

Instructions: This application must be fully completed and all required supporting documents submitted in order for it to be considered valid for processing.

INSTITUTION INFORMATION

Name of Training Institution:			
Main Phone #: (____)____-____		Federal Employer's I. D. #:	
UC ID#:		Dunn and Bradstreet #:	
Website (URL):			
Main Address:		City:	State: Zip:
Total # of full time employees at the main location:			
Branch Address:		City:	State: Zip:
Branch Address:		City:	State: Zip:
Branch Address:		City:	State: Zip:
When did the training institution originally open? ____/____/____		Number of years in business? _____ <small>NOTE: You must be in business in the State of Florida for at least two years in order to be considered.</small>	
Identify your institution's liability insurance carrier? _____		Policy #: _____	

STAFF CONTACT INFORMATION

Primary Contact Name:		Job Title:	
Email:		Phone: #: (____)____-____	
Address:		City:	State: Zip:
Secondary Contact Name:		Job Title:	
Email:		Phone: #: (____)____-____	
Address:		City:	State: Zip:

INSTITUTIONAL LICENSE & ADA INFORMATION

1. Is the training institution Licensed by the Florida Commission of Independent Education?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Is the training institution a:	<input type="checkbox"/> Private for-profit <input type="checkbox"/> Non-profit <input type="checkbox"/> Government	
3. Is the training institution licensed by the Florida State Board of Independent Postsecondary Vocational, Technical, Trade and Business Schools?		<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Is the training institution accredited by a nationally recognized organization or in the process of meeting accreditation requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, accredited by whom? _____

5. Does the training institution participate in the Florida Education and Training Placement Information Program (FETPIP)?	
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6. Does the training institution verify that their facility meets all ADA requirements? If no, specify. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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REFERENCES

Please provide a minimum of three references familiar with the institution's experience and/or instructional/training capabilities. At least one reference must be an employer who has hired a former student.

Reference #1 Name (Employer):	Job Title:
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Company:	Date of Student Hire: ____/____/____
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Relationship to the institution: _____

Email:	Phone #: (____)____-____
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Reference #2 Name:

Email:	Phone #: (____)____-____
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Relationship to the institution: _____

ACKNOWLEDGEMENT STATEMENTS

As an authorized signatory for the Training Provider, I hereby certify the following:

1. That the information contained in this Training Provider Application is true and correct to the best of my knowledge and belief, and that the information contained herein constitutes a firm offer,
2. That neither the school, its employees, or board members have used their position for purposes that constitute personal or organizational conflict of interest in obtaining of a contract award based on this application,
3. That neither the school nor its principals are presently debarred, proposed to be debarred, suspended, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency, have not within a three year period preceding this application and any civil judgments rendered for default or public transactions terminated for cause or default,
4. That I am dully authorized/empowered to sign contracts on behalf of this institution,
5. That CSTB has authorization to contact any and all references and fund sources named herein in order to verify credit, funding, accreditation, and satisfactory performance, and

Training Provider: I certify, by my signature below, that to the best of my knowledge, the information on this R3 Training Provider Application as well as all other supporting documentation provided as part of my application to CareerSource Tampa Bay and is true and accurate. Information is being provided to establish eligibility for an approved training provider under the R3 program.

Training Provider Signature: _____ **Date:** ____ / ____ / ____

REQUIRED DOCUMENTS

Please complete the attached required documents and submit along with your completed Training Provider Application. – Clearly label all attachments as specified below.

1. R3 Training Provider Application

2. Please complete the attached **R3 Program Cost & Performance Data worksheet** for each training program and location. (Attachment A)

a) For each training program identify the costs to complete the full program.

3. Please complete the attached **R3 Training Provider Agreement**. (Attachment B)

***NOTE:** This is a draft, which will be reviewed by CSTB R3 team. This will not be finalized until signed by all parties and a copy returned.*

4. Attach a copy of your current **catalog and schedule**. (Attachment C)

5. Attach a copy of your current **Liability Insurance**. (Attachment D)

6. Attach a copy of your current **completed W-9 form**. (Attachment E)

7. Attach a copy of your latest audited **Financial Statements/Report**. (Attachment F)

OPTIONAL DOCUMENTS

8. If applicable, attach a copy of your current **State license/ CIE license**. (Attachment G)

9. If applicable, attach a copy of your **Florida DOE approved curriculum**. (Attachment H)

10. If applicable, attach a copy of your most recent **FETPIP Report**. (Attachment I)