

State of Mississippi Workforce Investment Act Eligible Training Provider Application for Adults and Dislocated Workers

Instructions

The training provider shall:

- 1 Complete the transmittal and attestation document as prescribed below;
- 2 Complete the application(s) as prescribed below (*see page 3*);
- 3 Attach all requested documentation and certification; and
- 4 Submit the completed package to the Local Workforce Investment

A separate completed application must be submitted for each training program as instructed.

Definition: A program of training services is one or more courses or classes that, upon successful completion,

Local Workforce Investment Area (WIA) Addresses:	Counties Served: County Codes:																																								
<p style="text-align: center;">AREA 1 DELTA WIA</p> <p>South Delta Planning and Development District Attention: WIA Training Provider Application Post Office Box 1776 Greenville, Mississippi 38701</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Bolivar</td><td style="text-align: right;">06</td></tr> <tr><td>Carroll</td><td style="text-align: right;">08</td></tr> <tr><td>Coahoma</td><td style="text-align: right;">14</td></tr> <tr><td>Holmes</td><td style="text-align: right;">26</td></tr> <tr><td>Humphreys</td><td style="text-align: right;">27</td></tr> <tr><td>Issaquena</td><td style="text-align: right;">28</td></tr> <tr><td>Leflore</td><td style="text-align: right;">42</td></tr> <tr><td>Panola</td><td style="text-align: right;">54</td></tr> <tr><td>Quitman</td><td style="text-align: right;">60</td></tr> <tr><td>Sharkey</td><td style="text-align: right;">63</td></tr> <tr><td>Sunflower</td><td style="text-align: right;">67</td></tr> <tr><td>Tallahatchie</td><td style="text-align: right;">68</td></tr> <tr><td>Tunica</td><td style="text-align: right;">72</td></tr> <tr><td>Washington</td><td style="text-align: right;">76</td></tr> </table>	Bolivar	06	Carroll	08	Coahoma	14	Holmes	26	Humphreys	27	Issaquena	28	Leflore	42	Panola	54	Quitman	60	Sharkey	63	Sunflower	67	Tallahatchie	68	Tunica	72	Washington	76												
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AREA 2 - MISSISSIPPI PARTNERSHIP (Continued)

(SEE ABOVE FOR ADDRESS)

Tate	69
Tippah	70
Tishomingo	71
Union	73
Webster	78
Winston	80
Yalobusha	81

AREA 3 WIA

Central Mississippi Planning and Development District
Attention: WIA Training Provider Application
Post Office Box 4935
Jackson, Mississippi 39296-4935

E-mail: tmeek@cmpdd.org
Phone: 601-981-1511
Fax: 601-981-1515

Adams	01
Amite	03
Claiborne	11
Copiah	15
Franklin	19
Jefferson	32
Lawrence	39
Lincoln	43
Madison	45
Pike	57
Rankin	61
Simpson	64
Walthall	74
Warren	75
Wilkinson	79
Yazoo	82
Hinds	25

AREA 4 TWIN DISTRICTS WIA

Southern Mississippi Planning and Development District
Attention: George Pollitz
700 Hardy Street
Hattiesburg, Mississippi 39401

Clarke	12
Covington	16
Forrest	18
Greene	21
Jasper	31
Jefferson Davis	33
Jones	34
Kemper	35
Lamar	37
Lauderdale	38
Leake	40
Marion	46
Neshoba	50
Newton	51
Pearl River	55
Perry	56
Scott	62
Smith	65
Wayne	77
George	20
Hancock	23

	Harrison	24
	Jackson	30
	Stone	66
OTHER	OUT OF STATE PROVIDERS	Out-of-State
		99

Instructions for Completing the Transmittal and Attestation Form

* Many of the fields in the applications that follow the Transmittal and Attestation forms are **self-populating** when completed electronically. This means that data you enter on one form will populate the corresponding fields on following forms. This is a time-saving measure for you when completing the forms.

Fill in the **Application Package Number** boxes above Part A. For each set of 10 applications a new package is submitted. Each package of ten applications will be accompanied by a **signed** Transmittal and Attestation Form, and should be sequentially numbered.

ie: A school sending **1-10** applications will fill in Application Package Number **1 of 1**.

A school sending **11-20** applications will fill in Application Package Numbers **1 of 2** and **2 of 2**.

A school sending **21-30** applications will fill in Application Package Numbers **1 of 3**, **2 of 3**, and **3 of 3**.

Part A - Training Provider Information should be completed as follows:

Training Provider Legal Name: Fill in the complete legal name of the training provider.

Training Provider Primary Address Line 1: Fill in the mailing address for the primary location or headquarters of the school or training provider.

Training Provider Primary Address Line 2: To continue long addresses.

City: City of mailing address.

County: Name of the Mississippi county the school is located in. A list of Mississippi counties, grouped by the WIA Area in which they are located, is provided above on pages 1 & 2 of the instructions. Out-of-state providers should provide the county or parish in which school is located.

County Code: A 2-digit code identifying Mississippi counties. The County Codes are listed above on pages 1 & 2, with the list of counties. Out-of-state locations use county code **99**.

State: State of mailing address.

Zip Code: Zip code of mailing address.

Federal Tax Identification Number: Please provide your Federal Tax ID Number.

Contact Person's Name and Title: Name and title of your school's WIA contact person.

Contact Telephone Number: Telephone number for your school's WIA contact person.

Contact Fax Number: Fax number for your school's WIA contact person.

Contact E-mail Address: E-mail address (if applicable) for your school's WIA contact person.

Training Provider Web Site Address: Internet address (if applicable) for your institution.

Provider Type: Please check the box which corresponds to your training institution type.

Part B - Transmittal Identification should be completed as follows:

Each Catalog Course description to be offered must be listed separately. If a course is taught as separate classes on different campuses of the same institution, they are considered as separate course locations and must be listed separately, even if the separate campuses are located in the same city/town.

List the program name, the city in which the program is taught, the state in which it is taught, and corresponding zip code in the spaces provided. As these are entered on this page, the information is populating the corresponding fields on the following 10 application forms, in order.

Page 2 of this document is the Attestation Page. This must be printed out and Part C then completed by hand and signed.

Instructions for Completing the Application Form

Page 1 of the Application

Part A - Training Provider Information:

If you are completing this form electronically this section should already be completed with the correct information. It was populated with the data that was entered in the Transmittal Page.

*If you are completing this form by hand or on a typewriter, (any method other than electronically) you must fill in the name and address information of the training institution and check the provider type that corresponds to your school. Also indicate in the boxes at the top right of Part A to which package (batch of 10) of applications this application belongs.

Part B - Program Information:

Program Name (line 1) should already be completed.

Classification of Instructional Programs (CIP) Code for the program: The CIP Codes may be found on the Internet by clicking: [CIP CODES](#)

or by going to the Internet address: www.nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2002165

Month/Year Program Established: This is the month and year that this course or program of study was implemented at your training institution.

Training Location: (line 4) should already be completed.

Training Location Street Address: This is especially important to differentiate between courses taught at different campuses within the same city or town.

Program Length in Hours: Please state the program's length in hours of instruction for programs that are currently stated in days, weeks, semesters, etc.

The chart on the following page may be of some assistance.

Program Description: Please give a brief description of the program. Including such things as concepts to be taught and skills obtained upon completion.

Program Award: State whether the student may expect to receive a baccalaureate degree, an associate degree, or an industry recognized certification upon completion of the program. If "other," please explain the skills or competencies gained from the program.

Please state whether the program is also being, or has already been submitted to another local workforce area to be approved for that area's eligible training provider list. You may apply to as many of the 6 areas as you wish. If the program is approved in any 1 of the 6 areas it will be included on the statewide list. However, some local areas' policies restrict their sending students to only those providers that were approved by their board.

Please state to which other areas you have sent an application for this program.

The following chart is to give basic guidance on the program length equivalents. This can give limited assistance in completing the **Program Length in Hours** field.

Training Defined by:				
Semesters	One Semester	Two Semesters	Three Semesters	Four Semesters
Years	N/A	One continuous twelve month time period	N/A	One continuous twenty-four month time period
Months	Less than five months	Five months through twelve months	More than twelve months but not more than eighteen	Any training with a duration in excess of eighteen months
Weeks	Eighteen weeks or less	Two full eighteen week training periods	Three full eighteen week training periods	Any training with a duration in excess three full eighteen week training periods
Days	90 days or less	91 days through 260 days, inclusive	261 days through 390 days, inclusive	Any training in excess of 390 days
Hours	720 hours or less	721 hours through 2,080 hours, inclusive	2,081 hours through 3,120 hours, inclusive	Any training in excess of 3,120 hours

Page 2 of the Application

Program Offerings: Please check with an "x" all of the options which apply to the program.

Training Schedule: Circle the days of the week (after printing) on which the program is offered. then indicate the time of day the classes will meet. If there are multiple training/class time options offered for this course at this campus please attach a separate class schedule.

Prerequisites / Entry Level Requirements of the Training: Check with an "x" all prerequisites that the student must complete before entering the training. Please specify the type of exam or screening required (where requested) or the proficiency level required (where requested).

Demand Occupation:

Please provide the specific name of **up to** three occupations* for which the training/education institution will

NAICS Codes may be accessed by clicking this link: [NAICS CODE](#)

or by visiting the following Internet address: <http://www.census.gov/epcd/www/naics.html>

*Occupations for which training is allowed must be identified as "demand occupations" as defined by the Local Workforce Area's **Demand Occupation List**. List are available from each local area.

Total Training Cost to Individual: List all costs associated with training that are to be paid, even in part, by WIA funds. The first column should include only the portion of Tuition and other costs that will be fully paid by WIA funds. The second column should include the full cost from your catalog for Tuition and other costs. The difference in cost between column 1 and column 2 will need to be paid by the student through other funding sources.

Page 3 of the Application

Part C - Performance Information: Please use the most recent 12-month period which is available. Please specify what 12-month period is used. For those completing this form on computer, formulas are built into this section to fill fields which use figures from other fields and to calculate the percentages in column 3.

Section 1: All Participants Section - To be completed for all participants in the program, whether they receive WIA funds or not.

In all of the following performance measures the percentage or ratio in column 3 is calculated by dividing column 2 by column 1.

*****Column 2 is the Numerator and Column 1 is the Denominator.*****

1} Period from which program information is derived: Please state the beginning and ending dates of the 12-month period from which the performance data is derived.

2} Program Completion Rate: In the 1st box put the total number of participants who should have complete or graduated. In the 2nd box put the number of participants who completed the program. The third box is the percentage or ratio of Completers to Participants. Calculate by dividing Completers by Participants.

3} Employment Rate: In the first box put the total number of participants who should have completed the program. The second box is the number of participants who obtained unsubsidized employment. The third box is the ratio of Employed to Participants, stated as a percentage. Calculate by dividing Employed by Participants.

4} Training Related Employment Rate: This is a ratio of the total participants to the total number of those who obtain unsubsidized employment in a training related job. Again, this is calculated by dividing Employed by Participants.

5} Average Monthly Wage at Placement: In the first box put the total number who obtained unsubsidized employment of any type. This is the same number as in column 2 of the above Employment Rate measure. For those completing electronically, this field was self-populated.

6} WIA-Funded Participants Percentage Rate: This is a ratio of total participants to those who are WIA-funded. Box 1 is the same total participants number as in box 1 of the first 3 measures listed above. This field is self-populated on the computer. Box 2 is the number of participants in the program who are at least partly funded by WIA funding.

Section 2: WIA Participants Section - To be completed for only those participants whose training is at least partly funded by WIA funding.

In all of the following performance measures the percentage or ratio in column 3 is calculated by dividing column 2 by column 1.

*****Column 2 is the Numerator and Column 1 is the Denominator.*****

1) Completion Rate for WIA Participants: Box 1 is the total number of WIA-Funded students who should have completed, and Box 2 is the total number of them who actually did complete. Box 3 is the ratio of those students who should have completed the program that session to those who did complete. Calculate Box 3 by dividing Box 2 by Box 1.

2) Employment Rate of WIA Participants: This is a measure of those WIA-funded participants who completed the program who retained unsubsidized employment longer than 6 months from the first date of employment. Box 1 is the same data as in Box 1 above. Box 2 is the number of WIA participants who have retained unsubsidized employment at 6-months after hire. Box 3 is the Total Employed (Box 2) divided by the Total WIA Participants (Box 1).

3) Training Related Employment Rate: This is a ratio of the total WIA participants to the total number of those who obtain unsubsidized employment in a training related job. Again, this is calculated by dividing Employed by Participants.

4) Average Wage Rate: This is a measure of average wage earned after 6 months of employment from the first date of employment for those WIA Participants who completed the program. Box 1 is the figure from "Total Employed After 6 Months" box in Column 2 of the "Employment Rate of WIA Participants," above. This field should be self-populated on the computer. Box 2 is the **total** of the **monthly wages** earned by people in box 1, in month 6 after employment. Box 3 is the Wages (Box 2) divided by the Total Employed (Box 1).

5) Rates of Licensure: This is a measure of the Rates of licensure or certification, attainment of academic degrees or equivalents, or of other measures of skills for WIA Participants who graduated from the training program. Box 1 is Total WIA Participants who should have completed. Box 2 is the Total who obtained licensure or certification. Box 3 is Box 2 divided by Box 1.

WIA TRAINING PROVIDER ELIGIBILITY APPLICATION

PART A - TRAINING PROVIDER INFORMATION

Training Provider Name:	
Training Provider Primary Address Line 1:	
Training Provider Primary Address Line 2:	
City, State, Zip Code:	
Provider Type: (Check ONLY One)	
Postsecondary educational institution eligible to receive funds under Title IV of the Higher Education Act.	
Registered Apprenticeship Program under the National Apprenticeship Act.	
Proprietary School . (Must attach certification and names and addresses of any certifying or accrediting body.)	
Other. (Must meet Commission on Proprietary School and College Registration criteria and attach registration certificate.)	

PART B - PROGRAM INFORMATION

PROGRAM NUMBER:

Program Name:			
Classification of Instructional Programs (CIP) Code for the program: <i>(see instructions)</i>			
Month/Year Program Established:			
Training Location: <i>(only 1 per application)</i>			
Training Location Street Address:			
Program Length in Hours: <i>(see instructions)</i>			
Program Description: <i>(less than 50 words)</i>			
The Respiratory Care Practitioner Program prepares the individual to become a Respiratory Care Practitioner. Respiratory Care Practitioners			
Program Award: <i>(If "other," explain skills of</i>	Completion Award: Associate in Applied Science Degree		
Has this program been submitted on an application to another Workforce Area?		YES or NO:	
If "yes," state to which area(s) application was submitted:			

Program Offerings: <i>(check all that apply)</i>							
Full Time Enrollment			English as Second Language				
Part Time Enrollment			Instruction Provided in Classroom				
Daytime Classes			Instruction Provided Over the Internet				
Evening Classes			Labs				
Weekend Classes			Open Entry/Exit				
Other Options (specify):							
Training Schedule: <i>(for multiple training time options, please attach separate course</i>	Days of Week <i>(please circle)</i> :		Time of Day:				
	M	T	W	Th	F	S	

Prerequisites / Entry Level Requirements for the Training (Check all that apply):	
Reading (specify level):	
Math (specify level):	
Language skills (specify):	
Writing skills (specify):	
Specific skills or competencies (specify):	
Physical exam (specify):	
Medical screening (i.e., drug or alcohol)	
High school diploma or GED	
Pre-apprenticeship program	
Prerequisite courses (specify names of courses):	
Other educational requirements (specify):	

Demand Occupation:		
Please provide the specific name of up to three occupations for which the training/education institution will prepare an		
Occupation Name	NAICS Code	Required Certification

Total Training Cost to Individual: <i>(Include WIA tuition cost & Catalog listed cost, fees, books, supplies, and other costs necessary to complete training program.)</i> * See Instructions for local limits. In no circumstance will WIA costs be allowed that total more than \$6,000 annually.	WIA-funded Costs:		Catalog Listed Cost:		*SEE BELOW
	Tuition:		Tuition:		
	Fees:		Fees:		
	Books:		Books:		
	Supplies:		Supplies:		
	*Other:		*Other:		
Total:		Total:			
*PLEASE SPECIFY "OTHER" COSTS:					

PART C - PERFORMANCE INFORMATION (From the most recent 12-month period available - state which period)

Section 1: ALL Participants Section (Complete for ALL Participants)

12 month period from which program information is derived:			
Program Completion Rate for all individuals <i>(due to complete during the most recent 12-month period)</i> participating in the applicable program conducted by the provider:	Total Participants: <small>(who should have completed)</small>	Completers:	Percentage:
Employment Rate of all individuals who participated in the training program (whether they completed or not) who obtained unsubsidized employment:	Total Participants:	Total Employed:	Percentage:
Training Related Employment Rate:	Total Participants:	Total Employed in Training Related Job:	Percentage:
Average Monthly Wage at placement of all individuals who participated in the training program (whether they completed or not):	Total Employed:	Total Monthly Wages of Those Employed:	Average Monthly Wage Rate:
WIA-Funded Participants Percentage Rate:	Total Participants:	Total WIA-Funded:	Percentage:

Section 2: WIA Participants Section (Complete for WIA Participants Only)

Period from which program information is derived:			
Completion Rate for WIA Participants who should have completed the program (during this 12-month period identified for all participants) this session:	Total WIA Participants: (who should have completed session)	Completers:	Percentage:
Employment Rate of WIA Participants who completed the program who retained unsubsidized employment longer than 6 months from the first date of employment:	Total WIA Participants:	Total Employed After 6 months:	Percentage:
Training Related Employment Rate:	Total WIA Participants:	Total Employed in Training Related Job:	Percentage:
Average Wage Rate after 6 months of employment from the first date of employment for those WIA Participants who completed the program:	Total Employed After 6 months:	Total Monthly Wages of Those Employed:	Average Monthly Wage Rate After 6 Months:
Rates of Licensure or certification, attainment of academic degrees or equivalents, or of other measures of skills for WIA Participants who graduated from the training program:	Total WIA Participants:	Total Who Attained Licensure:	Percentage: