



Training Vendor Application

Instructions: This application must be fully completed and all required supporting documents submitted in order for it to be considered valid for processing.

| INSTITUTION INFORMATION | | | |
|---|--|---|------|
| Name of Training Institution: | | | |
| Main Phone #: (____)____-____ | Federal Employer's I. D. #: | | |
| UC ID#: | Dunn and Bradstreet #: | | |
| Website (URL): | | | |
| Main Address: | City: | State: | Zip: |
| Total # of full time employees at the main location: | | | |
| Branch Address: | City: | State: | Zip: |
| Branch Address: | City: | State: | Zip: |
| Branch Address: | City: | State: | Zip: |
| When did the training institution originally open? ____/____/____ | Number of years in business? _____ <small>NOTE: You must be in business in the State of Florida for at least two years in order to be considered.</small> | | |
| Identify your institution's liability insurance carrier? _____ | Policy #: _____ | | |
| STAFF CONTACT INFORMATION | | | |
| Primary Contact Name: | Job Title: | | |
| Email: | Phone: #: (____)____-____ | | |
| Address: | City: | State: | Zip: |
| Secondary Contact Name: | Job Title: | | |
| Email: | Phone: #: (____)____-____ | | |
| Address: | City: | State: | Zip: |
| INSTITUTIONAL LICENSE INFORMATION | | | |
| 1. Is the training institution Licensed by the Florida Commission of Independent Education? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| 2. Is the training institution a: | | <input type="checkbox"/> Private for-profit <input type="checkbox"/> Non-profit <input type="checkbox"/> Government | |



Training Vendor Application

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| 3. Is the training institution licensed by the Florida State Board of Independent Postsecondary Vocational, Technical, Trade and Business Schools? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Is the training institution accredited by a nationally recognized organization or in the process of meeting accreditation requirements? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, accredited by whom? _____ | |
| 5. Does the training institution offer a registered apprenticeship program under the National Apprenticeship Act? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Does the training institution participate in the Florida Education and Training Placement Information Program (FETPIP)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| STUDENT EXPERIENCE | |
| 7. Training programs are in compliance with occupations in demand as listed on the Board's current TOL (with exception of apprenticeship programs). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Is tuition based upon an established catalog or market price? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Is the training institution eligible to receive funds under Title IV of the Higher Education Act (HEA)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Are scholarships or other financial aid available? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Does the training include performance criteria such as competency tests? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please identify. _____ | |
| 12. What is the minimum/maximum ratio of instructional staff to students? | Minimum: Maximum: |
| TRAINING INSTITUTION POLICY & PROCEDURES | |
| 13. Explain the hiring criteria for instructors/trainers. _____ _____ | |

Training Vendor Application

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| 14. Explain program entrance requirements and attendance monitoring procedures. | |
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| 15. Explain the institution's policy regarding tuition payments and refund policy. _____ | |
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| 16. Does the school participate in the Florida Education and Training Placement Information Program (FETPIP)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. What was the institution's student loan default rate (% of all loans 180+ days past due) for the following years? | 2017: _____ 2016: _____ 2015: _____ |
| 18. Is the school minority owned and operated? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. Is the school a community-based organization? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

- *If the information requested above is identified in your school catalog, a sufficient response may be to identify the page number(s) where this information is located in the catalog.*

REQUIRED DOCUMENTS

Please complete the attached required documents and submit along with your completed Training Provider Application. – Clearly label all attachments as specified below.

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| 20. Please complete the attached Program Cost & Performance Data worksheet for each training program and location. (Attachment A) | <p>a) For each training program identify the costs to complete the full program.</p> <p>b) Identify whether the costs reported are for the current school year or next school year.</p> <p>c) Identify the period in which performance is based upon.</p> |
| 21. Please complete the attached Building Facility Accessibility Checklist. (Attachment B) | |
| 22. Please complete the Certification forms. (Attachment C) | |
| 23. Attach a copy of your current State license/ CIE license. (Attachment D) | |
| 24. Attach a copy of your Florida DOE approved curriculum. (Attachment E) | |



Training Vendor Application

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| 25. Attach a copy of your most recent FETPIP Report. (Attachment F) |
| 26. Attach a copy of your current catalog and schedule. (Attachment G) |
| 27. Attach a copy of your current Liability Insurance. (Attachment H) |
| 28. Attach a copy of your current completed W-9 form. (Attachment I) |
| 29. Attach a copy of your latest audited Financial Statements/Report. (Attachment J) |

REFERENCES

Please provide a minimum of three references familiar with the institution's experience and/or instructional/training capabilities. At least one reference must be an employer who has hired a former student.

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|--|--------------------------------------|
| Reference #1 Name (Employer): | Job Title: |
| Company: | Date of Student Hire: ____/____/____ |
| Relationship to the institution: _____ | |
| Email: | Phone: #: (____)____-____ |
| Reference #2 Name: | |
| Email: | Phone: #: (____)____-____ |
| Relationship to the institution: _____ | |
| Reference #3 Name: | |
| Email: | Phone: #: (____)____-____ |
| Relationship to the institution: _____ | |

Training Provider: I certify, by my signature below, that to the best of my knowledge, the information on this Training Provider Application as well as all other supporting documentation provided as part of my application to CareerSource Pinellas is true and accurate. Information is being provided to establish eligibility for an approved training provider under the Workforce Innovation and Opportunity Act and is subject to all Federal and State Confidentiality laws.

Training Provider Signature: _____ **Date:** ____/____/____