



**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