

TRAINING PROVIDER ASSURANCES

All training providers applying for inclusion on the Eligible Training Provider List (ETPL) are required to complete and sign this form. Return completed form to the Workforce Innovation and Opportunity Act (WIOA) Title I-B/ETPL Coordinator at the address, or email address, shown above. Provider applications will not be reviewed or approved until this form is returned.

Name of Training Organization/School _____ Phone No. _____

Address (No. Street, City, State, ZIP Code) _____

Training Provider Representative's Name _____ Title _____

E-Mail Address _____

PART A. GENERAL ASSURANCES

I certify that the above-named Training Organization/School:

- (a)** has a physical and permanent address in Arizona;
- (b)** is a legal entity, registered to do business in Arizona;
- (c)** must have provided training during all of the 12 months prior to applying for the ETPL and has demonstrated a proven track record of students successfully completing programs and meeting all state ETPL performance standards;
- (d)** will comply with non-discrimination and equal opportunity provisions of all federal and state applicable laws;
- (e)** has a published refund policy in place that is made available to participants and will maintain a current copy of the refund policy on file with DES at all times; provide the link to refund policy:

- (f)** has a published grievance policy in place that is made available to participants and will maintain a current copy of the grievance policy on file with DES at all times; provide the link to grievance policy:

- (g)** has compiled financial statements, or the cover letter from a financial review, prepared by an accountant within the past year and will provide a copy to DES for initial approval;
- (h)** will maintain a current license from an appropriate Arizona licensing authority or Federal licensing authority and will maintain a current copy on file with DES at all times; name of the licensing authority:

- (i)** will maintain a current liability insurance policy that names the Arizona Department of Economic Security (DES) as the certificate holder and as an additional insured with a \$2 million general aggregate limit, and will maintain a copy of the certificate on file at DES at all times;
- (j)** will gather and submit program-related performance data as specified in the State WIOA Title I-B ETPL policy for initial and continued eligibility;
- (k)** will provide periodic progress updates on WIOA Title I-B training participants, including copies of credentials and transcripts received by WIOA Title I-B participants, as required and upon request from the Local Workforce Development Areas (LWDA);
- (l)** will comply with the requirement of the Subcontracting of Training Services requirements in the state WIOA Title I-B ETPL policy when training services are subcontracted;

(m) will keep current all of the training organization’s information on the Arizona Job Connection (AJC) website (www.azjobconnection.gov); and

(n) will not tell students that they will be eligible for training services or WIOA Title I-B funds to attend the training, promote the training program as free through ARIZONA@WORK Job Center or claim that a share of the costs are covered by a LWDA.

PART B. TECHNOLOGY-BASED ASSURANCES

NOTE: This section applies only to training providers that provide technology-based training. I certify that the above-named Training Organization/School:

- (a) has a mechanism for student interaction with an instructor or instructors;
- (b) ensures periodic assessment of each student;
- (c) has a description of the responsibilities of each party (training provider, participant) to the technology-based training
- (d) has a mechanism in place for tracking students’ attendance and participation in the training program; and
- (e) will comply with any additional requirements determined by the LWDA.

PART C. PERFORMANCE DATA AND MONITORING ASSURANCES

By signing this agreement, I hereby certify that the above information is true and accurate to the best of my knowledge. I also agree to site visits and audits by the Local Workforce Development Board or DES and assure the provision of any and all the above listed documentation upon request. I further understand that completion of this assurance form and online application does not guarantee selection as a training provider. I also understand I must submit performance data annually and meet performance standards, as described in the state WIOA Title I-B ETPL policy, to remain on Arizona’s Eligible Training Provider List. The state WIOA Title I-B ETPL policy can be found online at: <https://des.az.gov/services/employment/workforce-innovation-and-opportunity-act/policy-and-procedure-manual-workforce>.

Training Provider Representative’s Signature _____ Date _____

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. Auxiliary aids and services are available upon request to individuals with disabilities. To request this document in alternative format or for further information about this policy, Contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.