



Youth Vendor Training Network
Youth (Ages 14 – 21) Occupational Skills Initial Application

Vendor Name _____ Program Name _____
Current Location Address _____ City/State/Zip _____
School Contact _____ Title _____
Phone _____ Fax _____
E-mail _____ Web-Site _____

If mailing address differs from the training location please provide that information:

Type of Vendor – please check all that apply

- Charitable/Faith Based Organization Community College Community Based Organization
 Career School Other (specify) _____

If any regulatory body such as **Texas Education Agency (TEA)** or the **Texas Workforce Commission Career Schools & VA Education** regulates your organization please include that information as part of this application. (Certificate of Approval, List of Approved Courses by Instruction (LACI), or TWC Exemption Letter)

Subject Matter of Occupational Training – please check one

- CNA LVA Construction Other _____

Workforce Solutions Brazos Valley provides training in the areas listed on its targeted occupation list to eligible participants as approved by the Center operator and as funding is available.

Nature of Organization - please check all that apply

- Sole Proprietorship For Profit Non-Profit (Attach copy of 501(c) 3)

Program Information

Any organization seeking to be part of our network of youth training vendors must have a record of one-year (1) in providing education and training services. “No start-up organizations will be approved.”

Has your organization been providing educational and training services for one year? Yes No

How many customers have completed this program in the last 12 months? _____

Program Name _____

Total Hours of Instruction _____ Classroom Hours _____ Lab Hours _____

Certificate Issued Upon Completion? No Yes, What Kind? _____

Please type or attach a detailed description of your program or services:

Please provide examples of all advertising. (Yellow pages, fliers, newspaper ads, brochures, audio/video scripts, etc.)

Cost Information

Tuition \$ _____ **Books \$ _____ *Supplies \$ _____

Equipment \$ _____ Fees \$ _____ Please explain _____

Please attach an outline of any methods of payment available to students including, if applicable, terms of agreements with lending institution(s), charges and true annual percentage rate(s), and the institution name(s) and address(es).

Entry level requirements (specify) _____

Description of equipment used in program: _____

Current list of textbooks, software, and reference library, including:

Title(s) _____ Author/publisher _____ Copyright dates(s) _____

*****All books and supplies purchased by Workforce Solutions Brazos Valley for customers will either become property of Workforce Solutions Brazos Valley or the customer, not the vendor.***

Financial Documentation: (REQUIRED)

All applicants must provide evidence of financial stability prepared by a certified public accountant.

Please see application instructions for specific required documentation.

Documentation of financial stability attached: Yes No

Authorization

The WSBV Vendor Network requires some organizations to have an on-site quality assurance review prior to approval. The WSBV staff may also conduct quality assurance reviews after a vendor is approved.

By signing this application, the signatory authorizes The WSBV to conduct an on-site quality assurance review.

(To be signed by an authorized representative of the vendor organization)

Signature of Authorized Representative

Typed/Printed of Signatory

Title

Date

BEFORE SENDING- Please verify that the following documentation is attached to the application:

- 1 Financial Documentation
- 2 TWC Exemption Letter
- 3 Course Catalog/Brochure
- 4 Curriculum
- 5 Teachers Credentials and Resume
(Not applicable for Proprietary Schools, Community Colleges and Universities)
- 6 Refund Policy
- 7 Attendance Policy

Upon approval, Contractors and vendors may not use their organization or corporate names and logos, or pass out materials identifying themselves as such, to the media, to businesses or other organizations/associations, or to individuals, in the context of conducting any of The WSBV operations or contracted services.

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Signature of Authorized Representative

****Please note that if any information is missing, fraudulent, or required documents not attached to this application it will delay the process for approval or be denied.**