

Deep East Texas Workforce Development Area

Request for Information

Individual Referral for Occupational Skills Training and Intensive Skills Instruction

1. Name of Entity _____
2. Mailing Address _____
3. FICE Code or Proprietary School Number (if applicable) _____
4. Federal EIN: _____
5. Type of entity (check all that apply):
 - College or University, two-year College or University, four-year
 - Charitable/Faith-Based Organization Community-Based Organization
 - For-Profit Gov agency Labor union Not-for-profit Other
6. Under what authority(ies), accreditation, or licensure does this entity provide the proposed services?

7. How long has this entity been in business? _____
8. How long has this entity provided the proposed service(s)? _____
9. Contact Name/Title: _____
10. Phone: _____ FAX: _____ Email: _____
11. Training Location (if different from mailing address):

12. What insurance does the entity have that covers participants in the providers program?
Type _____ Amount \$ _____
13. The following information (A – G) may be submitted via a current catalog as long as the information is complete.
Catalog enclosed? ____ Yes ____ No

A. Service to be provided (a course outline must be attached):

- Occupational skills training ESL Literacy/Basic Skills
 GED preparation Computer Literacy Other_____

B. Outcomes to be attained by participants:_____

C. Criteria for successful completion:_____

D. Cost per person:

Description	Cost
Tuition	\$
Fee	\$
Fee	\$
Fee	\$
Fee	\$
Books	\$
Equipment	\$
Supplies	\$
Tools	\$
Uniforms	\$
Other	\$
Other	\$
TOTAL COST	\$

E. What support services, if any, are made available to participants?

- Public transportation Supplies Uniforms Tools Other_____

F. What is the teacher to student ratio? _____

G. To be completed by occupational skills providers only. What is the average wage at placement for program completers? \$_____

Documentation of Financial Stability

Documentation of financial stability must be submitted. Such documentation can be the most recent annual audit or financial statement. Exceptions to this are entities that have previously submitted financial information to the Board for the Training Provider Certification system and new programs

not in operation on the date of this application (proof of financial stability will be required for subsequent consideration).

____ Financial information enclosed

____ Our most recent financial information was previously submitted to the Board on _____

____ This is a new program not in operation on the date of this application

Assurances

By signing below, the authorized representative of the applicant herein assures that the information provided is true and correct as of the date of submission.

Signature of Authorized Representative

Typed/Printed Name of Signatory

Signatory's Official Title

Date