

### Vendor Information

- *Vendor name* – Name of organization providing services
- *Program name* – Name of the program or service for which you are submitting the application (e.g. interpreter service)
- *Current Location Address* - Street address of location where the training or service is offered
- *School Contact* – Name of person who can answer questions about the application and the services being offered
- *Title* – Title of School Contact
- *Phone number* – Phone number of organization providing services
- *Fax number* - Fax number of organization providing services
- *Email address* – Email address of contact person who can answer questions about the application and the services being offered
- *Website address* – Web-site address of the vendor
- *Mailing address* – If different from the training location

### Type of Vendor

Check the type of vendor that describes your facility, organization or school. If any regulatory body such as Texas Education Agency (TEA) or Texas Workforce Commission Career Schools & VA Education regulates your facility please include as part of this application, the performance data submitted annually to the regulatory body, Certificate of Approval, List of Approved Courses by Instruction (LACI), and/or TWC Exemption Letter.

### Type of Service Offered

Check the type of service for which your organization is seeking approval to offer.

- *Basic skills instruction* - Instruction includes adult basic education, GED preparation courses, tutoring for basic studies, literacy courses and English as a Second Language
- *Computer skills instruction* - Includes courses on software applications such as Microsoft Word, Excel, Access and similar products
- *Job search/job retention* – Includes job search activities as well as activities that help customers with barriers in employment
- *Comprehensive guidance/counseling\** - Includes drug, alcohol and behavioral counseling
- *Intensive case management\** – Includes in depth counseling for customers on situational, personal and functional obstacles

*\*Workforce Solutions cannot pay for counseling that is administered by a medical professional in a medical setting.*

### Nature of Organization

- *Sole proprietorship*
- *For-Profit*
- *Non-Profit*

### Target Population

Check the target population for which your organization is seeking approval to offer, if applicable.  
(Youth services must be year round)

### Program Information

Any organization seeking to be part of our network, vendors **must have a record of one-year (1)** in providing education and training services. “No start-up organizations will be approved.”

- *How many customers have completed this educational or service program in the last 12 months*- Indicate the number of customers that have “successfully completed” the educational or training services you are seeking approval to offer. Successfully completed is defined as completing the program with a “passing” score or meeting the expectations set by the program. (For Language translation & interpretation services indicate “N/A”.)
- *Program name* – Name of program of instruction or service your organization is seeking approval to offer
- *Total Hours of instruction* – Indicate the number of hours of instruction for the program your organization is seeking approval to offer. (For Language translation & interpretation services indicate “N/A”.)
- *Class room/lab hours* – Indicate number of hours in the classroom and lab hours. (For Language translation & interpretation services indicate “N/A”.)
- *Certificate issued upon completion* – Indicate if a certificate is issued to the customer upon completion of this instructional program; if so, indicate the type of certificate (For Language translation & interpretation services indicate “N/A”.)
- *Type or attach a detailed description of your program or services* – Describe in detail the services your organization is seeking approval for. Is the education or services competency based? If so, is there a pre and posttest? If offering language translation or interpretation services, please indicate the language in which services are offered, and please describe how Workforce Solutions will access your services.
- *Advertising* – Please provide examples of all advertising. (Yellow pages, fliers, newspaper ads, brochures, audio/video scripts, etc.)

### Cost Information

- *Tuition* – Indicate the published, off-the-shelf price charged to Workforce Solutions. If services are charged by unit of time or otherwise, please indicate so.
- *Books\** – Indicate the cost for any books that the customer may need for this program (For Language translation & interpretation services indicate “N/A”.)
- *Supplies\** – Indicate the cost for any supplies a customer may need for this program (For Language translation & interpretation services indicate “N/A”.)
- *Equipment* – Indicate the cost of any equipment a customer may need for this program (For Language translation & interpretation services indicate “N/A”.)
- *Fees* – Indicate any fees that will be charged to Workforce Solutions center for this program; if there are fees, please explain.
- *Entry level requirements* – Indicate the requirements (if any) a customer must meet in order to enter the program of instruction your organization is seeking approval to offer. For example, is there a required reading level as indicated by a test score? Does a customer need a GED? (For Language translation & interpretation services indicate “N/A”.)
- *Description of equipment used in program* – Indicate the equipment (if any) that will be used by the customer for the program you are submitting the application. (For Language translation & interpretation services indicate “N/A”.)
- *Current list of textbooks, software, and reference library,* – Indicate the Title(s), Author/publisher and copyright date(s) a customer will use to complete the program. (For Language translation & interpretation services indicate “N/A”.)

**\*All books and supplies purchased by Workforce Solutions for customers will either become property of Workforce Solutions or the customer, not the vendor.**

**Financial Documentation**

All vendors must provide evidence of financial stability prepared by a certified public accountant. Please see below for the specific required documentation that must be attached to the application to be approved.

**SOLE PROPRIETORSHIP**

Articles of Incorporation and By-laws and *(one of the 2 bulleted items)*

- IRS Form 1040 for the most recent year
- An audited balance sheet, financial statement or audit for the most recent year

**PARTNERSHIP (FOR PROFIT ENTITY)**

Include names of owners of record and copy of DBA if applicable and *(one of the 2 bulleted items)*

- IRS Form 1065 for the most recent year
- An audited balance sheet, financial statement or audit for the most recent reporting period

**NON-PROFIT**

IRS Tax exemption certificate (a copy of 501(C) 3) and *(one of the 3 bulleted items)*

- If your organization has *more than* \$300,000 in annual revenue, please attach an A133 audit
- If your organization has *less than* \$300,000 in annual revenue, please attach a copy of IRS Form 990 (most recent year's)
- Provide an audited balance sheet or financial statement for the most recent reporting period

**Authorization**

A signature is required to process the application for approval.

**\*\*\*Please note that if any information is missing, fraudulent, or required documents not attached to the application it will delay the process for approval or be denied.**