



**DELAWARE TRAINING PROVIDER APPLICATION
APPLICATION FOR INITIAL ELIGIBILITY UNDER THE
WORKFORCE INVESTMENT OPPORTUNITY ACT
(WIOA)**

Provider Application Date: _____

Training/Education Institution Name: _____

Training/Education Institution Street Address: _____

Training/Education Institution City: _____ State _____ Zip Code _____

Training/Education Institution County: _____ Telephone #: () _____

Training/Education Institution Fax #: _____ General Email Address: _____

Web Site Address: _____ Web Site Link: _____

Federal EIN: _____ Contact Person: _____

Contact Email Address: _____

Contact Address: _____

City _____ State _____ Zip Code: _____

Contact Telephone #: _____ Contact Fax #: _____

INSTITUTION/ORGANIZATION TYPE: *(Select a Type)*

- | | | |
|--|--|---|
| <input type="checkbox"/> Charitable/Faith-Based Organization | <input type="checkbox"/> Public Community/Technical School/College | <input type="checkbox"/> College/University (Four Year) |
| <input type="checkbox"/> Community-Based Organization | <input type="checkbox"/> Employer | <input type="checkbox"/> Government Agency |
| <input type="checkbox"/> Labor Union | <input type="checkbox"/> Private Career School/College | <input type="checkbox"/> Private Corporation |
| <input type="checkbox"/> Other (Please explain) _____ | | |

TYPE OF TRAINING INSTITUTIONS *(Please Select)*

- | | | | | |
|---|---------------------------------|----------------------------------|-------------------------------------|------------------------------------|
| ▶ Postsecondary eligible to receive Title IV funds from Higher Education (HEA) and provides and associate degree, baccalaureate degree or certificate | <input type="checkbox"/> Public | <input type="checkbox"/> Private | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Sectarian |
| ▶ Postsecondary not providing an associate degree, baccalaureate degree or certificate | <input type="checkbox"/> Public | <input type="checkbox"/> Private | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Sectarian |
| ▶ Registered Apprenticeship program under National Apprenticeship Act | <input type="checkbox"/> Public | <input type="checkbox"/> Private | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Sectarian |

TYPE OF TRAINING INSTITUTIONS: *(Please Select)*

- ▶ Non-Registered Apprenticeship Program Public Private Non-Profit Sectarian
- ▶ Community-Based Organization Public Private Non-Profit Sectarian
- ▶ Joint Vocational School Public Private Non-Profit Sectarian
- ▶ Proprietary School Public Private Non-Profit Sectarian
- ▶ Other (identify below) Public Private Non-Profit Sectarian

If you checked 'Other' as the Institution type, describe the Institution: *(Please specify)*

ADDITIONAL INFO: *(Please answer the following questions.)*

▶ Is your training/education institution authorized with your state to provide a program of education beyond secondary education? Yes No

▶ Please answer the following questions concerning types of degrees offered by the institution.

Yes No Associate Degree Yes No Baccalaureate Degree

Yes No Certificate

Yes No License Yes No Competency of skill
Recognized by Employer

OTHER TYPE(S) OF DEGREES: *(Please describe other types of degrees that the institution offers.)*

APPROVING ORGANIZATION/AGENCY APPROVAL

Accredited:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Accredited by:	<div style="border: 1px solid black; height: 20px;"></div>
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Approved by:	<div style="border: 1px solid black; height: 20px;"></div>
Registered:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registered with:	<div style="border: 1px solid black; height: 20px;"></div>
Licensed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Licensed by:	<div style="border: 1px solid black; height: 20px;"></div>

TUITION AND FINANCIAL AID:

Does your institution have a refund policy? Yes No

Does your institution have access to or offer the following financial aid? *(Please select and list)*

- Yes No State Grants _____
- Yes No Local Grants _____
- Yes No Scholarships _____
- Yes No Fellowships _____
- Yes No Training/Education Institution Grants _____
- Yes No Federal Grants (PELL/WIOA) _____

DEBARMENT STATUS

► Is your training/education institution listed on any state or federal debarment lists? Yes No

If yes, please indicate the name(s) and date(s) of your institution's debarment(s).

Name of First Debarment List

Date of First Inclusion (mm/dd/yyyy)

Name of Second Debarment List

Date of Second Inclusion

Name of Third Debarment List

Date of Third Inclusion

Signature: _____ Date: _____

Title: _____

FOR OFFICE USE ONLY

Local WDB Number:

Identifier Number:

Training Agent ID:

Vendor ID:

DWDB Staff Review *(please initial)*: