



State of Nevada Workforce Investment Act (WIOA) New Training Provider Application Instructions

1. Give the complete name of your institution exactly as it is listed with your accrediting or governing body. Do not abbreviate any parts of your name.
 2. Provide your Federal Tax ID #.
 3. Provide your business license number and attach a copy of the license.
 4. Provide issuing municipality.
 5. Using the drop down menu, select the appropriate training provider type. If selecting "other", please fill in type.
 6. Provide the contact person's name. This person will be the person whose name will appear on the list. This person is also responsible for submitting performance data and other information as required by the Local Workforce Investment Boards (LWIBs).
 7. Provide contact person's title.
 8. Provide contact person's phone number and extension.
 9. Provide contact person's fax number including area code.
 10. Provide contact person's complete email address.
 11. Provide the complete website URL for your institution.
 12. If approved, your training will be added to the State's Eligible Training Provider List. Please indicate which Local Workforce Investment Board you are submitting your application to.
 13. Provide the street address for your institution where you wish to receive correspondence.
 14. Add a post office box number or suite if applicable.
 15. Provide the city, state and zip.
 16. Provide the latitude and longitude. Click on the "Help Me Look it Up" link for this information.
 17. Click Yes or No in response to your institution being listed as a Workforce Investment Opportunity Act (WIOA) eligible training provider in another state. The State of Nevada has reciprocal agreements for the Eligible Training Provider List (ETPL) with California, Utah and Arizona. Please provide the name of the state where your institution is listed from the drop down menu.
 18. Detail other appropriate training services that your organization provides that are directly related to employment opportunities in the local area. **(400 characters maximum)**
 19. To ensure the efficient use of WIOA funds, it is important that we are able to address attendance problems as they arise. Please describe your agency's procedures that ensure verifiable source documentation of participant's daily attendance. **(400 characters maximum)**
 20. If your training has been approved by the Nevada State Commission on Post-Secondary Education, click Yes and attach a copy of your license. If No, click No.
 21. If your training has been accredited by an outside accreditation entity, click Yes and attach a copy of the certificate and name of the accreditation body. If No, click No.
- Note: If you answered No to question 20 and 21, you may **not** be eligible to receive WIOA funds for training. Please contact your Local Workforce Investment Board.
22. If your agency is willing to offer a discount for WIOA student referrals, click Yes and indicate the percentage or amount of discount. If No, click No.
 23. Is your agency willing to honor the costs of tuition, books, supplies, and/or fees as negotiated through this submission for a period of 12 months? Click Yes. If not, click No.

24. Does your facility and/or the facility where the training will be conducted meet all physical site requirements under the Americans with Disabilities Act and is it accessible to persons with disabilities? If so, click Yes. If not, click No.
25. Will your agency assure that it will employ instructors who meet the qualifications for training and/or who have the certifications required to provide participants the training indicated in this application and as indicated in your training description? If Yes, click Yes. If No, click No.
26. Can your agency assure that the credential a participant receives upon completion of this training is an industry-recognized credential? (a certificate, a diploma, credits toward a degree, a degree, skills, etc.) If Yes, click Yes. If No, click No.
27. Provide the name of the credential/skills and the industry that recognizes it.
28. Provide a brief overview of your agency. Include the mission, purpose, and any experiences and/or capabilities in providing training services that are directly related to employment opportunities. Also, include any past and/or present experiences and/or capabilities in regard to providing training services for WIOA eligible participants. **(400 characters maximum)**
29. Explain your agency's reimbursement policy. Note: WIOA funds require reimbursement at the actual rate paid, prorated in relation to the actual training duration, less the proportionate rate of the provider's cancellation fee. **(400 characters maximum)**
30. As described in WIOA section 116 (b)(2)(A)(i)(I)-(IV), and if placed on the Eligible Training Provider List (ETPL), every year your organization will be required to meet and provide verifiable information pertaining to the following indicators of performance for all individuals who complete the training:
 - Percentage of participants who are in unsubsidized employment during the second quarter after completion (minimum expectation will be 34%)
 - Percentage of participants who are in unsubsidized employment during the fourth quarter after completion (minimum expectation will be 33%)
 - Median earnings for those who are in unsubsidized employment during the second quarter after completion (minimum expectation will be \$3,480)
 - Percentage of participants who obtain a recognized postsecondary credential within one year after completion (minimum expectation will be 20%)
 - The total number of individuals who complete the training.

Will your organization be able to meet the performance indicators and reporting requirements above, by January 01, 2017 and subsequently on all recertifications?
If Yes, click Yes. If No, click No.

31. Please provide a description of any partnership(s) your organization currently has with businesses/local employers. Make sure to include indicators of quality and quantity describing the employer partnership(s). **(400 characters maximum)**