

Basic Skills Vendor Application

Section 1 - Business Information			
Vendor Name:		Program Name:	
Owner Name (if different from Vendor Name above):		Owner/Director's E-mail Address:	
Physical Address of Business:			
Mailing/Billing Address (Street / PO Box)			
Business Phone:		Alternate Phone No:	
Secondary Contact Person:		Title/E-mail Address:	
For Profit	Non For	Profit	Other
	Section 2 - Regulation	n Information	1
 be specifically exempted by Texas Workforce Commission (TWC) Career Schools. Vendors must provide documentation of their approval by the appropriate regulating body. Vendors who are not licensed or approved (unregulated vendors) must provide an exemption letter from TWC Career Schools documenting that each program and location is exempt from TWC Career Schools regulation. Indicate the appropriate regulating body: Texas Education Agency/TEA Texas Workforce Commission Career Schools Texas Higher Education Coordinating Board (THECB) Department of Labor Office of Apprenticeship Other (Specify): Not Regulated (must provide exemption letter from Texas Workforce Commission Career Schools) 			
Section 3 - Program Information			
Vendors must provide a published catalog that describes the program. Vendors may submit either a hard copy or one available online. Unregulated vendors must submit current curricula that will be used for the program. Type of Program: Adult Basic Education Basic Computer Skills Job Readiness Training Other:			
Program Description: Total hours of instruction:	Total classroom hou	rs.	Lab Hours:
	1 0(a) Classicolli 1100	13.	Lab 110015.
Description of equipment / softwa	are used in program:		1

Unregulated vendors must complete the additional information below. Regulated vendors may go to "Section 4 - Program Completion Information".

Instructors: List all instructors that will be used to teac curriculum vitae with your application.	h the program. Include a copy of their resume /
Textbooks – List the textbooks that will be used in the additional books and their information on an attachment	
Textbook I Title:	Textbook II Title (if applicable):
Textbook Author:	Textbook Author:
Textbook Copyright date(s):	Textbook Copyright date(s):
Textbook ISBN Information:	Textbook ISBN Information:

Will students receive a License or Certification after completing the program?	
	L No
Name of License or Certification:	
Name of the Certifying or Registering body:	

Does the program prepare a student to take a test?	Yes	No
Name of test:		
Name of the testing body		

Name of the testing body:

What are the program completion criteria? Describe how you determine the student successfully completed the program. Completion is defined as finishing a program and receiving a formal credential (if offered for the given program).

What percentage of students that started the program successfully completed the program in the past year? Explain any major reasons students fail to complete the course.

Section 5 - Price Information

Program price should be provided by a semester or equivalent program period. This price should be the publically available (published) price. Vendors must submit documentation (course catalog, tuition and fee schedule etc.) that documents the publically available price. Unregulated vendors are required to prove that they have been charging existing students the price that they are submitting for payment by Workforce Solutions.

Cost of Tuition:	Cost of Books:	Cost of School Supplies:
Additional Fees:		

Section 6 -	Training	Facility	Information
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We approve education and training programs by location. Provide information about the training facility where classes are held if it is different from physical business address listed on page one of the application. Submit a separate application for each location. Unregulated vendors must provide documentation that they own or lease the facility where classes are held. If the unregulated vendor does not own or lease the facility but has an agreement with the organization that does, the vendor must provide documentation that it has on-going access to adequate classroom facilities that are ADA compliant.

Training Location (Physical Address)

Primary Contact Name (If different from page 1):

Primary Contact E-mail Address:

Alternate Phone:

Location Phone:

Section 7 - Detailed Record of Performance

We will not approve vendors that have less than one year of experience providing education or training service
similar to that offered in this application. We will not approve start-up organizations. Unregulated vendors
must have provided the training on this application for at least one year, and must submit documentation of
their performance of this training.

Has the organization been providing education or training service for at least one year?

Please list and describe all education or training services that have been offered in the past year, including the proposed program and others provided by your organization.

How many students were enrolled and how many successfully completed the proposed program in the last 12 months? Provide details on any other programs taught in the previous year as well.

Vendors submitting a renewal application – Vendors renewing their application to remain on the approved vendor list do not need to complete the Detailed Record of Performance questions above, but need to submit information that answers the following questions below.

How many Workforce Solutions customers attended this program in the past year (since your last renewal)? Provide a list of customer names and social security numbers. (Remove SSN's from this document before e-mailing if you are submitting via e-mail.)

Of the customers that Workforce Solutions paid to attend your program, how many successfully completed the program? (Successful completion as defined above.)

Describe any outcome information you have on these customers. (For example: for a GED prep class, 30 customers attended, 20 passed the GED on their first attempt after completing the course. Five passed the GED on a later attempt.)

Section 8 - Financial Stability

Vendors, with the exception of public colleges and universities, must demonstrate they are financially stable and provide evidence of financial stability prepared by a Certified Public Accountant. Organizations seeking to become and approved education and training vendor must demonstrate their operation will not solely rely on funds from Workforce Solutions.

Required Documentation:

- 1. For a Sole Proprietorship submit item a and item b or c.
 - Include names of owners of record and copy of DBA if applicable AND a.
 - b. IRS Form 1040 for the most recent year OR
 - c. An audited balance sheet and income statement, or audit for the most recent year.
- For a Partnership or Corporation (for profit entity) submit item a and item b or c.
 - a. A copy of the Articles of Incorporation or Partnership agreement and DBA if applicable AND
 - b. IRS Form 1065 (Partnerships) for the most recent year OR
 - c. An audited balance sheet and income statement, or audit for the most recent reporting period.
- Non-Profit submit item a and item b or c or d.
 - a. IRS Tax exemption certificate (a copy of 501(C) 3) AND
 - b. An A133 audit OR
 - c. A copy of IRS Form 990 (most recent year's) OR
 - d. An audited balance sheet and financial / income statement for the most recent reporting period.

Section 9 - Attachments and Authorization

ATTACHMENTS: Please check off all items you are including with your application.

Check List:

License or other regulatory approval document
TWC Exemption Letter
Current Catalog (must contain Attendance Policy and Refund Policy, or these must be
submitted separately)
Curriculum (unregulated vendor must submit)
Instructor Resumes / Curriculum Vitae (unregulated vendors only)
Published Program Price Documentation (documentation of the publically available price of
the program)
Facility Access Documentation (unregulated vendors only)
Training History Documentation (unregulated vendors only)
Financial Stability Documentation
Workforce Solutions Customer List (renewal applications only)

Authorization

I, the undersigned vendor ("Vendor") attest that the information provided above is true and accurate. By signing this form, Vendor acknowledges the information above and on the attachments to this application is not misrepresented or untrue and that Vendor will inform Workforce Solutions if any of the information changes. Workforce Solutions reserves the right to remove a vendor from the approved vendor list who has misrepresented or presented information that is untrue as a part of this application.

Workforce Solutions will do an on-site visit as part of our review process. Workforce Solutions staff may also conduct quality assurance reviews after a vendor is approved. By signing this application, the signatory authorizes Workforce Solutions to conduct an on-site review prior to approval.

Signature of Authorized Representative

Title

Type/ Printed Signatory

Date