

**SUNCOAST WORKFORCE BOARD
TRAINING VENDOR APPLICATION
2009-2010**

TRAINING VENDOR INFORMATION

NAME OF TRAINING VENDOR: _____

Date Established: ____/____/____ FEIN: # _____

ADDRESS: _____
(Mailing Address) (City) (State) (Zip)

CONTACT PERSON: _____ TITLE: _____

PHONE : (____) _____ EMAIL: _____

C. ORGANIZATIONAL QUALIFICATIONS: (check all that apply)

1. Training Vendor is: Public _____ Private For-Profit _____ Private Non-Profit _____
2. Training Vendor is a post-secondary educational institution eligible to receive funds under Title IV of Higher Education Act :
Yes _____ No _____
3. Training Vendor is licensed by Commission for Independent Education:
Yes _____ No _____

If yes, License #: _____
4. Training Vendor has a registered apprenticeship program under the National Apprenticeship Act :
Yes _____ No _____
6. Training Vendor is accredited by: ___ COE ___ SACS ___ Other : _____
7. Vendor participates in the Florida Education and Training Placement Information Program (FETPIP):
Yes _____ No _____
8. Vendor does not currently participate in FETPIP but agrees to participate for the proposed programs:
Yes _____ No _____

Note: Any Training Vendor approved must agree to report performance data to the Florida Employment and Training Performance Information Program (FETPIP). Nonpublic institutions do this reporting through the Commission for Independent Education.

8. Is the school minority/female owned and operated?
Yes _____ No _____

Please attach copies of above referenced licenses/accreditations to this application.

B. STUDENT AID / SCHOLARSHIP PROGRAMS (check all that are available)

- _____ Pell Grant Program
- _____ Supplemental Educational Opportunity Grant
- _____ College Work-Study Program
- _____ Perkins Loan Program
- _____ Supplemental Loans to Students
- _____ State Student Incentive Grant
- _____ Scholarships or Waivers by Training Vendor
- _____ Other (specify) _____

C. TRAINING VENDOR POLICIES

Attach a copy of each of the following policies or provide catalogue and indicate below the page number on which policies may be found:

- _____ School Catalogue
- _____ Counseling Policy
- _____ Attendance Policy
- _____ Book Policy (Purchasing, Payment, Ownership)
- _____ Grade Reporting Policy
- _____ Withdrawal/Dropout Policy
- _____ Payment Policy Regarding Tuition Payment and Refunds

D. INSURANCE (Note: **attach proof of insurance)**

Liability Insurance Carrier: _____
Policy Number: _____

E. PROGRAM DESCRIPTIONS AND BUILDING/FACILITY ACCESSIBILITY CHECKLIST

A separate Program Description/Statement of Work is attached as Appendix A for each proposed training program for a total of (#) _____ Programs.

A separate Building/Facility Accessibility Checklist is attached as Appendix B for each proposed training site for a total of (#) _____ sites.

F. CERTIFICATION

I hereby certify and affirm the following:

As authorized signatory agent for the Training Vendor, I hereby certify that the information contained in this Application, including the attached Program Description(s), is true and correct to the best of my knowledge and belief, and that the information contained herein constitutes a firm offer;

That neither the Training Vendor nor its employees or Board members have used their position for purposes that constitute personal or organizational conflict of interest in obtaining a contract award based on this application;

That funding of this application will not result in the displacement of currently employed workers or impair or substitute for work that would otherwise be performed or contracted for, by this Training Vendor;

That neither this Training Vendor nor its principals are presently debarred, proposed to be debarred, suspended, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency, as described in the attached Instructions for Certification;

That neither this school nor its principals have had any civil judgments rendered for fraud or had public transactions terminated for cause or default within a three year period preceding this application;

That the Suncoast Workforce Board has authorization to contact any and all references and fund sources named herein in order to verify funding, accreditation, and satisfactory performance; and

That upon execution of a training agreement, Suncoast Workforce Board staff/representatives will be provided access to payment records, personnel and/or participants for interviews, and to applicable attendance, progress and grade records.

Training Vendor: _____

Signature: _____

Print Name & Title: _____

Date Submitted: _____

Instructions for Certification

Debarment, Suspension, and Other Responsibility Matters Primary Covered Transactions

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit the explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the Suncoast Workforce Board's (SWB) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the SWB determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the SWB may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the SWB if at any time the prospective primary participant learns its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the Department of Labor (DOL) for assistance in obtaining a copy of those regulations.
6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the SWB.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the SWB, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded From Procurement/Nonprocurement Programs.
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly entered into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the SWB may terminate this transaction for cause or default.