



Montana Department of  
**LABOR & INDUSTRY**  
Workforce Services Division

MONTANA WORKFORCE INNOVATION AND OPPORTUNITY ACT INITIAL APPLICATION FOR APPROVAL TO PROVIDE TRAINING SERVICES

TRAINING PROVIDER/ORGANIZATION INFORMATION:	
NAME OF INSTITUTION/AGENCY:	
MAILING ADDRESS:	
TRAINING FACILITY ADDRESS:	
CONTACT NAME:	
PHONE:	
EMAIL:	
WEBSITE ADDRESS:	
NUMBER OF YEARS IN BUSINESS/OPERATION:	

PROVIDER TYPE:	
<input type="checkbox"/>	Higher Education Act provider certified to administer Pell grants. Please provide your U.S. Department of Education Federal School Code:
<input type="checkbox"/>	National Apprenticeship Act registered training provider. Please provide your U.S. Department of Labor Registered Apprenticeship Number:
<input type="checkbox"/>	Other public, private or community-based training program provider. Please fill out the U.S. IRS Request for Taxpayer Identification Number and Certification (W9) form and return with this application. Please provide your Federal Employer I.D. Number (FEIN):

COMPLETE THE FOLLOWING INFORMATION OR ADD A SEPARATE ATTACHMENT:	
Description of credentials of owners, managers and key staff:	
Affiliations/Associations:	
<input type="checkbox"/> Yes: <input type="checkbox"/> No: Is your institution licensed? If Yes, please list licensing body, license number and date of expiration:	
<input type="checkbox"/> Yes: <input type="checkbox"/> No: Is your institution accredited? If Yes, please list accrediting agency and the date of expiration:	
Please list the date of your institution's last financial audit and auditing agency?	
<input type="checkbox"/> Yes: <input type="checkbox"/> No: Were there any exceptions to the audit (disallowed costs)? If Yes, please explain:	

LIST OF PROGRAMS TO BE INCLUDED IN INITIAL CERTIFICATION: (ATTACH ADDITIONAL SHEETS IF NECESSARY).			
PROGRAM NAME:	DURATION:	COST:	DEGREE/CERTIFICATION:
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

NOTE: A SEPARATE PROGRAM INFORMATION PAGE (BELOW) MUST BE COMPLETED ON EACH PROGRAM LISTED.

**EEO COMPLIANCE:**

YES:  NO:

This institution assures that, as a condition to the award of financial assistance from the U.S. Department of Labor under Title I of WIOA, it will comply fully with the non-discrimination and equal opportunity provision of the following laws:

- Workforce and Innovation and Opportunity Act of 2014 (WIOA) Equal Opportunity and Non-discrimination Regulations at 29 CFR Part 38 and Section 188 of the Act, which prohibits the exclusion of an individual from participation in, denial of the benefits of, discrimination in, or denial of employment in the administration of or in connection with any programs and activities funded or otherwise financially assisted in whole or in part under Title I of WIOA on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the base of either citizenship/status as lawfully admitted immigrant authorized to work in the United State or participation in any WIA Title 1— financially assisted program or activity;
- Title IV of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color, and national origin;
- Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;
- Americans with Disabilities Act as amended by the Americans with Disabilities Act Amendments Act (ADAAA)
- The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age; and
- Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs.

The grant applicant also assures that it will comply with 29 CFR Part 38 and all other regulations implementing the laws listed above. This assurance applies to the grant applicant’s operation of the WIOA Title I-financially assisted program or activity, and to all agreements the grant application makes to carry out the WIOA Title I-financially assisted program or activity. The grant application understands that the Unites States has the right to seek judicial enforcement of this assurance.

YES:  NO:

No qualified individual with a disability shall, because a recipient’s facilities are inaccessible to or unusable by individuals with a disability, be denied the benefits or, be excluded from participation in, or otherwise be subjected to discrimination under any program or activity to which CFR 32.26 of Section 504 of the Rehabilitation Act of 1973, as amended, applies.

**COMPLAINT POLICY:**

YES:  NO:

The training provider certifies that they have an established complaint procedure in place and agrees to post the required WIOA Equal Opportunity and Non-discrimination posters once your organization is approved.

<b>GRIEVANCE POLICY:</b>	
<input type="checkbox"/> YES: <input type="checkbox"/> NO:	The training provider certifies that they have an established grievance policy in place, which includes the steps of the grievance policy, the names of the person(s) to contact and the clients appeal rights. If no grievance policy is in effect, the training provider agrees to follow the State's established procedure. Copies of the State's policy may be obtained via the State Agency or Local Service Provider.
<b>REFUND POLICY:</b>	
<input type="checkbox"/> YES: <input type="checkbox"/> NO:	The training provider certifies that they have an established refund policy in place, which includes the time frames associated with refunds, if make up sessions will be offered and the names of people who can be contacted regarding refunds.

By signing this agreement, I hereby certify that the above information is true and accurate to the best of my knowledge, and I have not knowingly falsified any information contained in this application. I also agree to site visits and audits by the Local Workforce Investment Board or the State and assure the provision of any and all of the above listed documentation upon request. I further understand that completion of this application does not guarantee selection as a training provider. I also understand that following the initial year of approval; I agree to provide performance data for subsequent evaluation and renewal applications.

Name (Printed)	Position:	Phone:
Signature:	Date:	Email:

Please provide the following information on each program to be included on Montana's Eligible Training Provider List. (You may attach catalog for description with page referenced):

<b>BASIC PROGRAM INFORMATION:</b>		
Program Name:		
Program description/synopsis:		
Prerequisites or knowledge/skills/abilities required prior to training:		
Program Duration (Hours/Credits):		
Program Costs: (all academic charges)	Tuition:	Books:
	Fees:	Equipment:
	Supplies:	Living Costs:
Name of Degree/Certification awarded:		
<input type="checkbox"/> YES: <input type="checkbox"/> NO:	Can degree/certification be stacked with other credentials over time as a part of a sequence to move an individual along a career path/ladder?	
<input type="checkbox"/> YES: <input type="checkbox"/> NO:	Have you developed a partnership(s) with a business? If yes, please provide the contact information of business: (Name, address, phone, website).	
In-demand industry sectors and occupations that best fit with this training program?		

## PROGRAM PERFORMANCE INFORMATION

The following is required for ALL enrolled individuals and not just subsidized ones:	
Program Completion Rate: (%)	
Post Secondary Degree's completed: (%)	
Total number of enrollees:	
Total number of completers:	
Total number of exiters from program:	
Type of Credential:	
Number of Credentials issued:	
SSN's of all participants for last two calendar years: (this may be provided in an attached CSV excel sheet).	

Please return completed applications to the following address/fax/email:

Jarred N. Roope,  
 Program Manager  
 Job Service Operations  
[MTETPL@mt.gov](mailto:MTETPL@mt.gov)  
 406.444.0401 (P) | 406.444.3037 (F)  
 PO Box 1728  
 Helena MT 59624-1728



Workforce Innovation and Opportunity Act (WIOA): Public Law 113-128 Section 134 (c) (3) (b) (ii) and Federal Regulation 20 CFR Part 601, et al, Section 680.230 (b) states: A WIOA participant may enroll in WIOA-funded training while his/her application for a Pell Grant is pending as long as the One-Stop operator has made arrangement with the training provider and the WIOA participant regarding the allocation of the Pell Grant, if it is subsequently awarded. In that case, the training provider must reimburse the One-Stop operator the WIOA funds used to under write the training for the amount the Pell Grant covers. Reimbursement is not required from the portion of Pell Grant assistance disbursed to the WIOA participant for education-related expenses.