

**POLK COUNTY WORKFORCE DEVELOPMENT BOARD, INC.**  
**600 N. Broadway Ave.**  
**Suite B**  
**Bartow, FL 33830**

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**Application to Conduct Training under  
Title I, Sections 122 and 134 of the Workforce Investment Act of 1998**

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Training begins after the training provider and Polk County Workforce Development Board, Inc. sign the training agreement.

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## BACKGROUND

The Polk County Workforce Development Board, Inc. (hereinafter referred to as the “Board”) serves as the administrative entity and fiscal agent for the provision of employment and training services to economically disadvantaged and dislocated adults and youth residents of Polk County, Florida under: the Workforce Investment Act (WIA) of 1998, the Balanced Budget Act of 1997, and Chapter 2000-165, Laws of Florida. The Board--which is comprised of business, education, and civic leaders--serves to provide policy direction and oversight for welfare-to-work and WIA funded programs including One-Stop services. Authorized programs include occupational skills training via the use of **Individual Training Accounts** or **ITAs**.

Under WIA, the Board is charged with the identification of eligible providers of training services. The Board is seeking applicants for *initial eligibility* as training providers and may issue subsequent applications for ongoing determination of training provider eligibility. This application is being used as the means to solicit training provider applicants who are interested in becoming certified by the Board to deliver training to eligible individuals as defined in this document and in order that the Board may fulfill its responsibilities under the law.

All training programs approved by the Board may be submitted to the *Workforce Florida, Inc.* for statewide approval. If approved, the programs may be included on the statewide list of eligible training programs. That list will enable approved ITA training providers to receive vouchers issued by other local Workforce Development Boards in the State.

## PART I - GENERAL INSTRUCTIONS

### A. SOLICITATION

**A separate application must be submitted for each program (WIA, Section 122 (2) (D)).** The applicant assumes all responsibility to insure that his/her application meets all submission requirements.

**A program of training services is one or more courses or classes that upon successful completion leads to a certification or an associate's degree, or skills and competencies recognized by employers.**

The application must be submitted as a ***typed or word processed*** document. An applicant must submit **an original signed copy of his/her completed application**, attach the requested program and cost information for tuition, lab fees, books, etc., and submit your package to:

**POLK COUNTY WORKFORCE DEVELOPMENT BOARD, INC.  
600 N. Broadway Ave.  
Suite B  
Bartow, FL 33830  
Attention: Luz M. Heredia, HR & Administrative Services Director**

Questions may be directed to the Board by calling Luz Heredia at (863) 508-1600 x111 or by e-mailing your questions to: [luz\\_heredia@polkworks.org](mailto:luz_heredia@polkworks.org)

### B. APPLICATION REVIEW PROCESS

The Board may act to approve an application under this solicitation without discussion with the applicant. Therefore, the submission should be complete and technically correct. The Board may request additional data or information in support of the application or ask the applicant to make a presentation about its offerings.

The Board reserves the *right to accept, reject, or accept with modifications* any application for training services submitted under this solicitation. Receipt of an application does not commit the Board to take any action, pay any cost associated with preparation of the application, or to reimburse an applicant for any cost incurred prior to the official signing of a training agreement by both the applicant and the Board.

Eligibility for identification as an approved training provider will be based on the review of the application received. A team of Board staff and the Career Council will review the applications. This review will form the basis of whether the application meets the requirements of this solicitation including past performance of the program(s) proposed. All applicants will be advised (in writing) of the result of the review.

All applications submitted to the Board will be given fair and unbiased consideration. If an applicant contends that his/her application review was flawed, the applicant may protest the staff's decision to the President/CEO of the Board. The President/CEO will attempt to resolve all such disputes in a reasonable manner. If the

dispute cannot be resolved, the protesting applicant can appeal to the Executive Committee of the Board. Applicants denied inclusion on the eligible provider list after appeal to the Executive Committee will be permitted to file a grievance pursuant to Chapter 120, Florida's Administrative Procedures Act, and the state grievance policy, WDP 99-104.

#### C. APPLICATION CONTENT INSTRUCTIONS

Using the forms provided, the application format must be as follows:

1. Answer all requests for information on the attached forms or a duplicate of the same format.
2. If sufficient space is not provided on the forms to adequately and completely respond to the data requested, continue the response on plain letter-sized paper (8 1/2" x 11"). Place it behind the appropriate page and number it sequentially.
3. Submit an original signed application. **Complete and return only the application pages.**

#### D. AUTHORIZED SIGNATORY

The application must be signed by an individual who is **legally authorized** to submit the application for the offeror and must provide the following information: name, title, address, and telephone number of the individual authorized to contractually bind the offeror. The application should also list a contact person who is generally available to answer questions about the proposal.

#### E. TYPE OF AGREEMENT

Any agreement developed between the Board and a successful applicant will be for the purposes of clarifying the relationship between the two organizations and to clearly specify payment provisions.

Payment for Individual Training Accounts will be based on rates established by the Board per program. Amounts established will take into consideration local economic factors, fair market value, and other factors to ensure equitable payment for services rendered. All agreements will contain provisions that full payment of training on behalf of individual trainees by the Board will be subject to the trainee gaining employment in a training related field at or above a specified wage rate.

Individual interested in a Pell grant eligible training program to apply first for Pell grant benefits. If the applicant is determined to be eligible for Pell grant benefits, the training costs shall be paid by the Pell grant first with Board sponsorship being provided for the remainder.

#### F. PERIOD OF PERFORMANCE

This solicitation is to approve training providers for inclusion of the July 1, 2008 to the June 30, 2009 program year. All approved training providers and programs are subject to an annual review based on

performance. Those training programs with unsatisfactory performance may be removed from the list.

## PART II - PROGRAM INFORMATION

### A. ELIGIBLE APPLICANTS

To be eligible for approval as a provider of training services under WIA, an applicant must meet one or more of the following criteria:

1. Be a postsecondary educational institution that provides a program that leads to an Associate of Science degree or a certification and:
  - a. Is a public educational institution eligible to receive Federal funds under Title IV of the Higher Education Act of 1965; or
  - b. Is a nonpublic educational institution eligible for funding under Title IV of the Higher Education Act that is currently using FETPIP (Florida Employment and Training Performance Information Program) for performance tracking; or
  - c. Is a nonpublic educational institution eligible for funding under Title IV of the Higher Education Act not currently using FETPIP for performance tracking, but as part of its training agreement with the Board, it will begin to use FETPIP.
2. An entity that carries out programs under the National Apprenticeship Act.
3. Another public or private provider of a program of training services.

### B. APPLICATION REQUIREMENTS

For initial eligibility:

1. A training provider shall submit a completed application to the local board for the local area in which the training provider desires to provide service. This application must contain a description of the training program as well as cost information for the program.
2. If the training provider is providing the training program as of the date of the application, the training program must meet appropriate levels of performance.
3. If the training provider is not providing the training program as of the date of application, the training program must meet the performance requirements as specified in the State plan and/or by the local board.

NOTE: This application process addresses the requirements for local level approval *only*. Once approved locally, applicants are subject to review by the State's *Workforce Florida, Inc.* prior to

possible placement on an approved list of state training providers.

#### C. PROGRAM ELIGIBILITY

Approval is for a specific program(s) or course(s) offered by an eligible training provider. In order for training programs to be eligible for consideration, they must be contained in the current *Regional Targeted Occupations List* for Polk County for the current program year or the current *Supplemental Demand Occupations List* (see web site [www.polkworks.org](http://www.polkworks.org))

NOTE: The State of Florida reserves the right to revise the *Regional Targeted Occupations List* and/or the *Supplemental Demand Occupations List* at any time. Upon receipt of a revised list by the Board, the new list will replace the current list as the valid list of approved training programs. Eligible training programs include:

1. Occupational skills training, including training for nontraditional jobs;
2. Training that combines workplace training and related instruction, which may include cooperative education programs;
3. Entrepreneurial training; and
3. Adult basic education and literacy activities provided in combination with any of the above (1-3)

#### D. SELECTION:

All training providers will be selected through a Board's review process. Polk Works will use the following considerations in developing an approved vendor list for the purpose of determining a training provider:

1. Effectiveness of the training provider to teach students to a skill level acceptable to local business for that occupation.
2. Willingness of the training provider to provide discounts for the training.
3. Willingness of training providers to assist customers in obtaining other training assistance (i.e., Pell Grants, scholarships, etc.) and reimburse the Board the amount equal to the assistance used for tuition, books, fees, supplies and training material when subsequent awards are used for those purposes.
4. The provider must be State licensed as an institution of higher education or licensed to provide courses of instruction in Florida.
5. The training institution must comply with all ITA requirements contained in the Workforce Innovation Act of 2000. Training providers may submit an application for review at any time during the year. Applications will be evaluated using the process described below and

reviewed at regularly scheduled Career Council meetings, then Board of Directors meetings. First time training providers are required to be present when their application goes before the Career Council.

Upon receipt of training program application (s), the Career Council will select training providers for placement on the vendor list based on the following criteria:

- Training for Local Target Occupations .....25 points
- Quality and Demonstrated Effectiveness of Training Program.....45 points
- Cost of Training.....20 points
- Willingness and Ability to meet Polk Works requirements.....10 points

Due diligence will be conducted which may include a site visit to determine the adequacy of equipment, facilities, level of staff knowledge, and ability to provide the described training. Those training providers deemed to be the most advantageous to Polk Works' customers will be selected for negotiation of a training agreement. Agreements may be negotiated and renewed annually, at the discretion of the Board. Agreements are effective upon execution through June 30 of each year. These agreements will not obligate the Board or its contractors to make referrals, as customers will make training selections from performance based consumer reports. Referrals will only be made when it is in the best interest of the customer and the Board.

#### E. APPROVAL

Decisions on approvals are guided by our commitment to provide quality services and maintain high levels of customer choice and satisfaction.

- 1) After proper evaluation, Career Council will make a recommendation for Full Board approval.
- 2) After Full Board approval, approved training provider will be placed on the vendor list. Approved training providers are required to annually submit a request for continuation that includes updated tuition and training costs, performance information, and proof of FETPIP1 reporting requirements.

The Board may grandfather local approval to training providers and their programs that have been approved by other regional workforce boards and are on the state approved training provider's list

#### F. TRAINEE ELIGIBILITY

The following individuals are eligible to receive Individual Training Accounts (ITAs) for the purpose of

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1 Florida Employment and Training Performance Information Program

purchasing services from eligible training providers. Individuals who:

1. Are eligible for intensive services under WIA (adults age 18 and older and dislocated workers) and are unable to obtain or retain employment in spite of having received these services;
2. After an interview, evaluation or assessment, and case management have been determined by the designated One-Stop partner to be in need of training services and to have the skills and qualifications to successfully participate in the selected program of training;
3. Select programs of training services that are directly linked to the employment opportunities in Polk County or in another area in which the adult or dislocated worker receiving services is willing to relocate;
4. Require assistance beyond the assistance available under other grant assistance programs, including Pell grants; or
5. Are determined eligible to receive these services under the Welfare Transition Program or the Balanced Budget Act of 1997.

#### G. CUSTOMER CHOICE

All training services will be provided in a manner that maximizes customer choice. That is, the individual receiving an ITA will be provided with a list of all approved training providers in the State providing instruction in the occupational areas that he/she has chosen to pursue. This list will include performance, cost, and other appropriate information for each program. From this information, the customer will choose the training program. Therefore, it is quite possible that a customer, who was referred by a training provider to the One-Stop for services, may choose a different training provider's program.

#### H. CUSTOMER SATISFACTION

In addition to performance outcomes (achievement of occupational completion points, training program completion, and placement at or above specified wage rates), training programs will be evaluated on the basis of customer satisfaction indicators. Satisfaction indicators will consist of training participants' satisfaction with services received from the training provider and will be measured by surveys conducted by an independent third party evaluation entity.

PART III – APPLICATION

*(Complete and only submit all of the pages in this section. All responses must be typewritten/word processed.)*

POLK COUNTY WORKFORCE DEVELOPMENT BOARD, INC.  
(Polk Works)  
600 N. BROADWAY AVE.  
SUITE B  
BARTOW, FL 33830

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**ELIGIBLE TRAINING PROVIDER APPLICANT**

Name of Training Institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Federal Employer Identification Code (FEID) \_\_\_\_\_

**CONTACT PERSON**

Name, Title: \_\_\_\_\_

Phone and Fax Number: \_\_\_\_\_

E-mail and Web Address: \_\_\_\_\_

I understand that the requirements and the conditions for approval of training programs may be modified by *Workforce Florida, Inc.* at anytime.

I certify that I am authorized / empowered to submit this application on behalf of the named provider or organization:

\_\_\_\_\_  
Signature Title Date

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**For Polk County Workforce Development Board Inc., Use Only:**

Date Received: \_\_\_\_\_ Time: \_\_\_\_\_ Signature: \_\_\_\_\_

Training Provider Applicant is (check one):

- A public educational provider eligible to receive funds under Title IV of the Higher Education Act
- A nonpublic educational provider eligible to receive funds under Title IV of the Higher Education Act, currently using FETPIP for performance tracking
- A nonpublic educational provider eligible to receive funds under Title IV of the Higher Education Act, not currently using FETPIP for performance tracking
- An entity that carries out programs under the National Apprenticeship Act
- Other (Describe)

Training Provider Applicant Background (answer each question)

Number of years the applicant training provider has been providing training: \_\_\_\_\_

Number of years the applicant training provider has been providing training in Polk County: \_\_\_\_\_

Current applicant training provider licensure by, i.e., the *State Board of Independent Colleges and Universities* or the *Commission for Independent Education*. Please **provide** photocopies of license or exemption.

Applicant training accreditation:

Physical address (es) for all applicant training facilities:

**Program Information**





## DEFINITIONS

### To use in completing the table

**Name of Training Program--** as contained in the training provider's course catalog or as otherwise used to identify the training program.

**Length in Hours--** the total hours necessary to complete the named training program in order to receive a certificate or a degree.

**Length in Weeks--** the total number of weeks of instruction (excluding weeks during which training is not in session) necessary to complete the named training program in order to receive a certificate or a degree.

**Trained--** the total number of students enrolled in the named program for the specified one-year period whether or not they actually completed the program. If this is a new program, leave this column blank.

**Successfully Completed Training--**of the total number enrolled during the specified one-year period, indicate the number that completed the named program; that is, who received a certificate or degree certifying successful completion.

**Placed in Employment--**of the number enrolled during the specified one-year period, indicate the number that entered jobs, whether or not they completed the program.

**Average Wage at Placement--**Of the number placed in employment.

**Who are still in the Training--**of the number that enrolled during the specified one-year period, indicate the number that are still in training as of this application date.

**ATTACHMENT --attach to your application school catalog/course catalogs, student handbook, and other information about your school and programs that will aide in the Board's review of your application.**