

**SBWIB Regional Training Provider Directory Approval Process**

**REGIONAL TRAINING PROVIDER DIRECTORY  
(RTPD)  
&  
COMMUNITY TRAINING PROVIDER DIRECTORY  
(CTPD)**



Interstate Training Resource And  
Information Network



ADMINISTERED BY  
SOUTH BAY WORKFORCE INVESTMENT BOARD, INC.  
CONTRACT ADMINISTRATION  
11539 Hawthorne Blvd., Suite 500  
Hawthorne, CA 90250  
Office (310) 970-7700  
Fax (310) 970-7714

IN CONJUNCTION WITH  
THE "I-TRAIN"/ETPL SYSTEM

## SBWIB Regional Training Provider Directory Approval Process

### RTPD/CTPD – Regional/Community Training Provider Directory Private for Profit & Private non-Profit Providers

#### Step 1

Complete application and attach all required documents. **Mail to:** SBWIB, Attn: Contracts Administration, 11539 Hawthorne Blvd., Ste. 500, Hawthorne, California 90250 **OR E-mail to:** [lbischoff@sbwib.org](mailto:lbischoff@sbwib.org)

#### Step 2

Evaluation of the application is conducted by the South Bay Workforce Investment Board (SBWIB) staff. Staff will submit a recommendation to the SBWIB or Board designee to pursue, if the Training Provider meets all of the required criteria for WIOA, ETPL and SBWIB, or decline if criteria is not met.

#### APPROVED

If provider meets the application criteria, an agreement is drafted and sent to the provider for signature. All required insurance documents with the required endorsement verbiage must be in receipt before an agreement will be executed.

A copy of the executed agreement is mailed to the provider. The approved program(s) information is input into the I-TRAIN System and a request is submitted to the State for publishing on the state's Eligible Training Provider List (ETPL).

#### DECLINED

If the application is declined, the provider is notified in writing stating the reason(s) for the declination and advised of the SBWIB's appeal process. The provider has the option of requesting in writing an appeal of the decision. Upon receipt by the SBWIB staff, the Policy Committee will be notified and the provider will be informed in writing as to the date, time and location when the appeal will be heard.

If the decision to decline is upheld at the Policy Committee level, and the provider disagrees with the Policy Committee's decision, the provider may appeal to the Executive Committee. The Executive Committee's decision is final.

\* Electronic viewing of all approved training provider information (including program offering, cost, training duration, enrollment schedule, etc.) may be viewed via the I-TRAIN System <https://wioa.i-train.org/iTrain> or on the ETPL.

#### Application Guidelines

- Applications must be typed and submitted in the original format, in sequence, as some pages of this application become part of the draft agreement. Please do not re-design, re-number or re-format the application in any way.
- If mailing, applications should not be bound. Binder clips or 3-ring binders are accepted.
- If you follow the above guidelines the standard\* evaluation process is approximately 30 calendar days from receipt of application.

**\*standard is based on accurate completion of the application and the submission of all required documentation.**

For additional information regarding the State's Eligible Training Provider List (ETPL) and it's Policy on the implementation of the Workforce Innovation and Opportunity Act (WIOA) of 2014, the web address is: [http://www.edd.ca.gov/jobs\\_and\\_training/pubs/wsd15-07.pdf](http://www.edd.ca.gov/jobs_and_training/pubs/wsd15-07.pdf)

## I-TRAIN/ETPL CERTIFICATION EMPLOYMENT DEVELOPMENT DEPARTMENT (EDD) ELIGIBLE TRAINING PROVIDER LIST (ETPL) ELIGIBILITY

- Postsecondary Institutions eligible under Title IV of the Higher Education Act and offering programs leading toward an associate degree, baccalaureate degree or certificate.
- Approval by the California Department of Education or Chancellor's Office of the California Community Colleges
- Approval, registered, by the California Bureau of Private Post-Secondary Education (BPPE)
- Programs approved by the Division of Apprenticeship Standards (DAS) or Department of Labor (DOL)
- Accreditation by an institution recognized by the Federal Department of Education
- Reporting of Subsequent Eligibility for all students through the Local Workforce Investment Board (LWIB) in which you were originally approved. Subsequent Eligibility shall be reported within twelve to eighteen months after publishing on the State's ETPL in order to remain listed.

## SOUTH BAY WORKFORCE INVESTMENT BOARD, INC. CRITERIA

- A minimum of two years legally organized to do business in the State of California and in good standing with the Internal Revenue Service (IRS) and the State of California
- Ability to show proof of financial stability
- Proposed programs must be commercially available
- Programs must meet the Demand Occupation criteria
- Meet the minimum and average training related wages at placement
- Price per participant and/or price per training hour cannot exceed the market average by more than 15% per individual program
- Ability to pass the Pre-Award Site visit covering administrative systems, staff qualifications, facility, classroom(s), current industry standard for books, tools, equipment, technology, ADA architectural and program accessibility
- Approved by one of the agencies listed under EDD/ETPL Eligibility
- Demonstrate proven effectiveness in the proposed training program(s) (a minimum of 10 graduates with at least a 70% placement rate of within the current twelve months) including supportive placement documentation
- Current default rate must fall below 25% (if applicable)
- Ability to provide all required documents including General Liability and Automobile Insurance Certificates with required endorsement\* in the amount of \$1,000,000 and proof of Worker's Compensation. If automobiles are not utilized during training, a letter of waiver may be submitted in lieu of Automobile Insurance\*\*.

\*Endorsements on the insurance certificates must read, **"The City of Inglewood, the South Bay Workforce Investment Board, Inc., its officers, employees, and agents are named as additional insured."** The coverage amount must be a minimum of \$1,000,000. Certificate must be original and signed in ink (ink stamp is not acceptable). The Cancellation statement to read as follows: **"Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will mail 30 days written notice to the certificate holder named to the left."**

\*\*If Automobile Liability Insurance is NOT required, please submit a letter of waiver on your organization's letterhead, dated and affixed with an original signature stating, **"Neither company owned or operated, nor students' vehicles will be used to perform any of the services contemplated by the agreement between the South Bay Workforce Investment Board, Inc., the City of Inglewood, and (please insert your agency's name)."**

## REQUIRED DOCUMENTS

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These items, as applicable, must be submitted for possible training agreement between your organization and the City of Inglewood/South Bay Workforce Investment Board, Inc.

### LICENSING:

- ✓ Current Certification(s) by an approving or accrediting body for each proposed program and training location and/or BPPE Approval
- ✓ Curriculum
- ✓ Director and Associate Director's Certification, license, and Resume
- ✓ Instructor's Certification or licensure and Resume

### LEGAL STATUS DOCUMENTS

- ✓ Articles of Incorporation with State of California Certification
- ✓ By-laws of Corporation
- ✓ Fictitious Name Statement (if applicable)
- ✓ General/Partnership agreement, if applicable
- ✓ Business License for each proposed training location
- ✓ Federal Student Loan Default rate (if applicable)
- ✓ Program Orientation Packet
- ✓ Grievance Procedures
- ✓ Vendor Policies, including, but not limited to, absentee/lateness policy, Holiday schedule, disciplinary procedures

### OTHER DOCUMENTS

- ✓ A current catalog with a tuition price list(s)
- ✓ Listing of items student will receive & cost breakdown for each proposed program on agency's signed letterhead
- ✓ Most recent Audited Financial Report (letter of confirmation from accounting agent/agency must be attached)
- ✓ School organizational chart
- ✓ Required Insurance Certificates must be received prior or upon notice of approval
- ✓ Certificate of General Liability Coverage with endorsements\* (See note on previous page)
- ✓ Automobile Liability Coverage with endorsements \*\* (See note on previous page)
- ✓ Proof of Workers' Compensation Coverage

### FORMS ATTACHED

1. RTPD/CTPD APPLICATION – TRAINING PROVIDER INFORMATION
2. EXHIBIT A: PROGRAM OUTLINE (Complete one for each proposed program)
3. EXHIBIT B: COMPETENCIES (Complete one for each proposed program)
4. EXHIBIT E: STATEMENT OF BUSINESS OWNERSHIP FOR TRAINING PROVIDER
5. TRAINING PROGRAM ENROLLMENT/PERFORMANCE MATRIX FORM
6. I-TRAIN PROGRAM DESCRIPTION (Complete one for each proposed program)
7. TRAINING PROVIDER AUTHORIZED SIGNATURE FORM

**RTPD/CTPD APPLICATION - TRAINING PROVIDER INFORMATION**

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**Legal name and structure of organization, firm, or agency (Including D.B.A.)**

Name: \_\_\_\_\_

Street Address, City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

**Training Site Addresses:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

<b>Type of Organization:</b>	Private for-Profit	Private Non-Profit	
Structure: (Submit appropriate documents)	Corporation	Sole Proprietorship	Partnership

**Organizational Data:**

Federal Tax ID No.: \_\_\_\_\_ State ID No.: \_\_\_\_\_

**Personnel**

Contact Person: _____	Title _____
Phone Number: _____	E-mail: _____

**Person Authorized by Organization to Sign Contracts:**

First & Last Name: \_\_\_\_\_ Title: \_\_\_\_\_

Years legally established in California \_\_\_\_\_ Year Opened: \_\_\_\_\_

Have you ever owned or operated a business under another name? \_\_\_\_\_ No \_\_\_\_\_ Yes  
(If yes, please provide name of business, address and date operations were terminated)

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Business Name	Address	Term. Date
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Identify Education Assistance Grants available to program participants (i.e., Pell, Title IV Loans, Private Loans, etc.) and describe how these funds are used (i.e., to offset tuition).

List all non-WIOA funding Sources:

Please check other services your agency offers.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Financial Aid       | <input type="checkbox"/> ESL Courses                     | <input type="checkbox"/> Parking Accessible   |
| <input type="checkbox"/> Online Registration | <input type="checkbox"/> GED Assistance                  | <input type="checkbox"/> Transport Accessible |
| <input type="checkbox"/> Job Development     | <input type="checkbox"/> Child Care                      | <input type="checkbox"/> Career Assessment    |
| <input type="checkbox"/> Job Placement       | <input type="checkbox"/> Web Based (On-Line) Training    | <input type="checkbox"/> Tutorial Services    |
| <input type="checkbox"/> Career Counseling   | <input type="checkbox"/> Accessible Disabled Individuals | <input type="checkbox"/> Other Services       |

NOTICE: If the application is approved, the appropriate board officer or owner will be required to identify those individuals authorized to negotiate and/or execute contracts and agreements. SBWIB also reserves the right to verify Training Provider's financial stability and capacity to deliver job training and related services. Such verification(s) may include, but are not limited to credit inquiries, certified audited/CPA financial report and the Annual Bureau for Private Postsecondary Education (BPPE). Training Provider's signature below, acknowledges that you fully understand the conditions of this application.

**DECLARATION OF THE BIDDER:**

I declare that I am an authorized agent or officer of the organization submitting this proposal and in such capacity I am empowered to submit this application on behalf of:

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I also verify that all information submitted and contained herein is true and correct to the best of my knowledge and belief.

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SIGNATURE

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DATE

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NAME & TITLE OF AUTHORIZED REPRESENTATIVE

**EXHIBIT A  
PROGRAM OUTLINE**

**Type of Training:**       Classroom                       Online                       Distance Learning

**Title of Training Program:** \_\_\_\_\_

Total Number of Hours \_\_\_\_\_ and Total Number of Weeks \_\_\_\_\_ to Complete Certification

This Program Includes an Externship      Total Number of Externship Hours \_\_\_\_\_

**Maximum Total Cost Per Student** \_\_\_\_\_  Pell Grant Eligible

Cost Breakdown					
Tuition	\$	Uniform(s)	\$	Testing Fee(s)	\$
Registration	\$	Tools	\$		\$
Books	\$	Physical Exams	\$		\$
Supplies & Materials	\$	State Exams	\$		\$

If proposed program is taught in language other than English, please identify : \_\_\_\_\_

**Course Schedule**

Day Class Hours \_\_\_\_\_ to \_\_\_\_\_      Days of Instruction: \_\_\_\_\_  
 Afternoon Class Hours \_\_\_\_\_ to \_\_\_\_\_      Days of Instruction: \_\_\_\_\_  
 Evening Class Hours \_\_\_\_\_ to \_\_\_\_\_      Days of Instruction: \_\_\_\_\_  
 Weekend Hours \_\_\_\_\_ to \_\_\_\_\_      Days of Instruction: \_\_\_\_\_

Enrollment Schedule: \_\_\_\_\_

Target Industry Sector:      1. \_\_\_\_\_      2. \_\_\_\_\_

Target Occupation: \_\_\_\_\_

Minimum Entry Wage for Occupation: \_\_\_\_\_ /Hr.      Average Entry Wage for Occupation: \_\_\_\_\_ /Hr.

Describe below minimum prerequisites, skills, experiences, and abilities that a participant will need upon enrollment in order to successfully complete the training program(s). Describe how the applicant's proficiency in each prerequisite will be measured.

	PREREQUISITES	HOW MEASURED
Math Level		
Reading Level		
Language		
Writing Skills		
Other (physical, etc.)		

Describe Additional Prerequisites:

Address of Training Site(s):

1 \_\_\_\_\_ 2 \_\_\_\_\_  
 3 \_\_\_\_\_ 4 \_\_\_\_\_

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**EXHIBIT B  
COMPETENCIES**

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Title of Training: \_\_\_\_\_

Training Provider Name: \_\_\_\_\_

Training Length: \_\_\_\_\_ Hours \_\_\_\_\_ Weeks

**\*List skills, knowledge and ability student will have obtained upon completion of training; how skills are measured and minimum score required for passing.**

**\*Student will be able to:**

<b>Competency</b>	<b>Measurement</b>	<b>Minimum Score</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		





**INTRASTATE TRAINING RESOURCES AND INFORMATION NETWORK  
(I-TRAIN)  
PROGRAM DESCRIPTION**

**I-TRAIN** is accessible on the Internet (**WIOA.I-TRAIN.ORG**). The **I-TRAIN System** displays Training Provider program description and criteria, cost and program duration, facility/ location and performance information.

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Training Program: \_\_\_\_\_

Total Hours: \_\_\_\_\_ Total Weeks: \_\_\_\_\_

Program Description:

Example: XYZ school's office computer program is designed to expand your knowledge of computer programs and how they work. The course covers WordPerfect, Windows, Excel, and Word for Windows. The course provides a solid foundation in the basics of office procedure and the latest information in computer programs. Graduates receive a certificate authorizing them to do work in the field of office computers.

## Training Provider Authorized Signature Form

The documents identified below require authorized signatures for execution, processing and/or payments. Complete this form, entering the names and signatures of persons authorized to sign the contract and invoices below. Notification of any change in authorized signatures is the responsibility of the Training Provider. Changes without prior notification by the Training Provider may cause a delay in processing payments.

**DOCUMENT**

**PRINT/TYPE NAME**

**SIGNATURE**

Contract

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email Address

Note: Contract authorization must be given by action of the governing board of the organization or legal owner(s).

Invoices

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attendance Records

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Competency Verification

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME and TITLE of AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
ORGANIZATION