



WORKFORCE INVESTMENT ACT TRAINING PROGRAM APPLICATION

01. Provider Code (FEIN)	For Internal Office Use Only
02. CIP Code	
03. COCCC ID (
04. Subgrantee Code	
05. Agency Code	
06. Date Received By LWIB	
07. Local Program Code	

Provider Name

08. Program Name	09. Program Description
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10. Training Site Address	City, State	11. ZIP	12. County
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13. Listed On Other State's ETPL <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No	14. ADA Compliant <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No	15. Total Hours Of Instruction	16. Credits	17. Non-Credit <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No	18. Credit Time <input type="checkbox"/> 1-Semester <input type="checkbox"/> 2-Quarter
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Total Program Cost 19. Tuition \$ _____ 20. Fees \$ _____ 21. Expenses \$ _____ Total \$ _____	22. 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 23 Days <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 24 Evenings <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 25 Weekends <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No	26. Frequency of Offering <input type="checkbox"/> 1-Weekly <input type="checkbox"/> 2-Monthly <input type="checkbox"/> 3-Quarter <input type="checkbox"/> 4-Semester <input type="checkbox"/> 5-Other	27. BPPVE Approval Status <input type="checkbox"/> 1-Approved <input type="checkbox"/> 2-Temporary Approval <input type="checkbox"/> 3-Registered <input type="checkbox"/> 4-Exempt <input type="checkbox"/> 9-Not Applicable 28. BPPVE Approval Expiration Date
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29. Other BPPVE Approved Programs <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No	30. Registered Apprenticeship <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No	31. Registered Date	Other List Criteria: 32. CDE Approved <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 33. COCCC Approved <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No
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34. Continuing Education Units (CEU)	35. CEU Granting Institution
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36. Resources Required <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No	37. Program Goal <input type="checkbox"/> 1-Skill Attainment <input type="checkbox"/> 2-Certificate <input type="checkbox"/> 3-Registration <input type="checkbox"/> 4-License <input type="checkbox"/> 5-Associate Degree <input type="checkbox"/> 6-Baccalaureate Degree <input type="checkbox"/> 7-Other	38. Credentialing Body
		39. Projected Hourly Wage After Program Completion

40. Prerequisites

41. Skills Sets

WIA Training Program Application (continued)

42. Curriculum		43. Relevant Occupations (Soc/O*Net Code)	
Course Code	Course Title	Code	Title
		44. Relevant Occupation Recommendation	
		Soc/O*Net Category	Description
Accessibility 45. On-Site Parking <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 46. Public Transportation <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 47. Disabled Student Access <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 48. Sign Language <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 49. Other Languages <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 50. Other <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No		51. Target Audience	
		52. Average Class Size	
		53. Equipment to be Used	
INITIAL PERFORMANCE INFORMATION - OPTIONAL			
54. Period Begin Date	55. Period End Date	56. Participant Universe	57. Average Hourly Wage at Placement
58. Program Completion Rate	59. Entered Employment Rate	60. Skill/Credential Attainment Rate	61. Retention Rate
I certify that the information submitted on this application is true and correct			
62. Printed Name of Provider Representative		63. Title	64. Date
Signature			