

IF YOUR ORGANIZATION IS A CURRENTLY APPROVED HRWC ITA VENDOR AND WISH TO PROPOSE NEW TRAINING PROGRAMS THAT ARE NOT CURRENTLY APPROVED, PLEASE FULLY COMPLETE (ALL FORMS) AND USE THE FOLLOWING APPLICATION PACKAGE FOR YOUR PROPOSAL SUBMISSION.

PLEASE SUBMIT YOUR PROPOSAL TO HRWC IN ACCORDANCE WITH THE DIRECTIONS STIPULATED UNDER SECTION IV (A) OF APP # ITARP #1). NOTE: ALL REQUIREMENTS AND STIPULATIONS CONTAINED IN APP # ITARP #1 APPLY TO NEW PROGRAMS SUBMITTED BY CURRENT ITA VENDORS.

- Current ITA Vendor New Program Application Package (APP # ITARPNP #1)

Regional Training Program Application Currently Approved HRWC ITA Vendor

NEW SINGLE TRAINING PROGRAM FORM

1. Name of Training Organization				
2. Contact Person – Name and Title				
3. Training Program or Stand-Alone Course Name				
4. Program or Course Description				
5. Date Program Established	6. Date Program was last delivered within Hampton Roads Region	7. Total Credit or Curriculum Hours	8. Number of Training Weeks	10. Minimum Class Size
			9. Weekly Schedule	11. Maximum Class Size
12. Does your school require drug testing? <input type="checkbox"/> Yes <input type="checkbox"/> No			13. Number of Instructors for this course:	
14. Is curriculum certified by an accrediting agency or similar national standardization program? <input type="checkbox"/> Yes If yes, specify the entity/organization: <hr style="width: 80%; margin-left: 20px;"/> <input type="checkbox"/> No				

<p>21. Was this training developed in partnership with business and/or industry representatives?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide name(s) of business and/or industry partners/representatives:</p>
<p>22. List local businesses that have hired completers from this particular training program:</p>
<p>23. List local businesses that have supported this particular training program.</p>
<p>24. Describe how you will ensure access to training services throughout the state, including rural areas through the use of technology:</p> <p>Is this training program available (check all that apply):</p> <p><input type="checkbox"/> Locally <input type="checkbox"/> Regionally <input type="checkbox"/> State-Wide <input type="checkbox"/> Distance Learning</p>
<p>25. Describe how you will work with the local board to serve individuals with barriers:</p> <p>Is this training program suitable for individuals with barrier(s) including certain disabilities?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, describe your exceptions:</p>

Program Costs

26. Pell Grant Eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Registration/Pre-screening/Admission Fees	\$
28. Tuition:	\$
Books:	\$
Required Supplies (tools, uniforms, etc.):	\$
Testing/Exam Cost(s):	\$
Licensure/Certification Cost(s):	\$
Other Required Fee(s): Explain:	\$
Other: Explain:	\$
29. TOTAL COST TO COMPLETE CURRICULUM/COURSE	\$

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,
INELIGIBILITY AND VOLUNTARY EXCLUSION-LOWER TIER COVERED
TRANSACTIONS**

(1) The prospective lower tier subcontract proper certifies, by submission of this Proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier subcontract proposer is unable to certify to any of the statements in this certification, such prospective subcontract proposer shall attach an explanation to this proposal.

Organization Name:	
Authorized Signature:	Date:
Printed Name and Title:	

ANTI-DISCRIMINATION CERTIFICATION

The training provider certifies that it will comply fully with all non-discrimination and equal opportunity provisions of the laws listed below:

- 1) Nondiscrimination provisions of WIOA Section 188, and its implementing regulations at 29 CFR part 38, which prohibit discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIOA Title I financially assisted program or activity.
- 2) Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color and national origin;
- 3) Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities.
- 4) Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age.
- 5) Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs.
- 6) Title II, Subpart A of the Americans with Disabilities Act of 1990, as amended, which prohibits discrimination on the basis of disability.
- 7) Genetic Information and Nondiscrimination Act of 2008, which prohibits discrimination on the basis of genetic information with respect to health insurance and employment.

The training provider also certifies that it will:

- 1) Will collect and maintain data necessary to show compliance with the non-discrimination provisions of the WIOA Sec. 188, as provided in the regulations.
- 2) Will state in all solicitations or advertisements for employees placed by or on behalf of the provider, that the provider is an equal opportunity employer.
- 3) Notices, advertisement and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this section.
- 4) Make any and all reasonable accommodations to provide access and equity of services to disabled persons applying to or enrolled in any approved program of study.

Organization Name:	
Authorized Signature:	Date:
Printed Name and Title:	

CERTIFICATION AND REPRESENTATION

I, _____ (Name) as _____ (Title)
of _____ (Applicant Agency), hereby
certify and represent the following:

1. That the information contained in this application and all attachments is true and correct to the best of my knowledge and belief; and
2. That _____ (Applicant Entity) will permit representatives of the Workforce Development Board and the Commonwealth of Virginia access to its facilities, staff, and records for the purpose of verifying information contained in this application and for collecting any additional information related to its qualifications as a provider of training services under the WIOA.
3. I understand that approval by a LWDB places the provider and program on the state Eligible Training Provider List but does not guarantee a local area will fund the approved training activity through the issuances of an ITA. That determination is further based on local policy which must include, at a minimum, relevance of training to demand occupations that are in demand regionally, availability of local funds, and likelihood that training will support the individual in meeting their career objectives and employment. The selection of a training provider is based on participant choice.

Signed this _____ day of _____, _____

Signature: _____

Telephone Number: _____

Email Address: _____

FOR LWDB OFFICE USE ONLY			
Date Received by LWDB	Date Approved By LWDB	Date LWDB Submitted to State	Authorized LWDB Signature