Application C

Utah Department of Workforce Services (DWS)
APPLICATION TO PROVIDE BASIC EDUCATION TRAINING SERVICES
Proprietary Schools

Part A: School Information

School Information	
School Name	
Street	
City, State, Zip Code	
Mailing Address, if different	
Contact Name	
Contact Phone Number	
Contact Fax Number	
Contact E-mail	
Toll Free Number	
Web Address	
Type of Ownership (circle all that apply)	Sole proprietorship Partnership Corporate For Profit Non-Profit
Length of time in business. (Your school must have been in business in Utah for at least one year. No start up organizations will be approved.)	Please attach your school's current business license showing at least one year in business in the state of Utah.
Other Names Operated Under	
Have you been enjoined for violations of any state or federal laws?	NO / YES (If yes, please explain in a separate attachment)
Have provisions been made for proper fire, public liability worker's comp and professional liability insurance?	NO / YES
Accreditation and State Authorization Agencies	
Is your school offering high school credit as part of the curriculum?	NO / YES (If yes, please provide documentation of your accreditation with the Utah State Office of Education and Northwest Association of Accredited Schools)
Do you offer any English as a Second Language (ESL) programs?	NO / YES (If yes, please provide documentation of registration or exemption of registration with the Utah Division of Consumer Protection as a Postsecondary Proprietary School)

ADA Accommodations	
Grievance Procedure	Please attach an outline of your grievance procedure for individuals with complaints on such issues as discrimination, accessibility etc.
Facilities Accessibility Checklist	Please complete the Facilities Accessibility Checklist located at the end of the application.
Financial Documentation	
Applicants must provide evidence of financial stability prepared by a certified public accountant.	Please attach one of the following sets of financial statements. 1. Balance sheet, income statement and a statement of changes in financial position. 2. Copy of the most recent annual business audit. 3. Copies of each owner's most recent personal income tax return. All items must be prepared and accompanied by a signed statement of the accountant preparing the documents verifying the accuracy of the contents.
Refund Policy	Please attach your current refund policy.
For electronic payment through a point of sale/credit card machine, please list your Merchant Number/Accepter ID Code for:	Tuition Payments:
If you do not have a point of sale/credit card machine, please complete the Form FI-16V (last page of application) with the direct deposit account information for your school.	

Part B: Program Information: The following information is required for <u>each</u> program seeking approval. Please attach additional pages if needed.

Program Name (Example: GED Preparation, ESL etc.)	
Completion Rate (%)	
Type of certification that students completing the program obtain	
Certification (%)	
Program Cost: Please include the cost for tuition, fees, books, supplies etc.	
Program Information: (Please include length of training, overview of curriculum, assessment and post assessment tools used etc.)	

Part C: Before sending, please verify that the following is included with the application:

- ☐ Current business license showing at least one year in business in the state of Utah.
- ☐ If offering high school credit, documentation of accreditation with USOE and Northwest Association of Accredited Schools.
- ☐ If offering ESL programs, documentation of being registered or exempt from registration as a proprietary school with the Utah Division of Consumer Protection. If you are in your review year, please also provide your Review Registration Approval Letter from the Utah Division of Consumer Protection.
- ☐ An outline of your grievance procedure for individuals with complaints on such issues as discrimination, accessibility, etc.
- ☐ The Facilities Accessibility Checklist completely filled out, to certify compliance with the Americans with Disabilities Act (ADA) and accessibility requirements.
- ☐ Appropriate documentation of financial stability accompanied by a signed statement of the accountant preparing the documents verifying the accuracy of the contents.
- ☐ A copy of your refund policy.

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

By signing this application, you are agreeing that your school will:

- ☐ Provide DWS students with progress and attendance reports upon request.
- ☐ Notify DWS of any changes including addition or deletion of courses, programs or locations, changes in program cost, accreditation, approval, certification and/or license and relocation or change of ownership. Depending on the change, it may require a new application approval process.
- ☐ Provide services in a professional and timely manner.
- ☐ Have an adequate facility that abides with ADA guidelines.
- ☐ Abide by the DWS Equal Opportunity Clause:
    - Section 188 of the Workforce Investment Act of 1998 (WIA), which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIA Title I – financially assisted program or activity:
        - Title VII 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;
        - 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 education programs.

- ❑ Not recruit on DWS premises without DWS Employment Center Manager's approval.
- ❑ Not rely solely on funds from DWS to remain in business.
- ❑ Not use your organization or corporate names and logos, or pass out materials identifying yourself to the media, to business or other organizations/associations, or to individuals, in the context of conducting any DWS operations or contracted services.

I certify that the information contained herein is complete and accurate to the best of my knowledge, and is furnished for the purpose of obtaining DWS approval to offer services in the State of Utah, and in conformity with the standards set forth by the State of Utah.

Should circumstances result in any modifications of the content, I will advise DWS. I understand that failure to abide by the rules may result in a further review of services and possible termination of application status or approval of services.

_____
Printed Name

_____ _____
Signature Date

Mail the completed application and required documentation to:
Attn: Kathleen Johnson
Department of Workforce Services – OSD
140 E 300 S
Salt Lake City UT 84111

Utah's Job Connection

Application C

FACILITIES ACCESSIBILITY CHECKLIST

School: Address:

Survey completed by:

I. Parking Lots	Yes	No	N/A
1. Are designated accessible parking spaces located near the facility?			
2. Are these spaces at least 12 feet wide?			
3. Do they allow a person to get out of vehicles on a level and smooth surface (no sand, gravel, etc.)?			
4. Can a person using these spaces reach walks or doors to the building without walking or wheeling behind parked vehicles?			
5. If there are curbs, are curb cuts or ramps adjacent to the designated parking spaces?			
II. Walks			
1. Are walks at least 48" wide?			
2. Are walks in good repair and reasonably free of abrupt changes in surface level?			
3. Are drop-offs on sides or differences in terrain near walks marked by fences or rails?			
4. When crossing other Walks, driveways, or parking lots, do walks blend to a common level?			
III. Entrances, Exits, and Stairs			
1. Are primary entrances and exits ramped to allow persons using wheelchairs or crutches access to the facility?			
2. If there are ramps: a. Are they sloped gently?			
b. Are the ramps in good repair including handrails?			
c. Is the surface of the ramp non-slip?			
3. Do doors have clear openings of no less than 32" when open?			
4. Can doors be opened or closed by a single effort?			
5. Are doorsills free of extreme slopes or abrupt changes in surface level?			

III. Entrances, Exits, and Stairs	Yes	No	N/A
6. If the building has elevators, are they on the same level as accessible entrances?			
7. Are stair surfaces >non-slip?			
8. Do stairs have handrails?			
IV. Facility Interiors			
1. Do floors have >non-slip- surfaces?			
2. Are floors on each story at a common level or connected by ramps?			
3. Are hallways free of protruding objects (coat racks, hanging signs, etc.)? That interferes with pedestrian traffic?			
4. Are rest room facilities accessible and usable by persons in wheelchairs?			
5. Are water fountains usable by persons in wheelchairs?			
6. Are public telephones equipped for use by persons with hearing impairments?			
7. Are public telephones accessible to persons in wheelchairs?			
8. Are elevators accessible and usable by mobile disabled persons?			
9. Do fire alarms utilize both sight and sound systems?			

FI 16V
04/2007
Division of Finance

Direct Deposit Authorization Form for Electronic Funds Transfers (EFT) for Vendors

Payee Information

Name of Business or Individual	Vendor Code	SSN or EIN

Street Address	City	State	Zip Code

Option 1

Attach a voided check and sign the *Authorization for Setup* below. (A photocopy of a voided check will not be accepted). Do not attach a deposit slip since deposit slips do not contain sufficient information for processing.

Option 2

Provide financial institution and account information on this form and sign the *Authorization for Setup* below.

Financial Institution

Financial Institution Name	City	State	Zip Code

Routing Transit Number (9 DIGITS)	Account Number	Type of Account	
		Checking	Savings

Authorization for Setup

I hereby authorize the State of Utah ("the State") to initiate credit entries to the account number listed above ("this account"). I further authorize the State to correct credit entries made in error to this account. I agree that this AUTHORIZATION FOR SETUP is to remain in full force and effect until the State has received written notification from me of its termination, in such time and manner as to afford the State and the Financial Institution a reasonable opportunity to act upon my notification. I recognize that if I fail to provide complete or accurate information on the above DIRECT DEPOSIT AUTHORIZATION FORM FOR ELECTRONIC FUNDS TRANSFERS (EFT) FOR VENDORS ("this form"), the processing of this form may be delayed and/or my payments may be erroneously transferred. In the event that funds are erroneously transferred due to my failure to provide complete or accurate information on this form, I hereby hold the State harmless for the recovery of such erroneous transfers, not withstanding any reasonable attempts made by the State to correct such errors.

I, the undersigned certify that I am authorized to provide the above information and the information is true and correct.

Authorized Signature	Printed Name	Title

Date (mm/dd/yyyy)	Email Address	Telephone Number (xxxxxxxxxx)	Fax Number (xxxxxxxxxx)

FI 25
03/2004
Division of Finance

Vendor Number Application/Update
(Substitute W-9 Certification)

Ownership Type that Applies to You or Your Business (Select one and supply a SSN or EIN as applicable)

○ **Individual**
SSN _____

○ **Sole Proprietorship**
(Includes one-member Limited Liability Companies)
○ **SSN** ○ **EIN** _____

○ **Partnership**
(Includes Limited Liability Companies with two or more member)
EIN _____

○ **Corporation**
(Professional Corporation, S-Corp, etc.)
EIN _____

○ **Governmental Entity**
EIN _____

○ **Nonprofit Corporation**
EIN _____

○ **Trust**
EIN _____

○ **Other** _____
(Be specific)
EIN _____

Type of Business (Select Yes or No as applicable)

Does your business provide Medical Services? ○ **Yes** ○ **No**

Does your business provide Legal Services? ○ **Yes** ○ **No**

Name

Name as reported to IRS (for individuals & sole proprietors this should be the name of the individual) _____

Business Name, Trade Name or DBA (if different then above) _____

Address for Payments

Street Address	City	State	Zip Code

NOTE: If you prefer to receive payments as Electronic Funds Transfers (EFT) to your bank account, complete an FI 16V - Direct Deposit Authorization for Electronic Funds Transfers (EFT) for Vendors. This form is available at http://efinance.state.ut.us/evendor.

Certification

IRS regulations state that if you fail to provide the correct *Social Security Number* or *Employer Identification Number* requested above, you may be subject to a penalty. If you willfully provide false information you may be subject to criminal penalties including fines and/or imprisonment.

I , the undersigned certify that I am authorized to provide the above information and the information is true and correct.

Authorized Signature	Printed Name	Title

Date	Email Address	Telephone Number	Fax Number

Return to: or Fax to: _____
Department of Workforce Services
_____
_____ Telephone: _____