

**TAMPA BAY WORKFORCE ALLIANCE, INC.
PROSPECTIVE VENDOR INFORMATION**

The following must be provided:

- 1. Copy of License:** Commission for Independent Education (CIE)
 - a. Provisional (CIE conducted site visit and has deemed institution operational) _____
 - b. Annual License (Annual renewal) _____
 - c. License by means of Accreditation (Highest level) _____
- 2. Participation: Florida Education and Training Placement Information Program (FETPIP)**
 - a. Member Verification Letter of Membership with FETPIP
OR
 - b. Authorization Letter written on organization letterhead signed by representative agreeing to comply with FETPIP reporting standard
 - c. Latest Annual Report Submitted to FETPIP
- 3. Institution catalog**
- 4. Copy of Insurance Policy**

Complete all of the following information on each training location: (please type or print)
CORPORATE LOCATION:

1. Name of Training Institution: _____
2. Address: _____
street address city zip code
3. President/CEO _____
4. Contact Person & Title: _____
5. Phone: _____ 6. Fax: _____
7. E-mail Address: _____ 8. FEIN: _____

TRAINING INSTITUTION SEEKING APPROVAL:

1. Name of Training Institution: _____
2. Address: _____
street address city zip code
3. President/CEO _____
4. Contact Person & Title: _____
5. Phone: _____ 6. Fax: _____
7. E-mail Address: _____ 8. FEIN: _____

Submit all information to:

Ms. Mary R. Koczan
Tampa Bay WorkForce Alliance, Inc.
5701 East Hillsborough Ave., Suite 1419
Tampa, FL 33610
813-740-4680 ext. 233
koczanm@workforcetampa.com

Complete the following information for each training program: (please print or type)

Title of Program: _____

___ Yes ___ No Pell Eligible _____ Clock Hours

___ Yes ___ No Certificate _____ Credit Hours

___ Yes ___ No Diploma

___ Yes ___ No Degree

Costs: \$ _____ Tuition & Fees

\$ _____ Books/Supplies (Include the cost of all items required to complete the training program that are available through the institution)

\$ _____ Testing Fees (Include the costs of all tests required to complete the program that are available through the institution)

\$ _____ Total Cost of the Training Program

List all items (uniforms, physicals, supplies, tools) not available through the institution but required to complete the training program and/or become employed in the training area.

List the tests or certifications and associated costs not included in the institution's total cost but required to complete the training program and/or become employed in the training area.

Anticipated time for completion _____ **Anticipated wage at placement:** _____

Title of Program: _____

___ Yes ___ No Pell Eligible _____ Clock Hours

___ Yes ___ No Certificate _____ Credit Hours

___ Yes ___ No Diploma

___ Yes ___ No Degree

Costs: \$ _____ Tuition & Fees

\$ _____ Books/Supplies (Include the cost of all items required to complete the training program that are available through the institution)

\$ _____ Testing Fees (Include the costs of all tests required to complete the program that are available through the institution)

\$ _____ Total Cost of the Training Program

List all items (uniforms, physicals, supplies, tools) not available through the institution but required to complete the training program and/or become employed in the training area.

List the tests or certifications and associated costs not included in the institution's total cost but required to complete the training program and/or become employed in the training area.

Anticipated time for completion _____ **Anticipated wage at placement:** _____

HIGH SKILLS/HIGH WAGES POLICY

Subject: Approved Training Providers/Targeted Occupations list

Purpose: To establish when a training provider is approved and placed on Tampa Bay WorkForce Alliance (herein as "TBWA") approved training provider list.

Policy/Procedure:

A training provider seeking placement on TBWA's approved training provider list and/or requesting placement of its training programs on the targeted occupations list, must be in good standing with the appropriate state certifying body and a member of the Florida Education and Training Placement Information Program (FETPIP www.firn.edu/doe/weois/fetpip/general.htm) Additionally, the prospective provider must offer training which results in the placement of students in occupational demand areas in the local labor market. The proposed program(s) must meet the standards of the vendor's certifying body.

Following the submittal of all documentation required by TBWA staff, the training provider's request will be submitted, with a staff recommendation, to the Workforce Solutions Committee for consideration. TBWA staff will also observe all pertinent federal and state regulations as they pertain to training provider qualifications in making their recommendations to the committee. TBWA staff will notify perspective providers of the review meeting date/ time/ location and will further notify perspective providers of the outcome of their request(s).

The Workforce Solutions committee will place proposed training programs of the training providers on TBWA's approved training vendor list.