**Attachment I**

**Part A Sample Provider of Career Services Application**

**This is a two-part application:**

**Part A:** Provider application

**Part B:** Course(s) application

Date of application: Click to enter a date.

**PROVIDER INFORMATION**

1. Name of Provider (as it appears on W-9 form): Click here to enter text.

DBA (if any): Click here to enter text.

Federal Employer Identification Number: Click here to enter text.

State Tax ID#: Click here to enter text.

1. Provider street address: Address line 1: Click here to enter text.

Address line 2: Click here to enter text.

City: Click here to enter text.

State: Click to enter text.

Zip Code: Click here to enter text.

1. Provider mailing address (if different from above):

Address line 1: Click here to enter text.

Address line 2: Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

Zip Code: Click here to enter text.

1. Provider phone number: Click here to enter text.
2. Provider Website: Click here to enter text.
3. Provider Contact: Name: Click here to enter text.

Title: Click here to enter text.

Phone: Click here to enter text.

Email: Click here to enter text.

1. How long has the provider been in operation? Click here to enter text.
2. Type of Provider (check only one):

Postsecondary education institution

Other public or private provider of training which may include joint-labor management organizations and eligible providers of adult education and literacy activities under Title II of WIOA if such activities are provided in combination with occupational skills training

A local board that meets the requirements of WIOA Section 107(g)(1)

Community-based or private organization that provides training under contract with a local board

1. Provider is a private postsecondary career school authorized by the Hawaii Post-Secondary Education Authorization Program (HPEAP): **Choose one.**
2. What type of training organization are you?

Check any that apply and append the attachment as specified.

Post-secondary, degree-granting school accredited by an accreditation body recognized by the U.S. Department of Education (US DOE)

Name of accrediting body: Click here to enter text.

**Attach copy of your current accreditation**

Massage, cosmetology or real estate school registered as a school with the appropriate board under the Hawaii State Department of Commerce and Consumer Affairs (DCCA)

**Attach a copy of your current DCCA registration**

Distance Learning program that is fully accredited by a recognized accrediting body

Name of accrediting body: Click here to enter text.

**Attach a copy of your current accreditation**

Private training school, other than those listed above.

a. If you are licensed by the Hawaii State Department of Education (HIDOE),

**Attach a copy of your current HIDOE License**

**OR**

b. If you are exempt from HIDOE requirements, please check exemption that applies below, and **attach documentation** that substantiates your exemption\*:

schools maintained or classes conducted by employees for their own employees where no fee or tuition is charged;

courses of instruction given by a fraternal society, benevolent order, or professional organization to its members and which are not operated for profit;

classes conducted for fewer than five students at one time and the same time;

classes or courses of instruction which are conducted for twenty or fewer class sessions during any twelve-month period;

a vocational, hobby, recreational or health classes or courses;

courses of instruction on religious subjects given under the auspices of a religious organization; or

schools registered by the Hawaii State Department of Commerce and Consumer Affairs [Eff 12/7/87; comp 3/5/01] (Auth: HRS §302A-1112, 302A-427) (Imp: HRS §302A-1112, 302A-101, 302A-424, 302A-425)

\*More information: (http://www.hawaiipublicschools.org/TeachingAndLearning/AdultEducation/Pages/Licensing-a-vocational-school.aspx)

1. All non-governmental/private sector applicants must attach the following to the application:

**a. Certificate of Current Hawaii Compliance Express/Tax Clearance** (which was issued within the past 6 months)

**b. Certificate of Liability Insurance:** from a company authorized by law to issue such insurance in the State of Hawaii, commercial general liability insurance in an amount of at least two million dollars ($2,000,000) coverage for bodily injury and property damage resulting from the provider’s performance as a training provider. The provider shall maintain in this liability insurance in effect until the provider is removed from the PCS list AND WIOA participants have exited all programs sponsored by the provider.

The certificate shall provide that the State of Hawaii, the City and County of Honolulu, the County of Hawaii, the County of Maui, the County of Kauai and their officers and employees are Additional Insureds.

1. How many complaints about the program from WIOA participants have been filed with your organization within the last two (2) years? Click here to enter text.

How were they resolved?

Click here to enter text.

Not applicable – this organization is a first-time applicant

**Certifications and Assurances**

**WIOA REQUIREMENTS:**

|  |  |
| --- | --- |
| Under WIOA, WDC is required to collect and verify performance results for the program. Does provider agree to provide any and all data in the prescribed format required by WDC? | Choose one. |
| As a recipient of WIOA financial aid, providers are required to comply with Section 188 of WIOA which prohibits discrimination on the grounds of race, color, religion, sex (including pregnancy, childbirth or related medical conditions, gender identity, and transgender status), national origin (including limited English proficiency), disability, political affiliation or belief, and for beneficiaries only, citizenship or participation in a WIOA-Title I financially assisted program or activity. Does your organization agree to comply with all laws governing non-discrimination? | Choose one. |

**LEARNING ENVIRONMENT, MATERIALS & MANAGEMENT:**

|  |  |
| --- | --- |
| Do you certify that your training is carried out in a physical space approved by building code(s) to be used for commercial usage such as described in your application or that it is web-based? | Choose one. |
| Do you certify that all of your learning materials and equipment for the career training program you are seeking approval for are at least the same as those afforded to the general public? | Choose one. |
| Do you understand that the number of participants referred to any career service approved organization to attend any particular training course cannot be predetermined or guaranteed? | Choose one. |
| Do you certify that certificates/credentials are awarded only to WIOA participants who have earned them via coursework requirements and a grading system as expected of all your students? | Choose one. |
| Does your organization have a written and published grievance policy which describes how students can file complaints with your organization against faculty, staff, or other employees and students? | Choose one. |

**MONITORING:**

|  |  |
| --- | --- |
| Do you certify that the State, LWDB/county and federal government(s), through any authorized representative, are allowed to review, inspect and/or audit your organization’s books, records and documents, including performance data related to this application? | Choose one. |
| Do you certify that documents, papers, books, records and other evidence which sufficiently and properly reflect all expenditures of any nature related to your organization’s performance for services under this application are retained for a period of at least three (3) years? | Choose one. |
| Do you certify that in the event any litigation, claim, investigation, audit or other action arises involving the records retained for services resulting from this solicitation, then such records will be retained for three (3) years from the date of final payment, or the date of the resolution of the action, whichever occurs later? | Choose one. |

**RELEASE OF INFORMATION:**

|  |  |
| --- | --- |
| Do you certify that your organization will adhere to all applicable federal, state and county confidentiality and privacy laws in the management and storage of student files, records and related materials? | Choose one. |
| Do you certify that your organization will obtain prior written approval from the LWDB/county whenever it identifies or refers to the LWDB, county, one-stop center(s), or the state, its employees or participants, in any and all media releases, public statements, announcements, broadcasts, posters, programs, computer postings, and other printed, published, or electronically disseminated materials? | Choose one. |

**PAYMENT, WITHDRAWALS, SUBSTITUTIONS & CANCELLATIONS:**

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| --- | --- |
| Student withdrawals -- Do you certify that the one-stop center shall not be responsible for paying the tuition or other training related expenses if the one-stop center gives you, the service provider, a written withdrawal notice that you will receive at least three business days prior to the start of the scheduled class? | Choose one. |
| Does your organization have a written and published refund policy that describes how students can request a refund? | Choose one. |
| Student substitutions – Do you certify that should a participant withdraw from a course that you will give the one-stop case manager the first opportunity to replace the participant with a substitute participant and that you will not charge the one-stop center any additional fees for such substitutions? | Choose one. |
| Course cancellation -- Do you certify that you will also notify each participant of the cancelled or rescheduled class(es) by telephone, email, postal mail, fax or similar means to be received at least two business days prior to the start date of the canceled or rescheduled class(es) and that you will keep a written log that indicates you attempted to contact each participant no fewer than two times? | Choose one. |
| Do you certify that you will accept participants funded by other sources and that these participants will be able to select training from the same lists of courses as contained in this application? | Choose one. |
| Do you agree to defend, indemnify and hold harmless the State of Hawaii, Department of Labor and Industrial Relations, City and County of Honolulu, County of Hawaii, County of Maui, County of Kauai, and their officers, employees, agents from and against all liability, loss, damage, cost, and expense, including all attorneys’ fees, and all claims, suits and demands therefore, arising out of or resulting from the acts or omissions of the training provider or the training provider’s employees, officers, agents, or subcontractors for training resulting from this application? | Choose one. |

**CERTIFICATION BY APPLICANT**

I hereby attest that I am authorized to act on behalf of this organization and have reviewed the application and have knowledge of the content and the information contained herein. I declare that the information provided and each statement, monetary amount and supporting documentation included is true and correct to the best of my knowledge and belief. I also hereby attest that this organization and its instructors currently hold all licenses, certificates, permits and accreditations required under applicable federal, state and county laws, ordinances, codes and rules, required to provide the training services described herein. This organization is also in good standing with the Hawaii State Department of Commerce and Consumer Affairs. I understand that any noncompliance and/or misrepresentations, including but not limited to, those contained in all amendments to our course offerings that we initiate hereafter, may result in the termination of this organization from participation in the Career Service Provider program for a period of 24 months. I understand that this organization will be held liable for repayment of all funds received via the career service program for any period of noncompliance. I understand that these are construed to provide remedies and penalties that supplement, but do not supplant, other civil and criminal remedies and penalties. I understand that the career service program is per the Workforce Innovation and Opportunity Act of 2014.

AGREE DISAGREE

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Signature Print Name

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To be considered for inclusion on Career Service list, the provider must supply all of the information requested in Parts I and II of this application. All completed applications must be submitted to the county where the training will be provided. If there are any questions, please contact your local area Workforce Development Board:

Hawaii County:

Office of Housing and Community Development

1990 Kinoole Street, Suite 102

Hilo, HI 96720

Phone: (808) 961-8379

Email: [ohcdwia@hawaiicounty.gov](mailto:ohcdwia@hawaiicounty.gov)

Kauai:

Office of Economic Development

4444 Rice Street, Suite 200

Lihue, HI 96766

Phone: (808) 241-4950

Email: nbrun@kauai.gov

Maui:

Office of Economic Development

2200 Main Street, Suite 305

Wailuku, HI 96793

Phone: (808) 270-8225

Email: lee.ahyen@co.maui.hi.us

Oahu:

Oahu Workforce Development Board

715 South King Street, Suite 211

Honolulu, HI 96813

phone: (808) 768-5889

[email: oahuwdb@honolulu.gov](mailto:email:%20oahuwdb@honolulu.gov)

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| Attachment I, PART B CAREER SERVICES INFORMATION (one row per course) | | | | | | | | | | | | | | | | |
| Trainer Provider Name & Campus | Training Program Name | Course Number | CIP Code (Six-Digit) | CIP Name | In-demand Industry Sector or occupation (www.hiwi.org) | Training Program Description (include the number of courses or credits needed to complete the credential path) | Method of Instruction (classroom, distance learning, or combination of classroom and distance) | Business Partnership Description (is the provider in partnership with a business or employer for the program?) | Credential Earned | Total Cost: Tuition, program fees, other costs for one student | Length (weeks) | Total Hours | Training Program Website | Phone Number of Program Contact | Workforce Area (County) |
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Attachment I– Part B, Career Services Information SAMPLE

This is a sample form, please use the form at this link: