
PUBLIC TRAINING PROVIDER DIRECTORY
(PTPD)
APPLICATION
FOR
CLASSROOM TRAINING FOR
INDIVIDUAL REFERRALS



Interstate Training Resource And
Information Network



ADMINISTERED BY
SOUTH BAY WORKFORCE INVESTMENT BOARD, INC.
CONTRACT ADMINISTRATION
11539 Hawthorne Blvd., Suite 500
Hawthorne, CA 90250
Office (310) 970-7700
Fax (310) 970-7714

IN CONJUNCTION WITH
THE "I-TRAIN"/ETPL SYSTEM

SBWIB Public Training Provider Directory Approval Process

PTPD - Public Training Provider Directory Public entities, Adult Schools, Community College, Universities

Step 1

Complete application and attach all required documents. **Mail to:** SBWIB, Attn: Contracts Administration, 11539 Hawthorne Blvd., Ste. 500, Hawthorne, California 90250 **OR E-mail to:** lbischoff@sbwib.org

Step 2

Evaluation of the application is conducted by the South Bay Workforce Investment Board (SBWIB) staff who makes recommendation to the SBWIB or Board designee to pursue if the Training Provider meets all of the required criteria for WIOA, ETPL and SBWIB or decline if criteria is not met.

APPROVED

If provider meets the application criteria, an agreement is drafted and sent to the provider for signature. All required insurance documents with the required endorsement verbiage must be in receipt before an agreement will be executed.

A copy of the executed agreement is mailed to the provider. The approved program(s) information is input into the I-TRAIN System and a request is submitted to the State for publishing on the state's Eligible Training Provider List (ETPL).

DECLINED

If the application is declined, the provider is notified in writing stating the reason(s) for the declination and advised of the SBWIB's appeal process. The provider has the option of requesting in writing an appeal of the decision. Upon receipt by the SBWIB staff, the Policy Committee will be notified and the provider will be informed in writing as to the date, time and location when the appeal will be heard.

If the decision to decline is upheld at the Policy Committee level, and the provider disagrees with the Policy Committee's decision, the provider may appeal to the Executive Committee. The Executive Committee's decision is final.

* Electronic viewing of all approved training provider information (including program offering, cost, training duration, enrollment schedule, etc.) may be viewed via the I-TRAIN System <https://wioa.i-train.org/iTrain> or ETPL

Application Guidelines

- Applications must be typed and submitted in the original format, in sequence, as some pages of this application become part of the draft agreement. Please do not re-design, re-number or re-format the application in any way.
- If mailing, applications should not be bound. Binder clips or 3-ring binders are accepted.
- If you follow the above guidelines the standard* evaluation process is approximately 30 calendar days from receipt of application.

***standard is based on accurate completion of the application and the submission of all required documentation.**

For additional information regarding the State's Eligible Training Provider List (ETPL) and its Policy on the implementation of the Workforce Innovation and Opportunity Act (WIOA) of 2014, the web address is: http://www.edd.ca.gov/jobs_and_training/pubs/wsd15-07.pdf

I-TRAIN ELIGIBILITY

- Training provider must meet all criteria for ETPL including approval by the California Department of Education, Chancellor's Office of the California Community Colleges, or WASC
- Proposed programs must be commercially available
- Proposed programs must meet the minimum and average training related wages at placements
- Proposed programs must meet the demand occupation criteria
- Price per participant and or price per training hour cannot exceed the market average by more than 15% per individual program
- Must provide link to catalog and/or schedule of classes
- Submit required insurance certificates Public Entity Evidence of Self-Insurance or General Liability with endorsement*
- Proof of Workers Compensation

*Endorsements on the General Liability and Automobile Liability (if applicable) Certificates must read, "**The City of Inglewood, the South Bay Workforce Investment Board, Inc., its officers, employees, and agents are additional insured.**" The coverage must be a minimum of \$1,000,000.

If Automobile Liability insurance is NOT required, please submit a Letter of Waiver on your organization's letterhead, dated and affixed with an original signature stating, "Company owned or operated vehicles will not be used to perform any of the services contemplated by the agreement between the South Bay Workforce Investment Board Inc., the City of Inglewood and**

(Insert Institution name)

FORMS ATTACHED

1. PTPD APPLICATION – TRAINING PROVIDER INFORMATION
2. EXHIBIT A: PROGRAM OUTLINE (for each proposed program)
3. EXHIBIT B: COMPETENCIES (for each proposed program)
4. I-TRAIN PROGRAM DESCRIPTION (for each proposed program)
5. EXHIBIT E: STATEMENT OF BUSINESS OWNERSHIP FOR TRAINING PROVIDER
6. AUTHORIZED SIGNATURE FORM

EXHIBIT A -PROGRAM OUTLINE

Title of Training Program: _____		Type of Training: <input type="checkbox"/> Classroom <input type="checkbox"/> Online <input type="checkbox"/> Distance Learning	
Maximum Total Cost Per Student \$ _____ (e.g., 3 qtrs. to complete @ \$500/qtr. = \$1,500)		Total # of Hours _____ and Weeks _____ To Complete Certification	
Minimum Entry Wage for Occupation: \$ _____ /HR. Average Entry Wage for Occupation \$ _____ /HR		Pell Grant Eligible	
Target Sector: _____		Cost Breakdown	
Target Occupation: _____		Tuition	\$ _____ License Fee
Enrollment Schedule: _____		Registration	\$ _____ Tools
		Books	\$ _____ Testing Fee (Identity)
		Supplies & Materials	\$ _____ Other Fees
Address of Training Site(s):		Selection Criteria: Please list any other criteria that is not listed in the catalog.	
_____		Prerequisites: _____	
_____		How Measured: _____	
_____		_____	
_____		_____	
Title of Training Program: _____		Type of Training: <input type="checkbox"/> Classroom <input type="checkbox"/> Online <input type="checkbox"/> Distance Learning	
Maximum Total Cost Per Student \$ _____ (e.g., 3 qtrs. to complete @ \$500/qtr. = \$1,500)		Total # of Hours _____ and Weeks _____ To Complete Certification	
Minimum Entry Wage for Occupation: \$ _____ /HR. Average Entry Wage for Occupation \$ _____ /HR		Pell Grant Eligible	
Target Sector: _____		Cost Breakdown	
Target Occupation: _____		Tuition	\$ _____ License Fee
Enrollment Schedule: _____		Registration	\$ _____ Tools
		Books	\$ _____ Testing Fee (Identity)
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Address of Training Site(s):		Selection Criteria: Please list any other criteria that is not listed in the catalog.	
_____		Prerequisites: _____	
_____		How Measured: _____	
_____		_____	
_____		_____	

EXHIBIT B

COMPETENCIES

Title of Training: _____

Training Provider Name: _____

Training Length: _____ Hours _____ Weeks

***List skills, knowledge and ability student will have obtained upon completion of training; how skills are measured and minimum score required for passing**
(EXAMPLE: Completion of class min. overall score will be 70%)

***Student will be able to:**

Competency	Measurement	Minimum Score
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		

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8.		
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12.		
13.		
14.		

INTERASTATE TRAINING RESOURCES AND INFORMATION NETWORK
(I-TRAIN)
PROGRAM DESCRIPTION

I-TRAIN is accessible on the Internet (**WIOA.I-TRAIN.ORG**). The **I-TRAIN System** displays Training Provider program description and criteria, cost and program duration, facility/ location and performance information.

Is Program Description attached in catalog? Yes No If No, complete below

Training Program: _____

Program Description Example: XYZ school's office computer program is designed to expand your knowledge of computer programs and how they work. The course covers WordPerfect, Windows, Excel, and Word for Windows. The course provides a solid foundation in the basics of office procedure and the latest information in computer programs. Graduates receive a certificate authorizing them to do work in the field of office computers.

Program Description (3,500 character limit):

Program Web Site Link:

Training Program: _____

Program Description (3,500 character limit):

Program Web Site Link:

Training Program: _____

Program Description (3,500 character limit):

Program Web Site Link:

Training Provider Authorized Signature Form

The documents identified below require authorized signatures for execution, processing and/or payments. Complete this form, entering the names and signatures of persons authorized to sign the contract and invoices below. Notification of any change in authorized signatures is the responsibility of the Training Provider. Changes without prior notification by the Training Provider may cause a delay in processing payments.

DOCUMENT

PRINT/TYPE NAME

SIGNATURE

Contract

Email Address

Email Address

Note: Contract authorization must be given by action of the governing board of the organization or legal owner(s).

Invoices

Attendance Records

Competency Verification

SIGNATURE

DATE

NAME and TITLE of AUTHORIZED REPRESENTATIVE

ORGANIZATION