

Basic Skills Vendor Application

	Section 1 - Business	Information		
Vendor Name:	Program Name:			
Owner Name (if different from Ve	Owner/Director's E-mail Address:			
Physical Address of Business:		•		
Mailing/Billing Address (Street /	PO Box)			
Business Phone:		Alternate Phone No:		
Secondary Contact Person:		Title/E-mail Address:		
☐ For Profit	Non For	Profit		Other
All education and training vendors m	Section 2 - Regulatio			
documentation of their approval by t (unregulated vendors) must provide a program and location is exempt from body: Texas Education Agency/TEA Texas Higher Education Coordin Other (Specify): Not Regulated (must provide exempt)	an exemption letter from TWC Career Schools nating Board (THECB)	m TWC Career regulation. Inc	Schools document of Labor Of	ropriate regulating ission Career Schools fice of Apprenticeship
	Section 3 - Program	Information		
Vendors must provide a published ca or one available online. Unregulated Type of Program: Adult Basic Job Readine Program Description:	ntalog that describes the vendors must submit of Education Basic	e program. Ver urrent curricul Computer Ski	a that will be us	
Total hours of instruction:	Total classroom hou	rs:	Lab Hours:	
Description of equipment / softw	are used in program:		1	

Unregulated vendors must complete the additional information below. Regulated vendors may go to "Section 4 -Program Completion Information". **Instructors:** List all instructors that will be used to teach the program. Include a copy of their resume / curriculum vitae with your application. **Textbooks** – List the textbooks that will be used in the program. If more than two textbooks are used, include additional books and their information on an attachment to the application. Textbook I Title: **Textbook II Title** (if applicable): Textbook Author: Textbook Author: Textbook Copyright date(s): Textbook Copyright date(s): **Textbook ISBN Information:** Textbook ISBN Information: Section 4 - Program Completion Information Will students receive a License or Certification after completing the program? Yes No Name of License or Certification: Name of the Certifying or Registering body: Yes Does the program prepare a student to take a test? No Name of test: Name of the testing body: What are the program completion criteria? Describe how you determine the student successfully completed the program. Completion is defined as finishing a program and receiving a formal credential (if offered for the given program). What percentage of students that started the program successfully completed the program in the past year? Explain any major reasons students fail to complete the course. **Section 5 - Price Information** Program price should be provided by a semester or equivalent program period. This price should be the publically available (published) price. Vendors must submit documentation (course catalog, tuition and fee

Additional Fees:

schedule etc.) that documents the publically available price. Unregulated vendors are required to prove that they have been charging existing students the price that they are submitting for payment by Workforce Solutions.

Cost of Books:

Cost of Tuition:

Cost of School Supplies:

Section 6 - Training Fac	ility Information			
We approve education and training programs by location. Proclasses are held if it is different from physical business address separate application for each location. Unregulated vendors the facility where classes are held. If the unregulated vendor agreement with the organization that does, the vendor must proceed adequate classroom facilities that are ADA compliant. Training Location (Physical Address)	ss listed on page one of the application. Submit a must provide documentation that they own or lease does not own or lease the facility but has an			
Primary Contact Name (If different from page 1):	Primary Contact E-mail Address:			
Location Phone:	Alternate Phone:			
Section 7 - Detailed Reco	rd of Performance			
We will not approve vendors that have less than one year of experience providing education or training service similar to that offered in this application. We will not approve start-up organizations. Unregulated vendors must have provided the training on this application for at least one year, and must submit documentation of their performance of this training.				
Yes No Please list and describe all education or training service including the proposed program and others provided be How many students were enrolled and how many successist 12 months? Provide details on any other programs to	by your organization. essfully completed the proposed program in the			
Vendors submitting a renewal application – Vendors renewing their application to remain on the approved vendor list do not need to complete the Detailed Record of Performance questions above, but need to submit information that answers the following questions below.				
How many Workforce Solutions customers attended the renewal)? Provide a list of customer names and social standard document before e-mailing if you are submitting via e-mail.)	security numbers. (Remove SSN's from this			
Of the customers that Workforce Solutions paid to attercompleted the program? (Successful completion as define				
Describe any outcome information you have on these c customers attended, 20 passed the GED on their first attempt.)	` 1			

Section 8 - Financial Stability

Vendors, with the exception of public colleges and universities, must demonstrate they are financially stable and provide evidence of financial stability prepared by a Certified Public Accountant. Organizations seeking to become and approved education and training vendor must demonstrate their operation will not solely rely on funds from Workforce Solutions.

Required Documentation:

- 1. For a Sole Proprietorship submit item a and item b or c.
 - a. Include names of owners of record and copy of DBA if applicable AND
 - b. IRS Form 1040 for the most recent year OR
 - c. An audited balance sheet and income statement, or audit for the most recent year.
- 2. For a Partnership or Corporation (for profit entity) submit item a and item b or c.
 - a. A copy of the Articles of Incorporation or Partnership agreement and DBA if applicable AND
 - b. IRS Form 1065 (Partnerships) for the most recent year OR
 - c. An audited balance sheet and income statement, or audit for the most recent reporting period.
- 3. Non-Profit submit item a and item b or c or d.
 - a. IRS Tax exemption certificate (a copy of 501(C) 3) AND
 - b. An A133 audit OR
 - c. A copy of IRS Form 990 (most recent year's) OR
 - d. An audited balance sheet and financial / income statement for the most recent reporting period.

Section 9 - Attachments and Authorization

ATTACHMENTS: Please check off all items you are including with your application.

Check List:

License or other regulatory approval document
TWC Exemption Letter
Current Catalog (must contain Attendance Policy and Refund Policy, or these must be
submitted separately)
Curriculum (unregulated vendor must submit)
Instructor Resumes / Curriculum Vitae (unregulated vendors only)
Published Program Price Documentation (documentation of the publically available price of
the program)
Facility Access Documentation (unregulated vendors only)
Training History Documentation (unregulated vendors only)
Financial Stability Documentation
Workforce Solutions Customer List (renewal applications only)

Authorization

I, the undersigned vendor ("Vendor") attest that the information provided above is true and accurate. By signing this form, Vendor acknowledges the information above and on the attachments to this application is not misrepresented or untrue and that Vendor will inform Workforce Solutions if any of the information changes. Workforce Solutions reserves the right to remove a vendor from the approved vendor list who has misrepresented or presented information that is untrue as a part of this application.

Workforce Solutions will do an on-site visit as part of our review process. Workforce Solutions staff may also conduct quality assurance reviews after a vendor is approved. By signing this application, the signatory authorizes Workforce Solutions to conduct an on-site review prior to approval.

Signature of Authorized Representative	 Title	
oignature of Muthorized Representative	THE	
Type/ Printed Signatory	Date	