

01. PROVIDER CODE (FEIN)	FOR INTERNAL OFFICE USE ONLY
02. CIP CODE	PROGRAM CODE
	03. SUBGRANTEE CODE
	04. AGENCY CODE
	05. DATE RECEIVED BY LWIB
	06. LOCAL PROGRAM CODE

WORKFORCE INVESTMENT ACT TRAINING PROGRAM APPLICATION

PROVIDER NAME			
07. PROGRAM NAME		08. PROGRAM DESCRIPTION	
09. TRAINING SITE ADDRESS		CITY, STATE	10. ZIP
11. COUNTY			
12. LISTED ON OTHER STATE'S ETPL <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No	13. ADA COMPLIANT <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No	14. TOTAL HOURS OF INSTRUCTION	15. CREDITS
16. NON-CREDIT <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No			
17. CREDIT TIME <input type="checkbox"/> 1-Semester <input type="checkbox"/> 2-Quarter	TOTAL PROGRAM COST 18. Tuition \$ 19. Fees \$ 20. Expenses \$ TOTAL \$	21. MODE OF DELIVERY <input type="checkbox"/> 1-Classroom <input type="checkbox"/> 2-Internet <input type="checkbox"/> 3-Correspondence <input type="checkbox"/> 4-Broadcast <input type="checkbox"/> 5-Computer Based Instruction	WHEN PROGRAM IS OFFERED. 22. Days <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 23. Evenings <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 24. Weekends <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No
25. FREQUENCY OF OFFERING <input type="checkbox"/> 1-Weekly <input type="checkbox"/> 4-Semester <input type="checkbox"/> 2-Monthly <input type="checkbox"/> 5-Other <input type="checkbox"/> 3-Quarter	26. BPPVE APPROVAL STATUS <input type="checkbox"/> 1-Approved <input type="checkbox"/> 4-Exempt <input type="checkbox"/> 2-Temporary Approval <input type="checkbox"/> 9-Not Applicable <input type="checkbox"/> 3-Registered	27. BPPVE APPROVAL EXPIRATION DATE	
28. OTHER BPPVE APPROVED PROGRAMS <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No	29. REGISTERED APPRENTICESHIP <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No	30. REGISTERED DATE	OTHER LIST CRITERIA: 31. CDE Approved <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 32. COCCC Approved <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 33. Proven Effectiveness No longer used 34. Employer Support No longer used 35. Industry Authorized No longer used
36. CONTINUING EDUCATION UNITS (CEU)		37. CEU GRANTING INSTITUTION	
38. RESOURCES REQUIRED <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No	39. PROGRAM GOAL <input type="checkbox"/> 1-Skill Attainment <input type="checkbox"/> 5-Associate Degree <input type="checkbox"/> 2-Certificate <input type="checkbox"/> 6-Baccalaureate Degree <input type="checkbox"/> 3-Registration <input type="checkbox"/> 7-Other <input type="checkbox"/> 4-License	40. CREDENTIALING BODY	
42. PREREQUISITES		41. PROJECTED HOURLY WAGE AFTER PROGRAM COMPLETION	
43. SKILLS SETS			

44. CURRICULUM		45. RELEVANT OCCUPATIONS (SOC/O*NET CODE)	
COURSE CODE	COURSE TITLE	CODE	TITLE
		46. RELEVANT OCCUPATION RECOMMENDATION	
		SOC/O*NET CATEGORY	DESCRIPTION
ACCESSIBILITY		53. TARGET AUDIENCE	
47. ON-SITE PARKING	<input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No		
48. PUBLIC TRANSPORTATION	<input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No		
49. DISABLED STUDENT ACCESS	<input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No		
50. SIGN LANGUAGE	<input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No		
51. OTHER LANGUAGES	<input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No		
52. OTHER	<input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No	54. AVERAGE CLASS SIZE	
		55. EQUIPMENT TO BE USED	
Initial Performance Information			
56. PERIOD BEGIN DATE	57. PERIOD END DATE	58. PARTICIPANT UNIVERSE	59. AVERAGE HOURLY WAGE AT PLACEMENT
60. PROGRAM COMPLETION RATE	61. ENTERED EMPLOYMENT RATE	62. SKILL/CREDENTIAL ATTAINMENT RATE	63. RETENTION RATE
I certify that the information submitted on this application is true and correct. I also agree to supply the required performance information and seed data on all students in order to calculate performance measures for subsequent eligibility determination. In addition, all performance outcome data shall be made available upon request for audit purposes.			
64. PRINTED NAME OF PROVIDER REPRESENTATIVE		65. TITLE	66. DATE
SIGNATURE			