

# **WORKFORCESOLUTIONS**

## **G R E A T E R D A L L A S**

Instructions for completing the Short-term Pre-vocational Intensive Services Application.

### **Section 1 – General Information**

**Organization/Vendor Name** – indicate the name of organization proposing service(s) for customers.

**Mailing Address** – indicate the mailing address, including the city, state, and zip code of organization proposing service(s) for customers.

**Physical Address** (if different from mailing address) – indicate the physical address, including the city, state, and zip code of organization proposing service(s) for customers.

**Phone Number** – indicate main phone number of organization proposing service(s) for customers.

**Contact Person** – indicate the person who can answer questions about the application and service(s) being proposed. Additionally, provide the title for this person.

**E-mail Address** – indicate the e-mail address of contact person who can answer questions about the application and service(s) being proposed.

**Signatory Authority** – indicate the name of person who is authorized to sign an agreement that may result from application being approved.

**Title/Phone Number** – indicate the title and phone number of person who is authorized to sign an agreement that may result from application being approved.

**Type of Organization** – check the type 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 regulate your facility, please include that information as part of this application. (Certificate of Approval, List of Approved Courses by Instruction (LACI), and/or TWC Exemption Letter.

**Date Established** – indicate the date that the organization was established. Additionally, provide state controller I.D. # for the organization.

**Federal Taxpayer Identification Number** – self-explanatory

**Historically Underutilized Business** – provide information as requested in the application.

**Liability Insurance** – provide information as requested in the application.

### **Section 2 - Type of Service/Other Information Requests**

Check the type of service(s) proposing for customers.

*Basic Education Skills* – instruction (preferably computer assisted) in the area(s) of identified basic skills deficiency (ies) such as reading, math, writing, etc., and in how to apply these skills in the workplace –

designed to increase the functional skill levels of those with basic skill deficiencies and to enhance their employability.

*GED (High School Equivalency) Preparation* – generally, an activity coupled with basic remedial education and other activities, which is designed to provide an equivalency certificate to individuals lacking a high school diploma. This activity is also encouraged as first level of intervention in securing higher level skill training or employment at a living wage for those who lack this credential as it is often a minimum requirement for enrollment into post-secondary education or employment.

*English-as-a-Second Language* – This may include specialized English-as-a-Second Language (ESL) or bilingual instruction designed to help non-English and limited English speaking customers become sufficiently functional in English to proceed with their employability plan. WIA requires that basic skills training have a workplace context.

*Computer Skills* – These skills will increase knowledge of computer software applications such as: Microsoft Word, Microsoft Excel, Microsoft Access, Microsoft PowerPoint, etc.

Describe in detail the above service(s) proposing for customers to include, but are not limited to, the following:

- A. Course/ Curriculum
- B. Course/Curriculum length of training
- C. Course/Curriculum Outline/Syllabus
- D. Course/Curriculum Training Schedule, including day of week and times
- E. Course/Curriculum Instructor to Student Ratio

In addition, provide whether the education or services are competency based or not. If competency based, provide whether it includes a pre and post test or not. If offering language translation or interpretation services, please indicate the language in which services are offered, and please describe how Workforce Solutions Greater Dallas will access your services.

Also, provide the following information for proposed service(s): entry level requirements, refund policy and attendance policy. You should also include any type of assessment instrument(s) that will be used to measure customer progress that will ultimately result in successful completion of each service.

Please provide examples of any advertising materials (yellow pages, fliers, newspaper ads, brochures, audio/video script, etc.) used to outreach customers.

Also, please note that customer referrals for the GED and ESL services will have a reading and math assessment at the seventh grade level or above.

### **Section 3 – Eligibility Requirements**

Please indicate the pre-requisite requirements for entry into your program.

### **Section 4 – Program Information in the last 12 months**

Any organization seeking to be a provider of short-term pre-vocational intensive services must have a record of on (1) year in providing similar services requested in Section 2, Type of Services. “No start-up organization will be approved.”

Has your organization been providing education and training services for one year? – self-explanatory.

**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.

**Program Name** – indicate the name of program of instruction or service your organization offered in the last 12 months.

**Total Contact Hours** – Indicate the number of contact hours for the program your organization offered in the last 12 months.

**Classroom Hours** – Indicate number of hours in the classroom for the program your organization offered in the last 12 months.

**Lab Hours** – Indicate number of hours in the lab for the program your organization offered in the last 12 months.

**Certificate issued upon completion** – Indicate if a certificate was issued for the program your organization offered in the last 12 months. If so, indicate the type of certificate. Also, if certificate issued was for Computer Literacy Skills, indicate whether it was employer recognized or not.

#### **Section 5 – Cost Information for Proposed Service(s)**

**Tuition** – Indicate the published, off-the-shelf price charged to Workforce Solutions Greater Dallas. If services are charged by unit of time or otherwise, please indicate so. In addition, please provide detail back-up for proposed cost (i.e., cost consisting of a portion of instructor's salary, fringe benefits, etc.).

**Books\*** - Indicate the cost for any books that the customer may need for this program.

**Supplies\*** - Indicate the cost for any supplies a customer may need for this program.

**Fees** – Indicate any fees that will be charged to Workforce Solutions Greater Dallas for this program; if there are fees, please explain.

**Other Cost** – indicate any other cost that is not included in any of the above cost items.

**Description of equipment used in program** – Indicate any equipment that will be used by the customer for the program proposing for approval.

**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.

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

#### **Section 6 – 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.

##### **Private for Profit**

Articles of Incorporation and By-laws

A current Certificate of Good Standing from Comptroller of the State of Texas evidencing that said (for-profit) corporation or other legal entity is in good standing with the State of Texas.

An audited balance sheet, financial statement or audit for the most recent year.

Private 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 \$500,000 in annual revenues, please attach an A133 audit
- If your organization has less than \$500,000 in annual revenues, 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.

Community College

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

- If your organization has more than \$500,000 in annual revenues, please attach an A133 audit
- If your organization has less than \$500,000 in annual revenues, 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.

Community-Based Organization

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

- If your organization has more than \$500,000 in annual revenues, please attach an A133 audit
- If your organization has less than \$500,000 in annual revenues, 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.

**Section 7 – Signatory Authorization**

A signature by the signatory authorization 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.