

# Alabama Training Provider Application for Eligibility Under the Workforce Investment Opportunity Act

**Instructions: Complete ALL 3 Sections (Training Provider Information, Training Program Information, and Performance Data Information of the application and attach all applicable documentation.**

Submit your package to the at the address listed below.

Workforce Development Division  
State Reporting Unit, Room 390  
P.O. Box 5690  
Montgomery, AL 36103-5690  
Telephone (334) 353-3256 Fax: (334) 242-5624

The information requested is required to maintain the organizations eligibility under the Workforce Innovation Opportunity Act. A separate Training Program Information Sheet must be submitted for each program or curriculum. (WIOA section 122)

If you fail to provide all of the information requested, your application may be returned to you without review. If your program/course is approved, it will be recommended for certification and inclusion in the Workforce Development Division's statewide list of WIOA eligible training providers at <http://www.etpl.alabama.gov/>.

## Section 1 Training Provider Information

1. Local Workforce Investment Area

2. Federal EIN

3. Providers Name

4. Providers Legal Name (if different from above)

5. Primary Mailing Address P.O. Box / Street

City  State  Zip Code

6. Primary Contact Telephone  Web Address

7. Administrative Contact Name  Title

E-Mail  Telephone

8. Type of Provider (check one)

9. In order to be eligible to provide training and to receive WIOA Title I funds, the organization must meet the requirements of WIOA section 122. Please indicate if you are eligible for one or more of the following:

- A postsecondary institution that: (1) Is eligible to receive Federal funds under Title IV of the Higher Education Act; **AND** (2) Provides a program that leads to an associate degree, baccalaureate degree, or certificate;
- An entity that carries out programs under the National Apprenticeship Act; or
- Another public or private provider of a program of training services.

## Complete Attachments and Certifications

*Failure to include and provide all of the information requested may result in the application being returned without review!*

Section 1 Training Provider Information Continued

10. **School License (attach copy of license and approved course listing or certificate of exemption from the Alabama Department of Postsecondary Education.)**

*If applicant is a private provider that does not have a license or certificate of exemption, please contact the Alabama Department of Postsecondary Education at (334) 242-2959.*

License Expiration Date

Or

Certificate of Exemption

11. Are additional Training Sites Available  *Provide a description of all training locations including physical address (Attachments Required).*

12.  **Brief description (not to exceed 100 words) of the training facility or training provider (Attachments Required).**

13.  **Description of partnerships and linkages with business and industry: (Attachments Required).**

14.  **Description of how you plan to develop linkages with the local one-stop provider: (Attachments Required).**

15. **Authorized Signature:**

**By signing this application, I hereby certify that all information contained in this document, including any attachments, is accurate as of the date of submission. I further certify my understanding that any of the items included in the application or attachments may be provided to the public as part of the WDD's statewide list of WIOA-certified training providers. I also agree to cooperate with monitors from the LWIB, WDD, or Department of Labor if I am selected for an oversight review.**

Printed Name  
of Signatory

Title of  
Signatory

Signature of  
Authorized Official

Date