants.*

School/Institution Licensing and Accreditation Information

Date the School was approved/licensed by the Florida Department of Education (MM/DD/YYYY):   /   /
If a private institution, please provide a copy of the most recent FL DOE Commission of Independent Education (CIE) License. Confirmation page from CIE acceptable.

Has private post-secondary and/or vocational education approval or accreditation ever been denied?	☐ No ☐ Yes. *If yes, please explain*:
Do you currently report your performance to the Florida Education and Training Placement Information Program (FETPIP)?	☐ No. *Please note that reporting to FETPIP is a CSBD requirement.* ☐ Yes. *Please provide copies of the last two (2) FETPIP reports.*
Will your school report course completion and placement data to the Florida Education and Training Placement Information Program (FETPIP) upon approval as an Eligible Training Provider?	☐ No. *Please note that reporting to FETPIP is a CSBD requirement.* ☐ Yes.
Institutional Accreditation:	Name of accrediting entity*:* *Please provide copy of accreditation approval letter.* ☐ Yes, Accreditation is provided by an entity recognized by the US DOE.

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INITIAL ELIGIBILITY TRAINING PROVIDER APPLICATION

Category #1 *All entities providing a certificate, diploma, or credential from an organization approved by the United States Department of Labor (USDOL)*	*Check off the appropriate organization type:* ☐ State educational Agency or State agency responsible for administering vocational and technical education. ☐ Post-secondary, public institution eligible to receive funds under Title IV of Higher Education Act (HEA)? ☐ Registered Apprenticeship ☐ Public regulatory agency ☐ Program approved by the Department of Veteran Affairs to offer education benefits to veterans or other eligible persons. ☐ Job Corps center that issue certificates. ☐ Institution of higher education which is formally controlled, or has been formally sanctioned or chartered, by the governing body of an Indian tribe or tribes.
Category #2 *Independent or private providers of training programs that result in two (2) or four (4) year degrees*	☐ Yes
Category #3 Providers – *non-public or independent provider of training programs that result in industry recognized credentials*	☐ Yes, approved/licensed by a State Agency to provide occupational training. *List name of State Agency providing training approval or licensing and provide copy of license:* Agency #1: Agency #2: ☐ Yes, offering a preparatory course for an occupational licensing examination. *List name of Occupational Licensing Examination:* Certification Examination #1: Certification Examination #2: Certification Examination #3: ☐ Yes, I am offering a training approved by an IT software developer whose products are considered universal products used nationally or globally. *List name of IT Software Developers providing training approval:* IT Software Developer #1: IT Software Developer #2: *List name of other qualifying industry-recognized credential:*

INITIAL ELIGIBILITY TRAINING PROVIDER APPLICATION

School/Institution Attendance and Financial Aid Questions

Are daily attendance records maintained for each student?	☐ Yes ☐ No Are *electronic time sheets used/accepted?* ☐ Yes ☐ No
Are the courses submitted for approval, PELL eligible?	☐ Yes ☐ No *If yes, list course(s) that are PELL Eligible (if more space is needed, please attach a list):* Course #1: Course #2: Course #3:
What is your default rate on student loans?	___% for current year ___% for past year
Are scholarships offered?	☐ Yes ☐ No *If yes, list scholarships offered (if more space is needed, please attach a list):*
Are you willing to grant CSBD access to your books and records to determine that charges billed were for actual students referred and enrolled?	☐ Yes ☐ No
Are you willing to assign a financial aid officer to coordinate funding with CSBD to insure all other resources available to the student are used before CSBD funding and that billings are in compliance with the law?	☐ Yes. Please provide name of financial aid officer: ☐ No. Please explain:

School/Institution Financial Accountability

*Not required for providers applying for Continued Eligibility.

What is the training provider's Dun & Bradstreet number?	D&B Number: _____ *Provide copy of current D&B Business Credit Report with PayDex rating.*

School/Institution Insurance Questions

Indicate the type and amount of the insurance coverage maintained.	Combined Single Limit: ☐ No ☐ Yes, list coverage amount $_____._____

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INITIAL ELIGIBILITY TRAINING PROVIDER APPLICATION

Provide a copy of your current insurance certificate.	Fidelity Bond: ☐ No ☐ Yes, list coverage amount $_____.___
	General Liability: ☐ No ☐ Yes, list coverage amount $_____.___
	Student Medical: ☐ No ☐ Yes, list coverage amount $_____.___
	Auto: ☐ No ☐ Yes, list coverage amount $_____.___

School/Institution Facilities Questions

What is the average teacher/student ratio for your classes?	___ : ___	What is the ratio of students to lab/training equipment?	___ : ___
Is your institution located on a public transportation route?	☐ No ☐ Yes *If yes, list bus route(s):*		
Is the training accessible to individuals with disabilities?	☐ Yes ☐ No		
What accommodations are offered? (please list):			
Are classes all on the first floor?	☐ Yes ☐ No *If no, is there an elevator?* ☐ Yes ☐ No		
Are bathrooms wide enough to be handicapped accessible?	☐ Yes ☐ No		
Does your training site have child care facilities available for students?	☐ Yes ☐ No		
How is training accessible to individuals who are employed or live outside the local area (distance learning)?	☐ Online ☐ Evening Classes ☐ Weekend Classes		

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INITIAL ELIGIBILITY TRAINING PROVIDER APPLICATION

School/Institution References	
Has your institution offered training through any other workforce board during the past three (3) years?	☐ No ☐ Yes, *If yes, please list the workforce board(s):*
Have any expenditure(s) been disallowed under WIOA or any other publically funded employment and training program?	☐ No ☐ Yes, *include any disallowances still in resolution and describe status:*
Please provide three (3) references.	**Reference #1** Name/Title: / Address: Phone: ( ) - ext. Email:
	Reference #2 Name/Title: / Address: Phone: ( ) - ext. Email:
	Reference #3 Name/Title: / Address: Phone: ( ) - ext. Email: @ .

State and Federal Required Documents
(to be submitted with ITA Training Provider Application)

☐ Articles of Incorporation	☐ Assurances and Certification
☐ Certificate of Insurance	☐ Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Suspension
☐ Drug Free Workplace	
☐ Vendor Information/Identification	☐ Lobbying Certification

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Statements of Understanding

"A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid or proposal on a contract to provide any goods or services to a public entity for construction or repair of a public building or a public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, of the Florida Statutes, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list." If you think this may apply to your organization, further information may be obtained from the State of Florida, Division of Purchasing from the Department of Management Services. As for Memo 1 (95-96)."

I have read the public entity crime statement listed above and agree to abide by the laws of Florida Statute in Section 287.017.

Print Name:	Title:
Signature:	Date:

Certification and Acknowledgement

The submission of this document allows the applicant to be considered as a vendor of CareerSource Broward (CSBD). CSBD reserves the right to request additional information regarding the applicant's administrative, financial, and legal status, and to visit the applicant's facilities during normal and reasonable working hours.

The submission of this document does not entitle the applicant to any rights, fees, or services.
Failure to submit a *COMPLETE* application will result in applicant's application not being considered for inclusion on the ITA List.

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration as an ITA Training Provider and may be considered justification for dismissal if discovered at a later date.

Print Name:	Title:
Signature:	Date:

I hereby affirm that if approved as an Eligible Training Provider I will enroll with the Florida Education and Training Placement Information Program (FETPIP) to report student course completion and placement data annually.

Print Name:	Title:
Signature:	Date:

Revised 3/13/2019

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STATE AND FEDERAL REQUIRED DOCUMENTATION

Please see separate attachment.

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CSBD Initial Eligibility Training Provider Application Checklist

☐ Initial Eligibility Training Provider Application Form – completed in its entirety

☐ Training Program Application for **each** proposed course for addition to the ITA List– completed in its entirety*

☐ Most recent course catalog

☐ Dun and Bradstreet Business Credit Report with PayDex Rating

☐ References

☐ Most recent Florida Department of Education program outline for each proposed program/course

☐ Confirm that courses train for occupations that are listed on the Regional Targeted Occupations list

☐ Copies of licenses for categories identified above (e.g. Florida Department of Education, Florida Department of Health, etc.)

☐ Accreditation Information (Institutional or Programmatic)

☐ Copies of last two (2) years of Florida Education and Training Placement Information Program (FETPIP) Reports

☐ Certificate of Insurance

☐ Vendor Information/Identification Form*

☐ Certification regarding Debarment, Suspension, Ineligibility, and Voluntary Suspension Form*

☐ Articles of Incorporation*

☐ Drug Free Workplace Form*

☐ Lobbying Certification*

☐ Assurances and Certifications*

Documents can be retrieved from separate attachment.

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