



**Eligible Training Provider  
Application**

**SECTION C - ACKNOWLEDGEMENTS**

**Organization Name:** \_\_\_\_\_

**I understand that in order to maintain eligibility and to receive training funds for a program, this organization shall:**

- A) Submit performance and any additional cost information annually to the Workforce Opportunity Council, Inc. at such time and in such manner as may be required, and;
- B) Annually meet the performance levels set by the Workforce Opportunity Council, Inc.
- C) Acknowledge that eligibility is re-determined regularly (after the initial period of eligibility),
- D) Agree that for WIA-funded individuals, this organization will apply the refund policy used by the Federal Government for Title IV Financial Aid Programs,
- E) Understand that this organization will be required to provide student attendance records to the Workforce Opportunity Council, Inc. representatives,
- F) Understand that a Workforce Opportunity Council staff member(s) or representative may make on-site visits to training provider sites for the purpose of confirming application information; adherence to assurances and certifications; and review of performance data,
- G) Agree that important organizational changes affecting any part of this application will be submitted to the Council for reconsideration.
- H) Agree to retain participant program records for a period of three (3) years from the date the participant completes or exits the program.

**Signature:**

I certify that the information in this application is true and correct, and that I have the authority to sign for this organization. I have reviewed the above list of acknowledgements and are considered eligible to receive tuition payments under the Workforce Investment Act and agree to abide by them.

\_\_\_\_\_  
Name (typed)

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Title (typed)

\_\_\_\_\_  
Date