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Dear Training Provider Applicant:

Thank you for your interest in providing training services to residents in the WorkSource Georgia Mountains Area. Carefully review the enclosed packet and complete the **Application for Training Provider Agreement which begins on page 12.**

All responsive provider applications must be approved by the WorkSource Georgia Mountains Workforce Development Board utilizing the attached Responsiveness and Evaluation Criteria charts. A sample copy has been enclosed for your reference. The WorkSource Georgia Mountains staff may conduct employer reference checks, program graduate reference checks, and a training observation to ensure that participants receive quality services. Due to the WorkSource Georgia Mountains extensive application review, program evaluation, and scheduled committee meetings, a response to the submitted application may vary. Recommended providers will then be forwarded to the Georgia Department of Economic Development Workforce Division (GDEcD WD) for review, acceptance, and inclusion on the State Approved Eligible Provider List. If the application is accepted by the Georgia Department of Economic Development Workforce Division a completed provider agreement may be processed and submitted to the provider for signature.

Should you have questions concerning your provider application or the evaluation process, please contact me at 770-538-2727.

Sincerely,

John Phillips, Jr.
Director
WorkSource Georgia Mountains

PROVIDER APPLICATION INSTRUCTIONS

In Georgia, on July 1, 2015, the Workforce Innovation and Opportunity Act (WIOA) replaced the Workforce Investment Act (WIA). WIOA provides the framework for a unique national workforce preparation and employment system designed to meet the needs of the nation's businesses and needs of job seekers who want to further their careers. The new system is based on the "One-Stop" concept where information concerning job training, education, and employment services is available for customers (participants) at a single location.

WIOA has resulted in increased customer choice and increased competition. Providers are required to meet different needs of individual WIOA participants. The more information the customer has the more empowered the customer will feel to make an informed decision with WorkSource Georgia Mountains staff and case manager guidance, regarding selecting a training provider and career. Providers may want to consider addressing customer needs listed below:

- * job placement assistance
- * flexibility in availability of training (when training is offered)
- * availability of additional instructional training assistance beyond scheduled training
- * complete, detailed, and user-friendly program/training information
- * verification of accreditation by an agency/organization recognized by the respective industry
- * information about the accrediting agency/organization

Initial Eligibility of Providers: As described, post-secondary educational institutions eligible to receive Federal funds under Title IV of the Higher Education Act of 1965, which provide programs that lead to an associate degree, baccalaureate degree, or certificate or an entity that carries out National Apprenticeship Act programs shall submit an application to the local board for the local area in which the provider desires to provide training services. Initial applications should include, at a minimum, a course catalog that describes each program of training services, as defined in CFR 663.508 that leads to a degree, certificate or competency recognized by an employer, fee schedules and documentation of organizational certification.

Other Initially Eligible Providers: These include public or private providers of a program of training services, post-secondary educational institutional programs not leading to an associate degree, baccalaureate degree or certificate, or certificate and apprenticeship programs that are not registered under the National Apprenticeship Act must be determined initially eligible and will be required to submit an application to a local WorkSource Area.

Subsequent Eligibility: Procedures for determining eligibility of providers to continue to receive funds after an initial period of eligibility, shall be determined by the Georgia Department of Economic Development Workforce Division and shall include submission of performance information and program cost information for individual programs of training. To continue receiving funds, providers will be responsible for annually meeting performance levels established by state and local boards (See attachment A). WIOA requires that all eligible training providers furnish information about their courses of study and program outcomes. Information will be used for the consumer report card listing of all courses of study, performance history and outcomes. Information will also be used to determine subsequent provider eligibility. Many proprietary schools have collected performance information in the past. However, few have ever had to generate verifiable information that will track against unemployment insurance wage records. Performance data will include all individuals (not just WIOA funded participants). It may be necessary to provide information/documentation by individual programs and participant segments (low-income individuals, TANF recipients, disabled individuals, etc.). Providers will be asked to provide the following information:

Initial Year

- * Total number of completers
- * Unsubsidized employment rate
- * Training-related unsubsidized employment rate
- * Average wage at placement

Subsequent Year

- * Initial Year four elements
- * Job retention rate
- * Occupations found by program completers
- * Default rate
- * Jobs obtained by completers with medical benefits after six months
- * Minimum standards
- * Customer satisfaction
- * Credentialing success rate for completers

Provider Entry Criteria: An important part of the Act includes promoting individual responsibility and personal decision-making through Individual Training Accounts (ITAs). Customers can choose, with WorkSource Georgia Mountains staff guidance the training that is determined best for them. Training providers will be held accountable to meet certain performance standards established by the State and local areas and will qualify for the list based on performance.

Under WIOA, training providers will have increased involvement and responsibility in attracting and providing training and employment for customers. However, if customers are enrolled in training provider programs that are not appropriate for them, they may not receive the full benefits of the customer-focused WIOA system. Similarly, this may cause providers not to meet established state, local and contractual performance standards. Therefore, entry requirements will be a critical factor in establishing and attaining successful performance. They should be established with a purpose of determining whether the customer's current skills, education, experience, etc. will enable them to complete the training program, obtain the knowledge and skills

necessary to receive certification as well as locate training-related employment with wages that meet standards and promote self-sufficiency.

Due to the limited amount of available funds for training, the WorkSource Georgia Mountains has established policies to ensure that funds are available to customers who are most in need of services under the WIOA. Funds available for training will be used to train customers in demand occupations. If customers are eligible for grants and scholarships such as the Pell Grant or HOPE Scholarship, applications should be made for these funds.

Advertising/Recruitment: If you do advertise, you may include a statement about the Workforce Innovation and Opportunity Act (WIOA) in any advertising or recruitment efforts made on behalf of your training organization, as long as there is a disclaimer that WIOA may be available for those who qualify for the program and only if funds are available. You are requested to forward copies of all advertisements, brochures, flyers, that mention WIOA.

WIOA Services: Under WIOA, all customers will be provided with basic services prior to determination of the need for training services. During basic services, labor market information, job search, and job placement assistance will be offered. During the provision of basic services, it may be determined that the customer is in need of career services, such as career advisement, comprehensive assessment, development of a training plan and a referral to training. Assessments will be used to assist in helping the customer determine the best training “match”.

A customer may access the array of services and program information available on the statewide eligible provider listing and may choose from a variety of eligible provider training programs. WIOA requires that approved programs relate to the area’s growth and demand occupations. There is no guarantee that a customer will enroll in a specific course or program of study after referral. It also may be determined at assessment that the customer is not most in need of training services. It is the responsibility of the customer and the WorkSource Georgia Mountains staff to develop a career plan. If it appears that the customer is eligible and suitable for provider training, they will be approved for enrollment by one of the WorkSource Georgia Mountains staff. Once approved for enrollment, the case manager will provide written authorization to both the customer and the training organization by means of an ITA voucher and a training/tuition voucher.

It is the intent of the WorkSource Georgia Mountains to serve our customers in an efficient manner with a minimal waiting period between application and enrollment. However, because of the approval process, lag times between application and enrollment may occur due to the volume of clients. Please note that case managers have a large number of customers to serve each new quarter or semester (August/September, December/January, April/May) for the colleges and technical schools.

The Training Voucher will include the amount of funds approved and provide instructions for invoices or payment requests. If a customer is to attend training for more than one quarter or semester, a Training voucher is required for each subsequent quarter/semester. **Please note that WorkSource Georgia Mountains will not accept responsibility for the costs of any customer who begins training with a provider without a Training Voucher.**

Any changes or amendments to the customer's training plan must be submitted to the case manager for approval. If approved, the case manager will issue Training Voucher to the customer to reflect the changes. Once again, **WorkSource Georgia Mountains** will not accept responsibility for the costs of any customer who attends training not authorized by the Training Voucher. Once enrolled, the WorkSource Georgia Mountains case manager will be responsible for advising the customer for the duration of the training program.

Please note that the WorkSource Georgia Mountains will not be responsible for costs incurred for training that occurred prior to WIOA approval/registration.

Job Placement: Training providers are responsible for placement of program enrollees. Continued inclusion on the eligible provider listing is contingent upon successful placement of enrollees. It is imperative that you work with **WorkSource Georgia Mountains** case managers to assure the prompt and accurate recording of placement information. You may know of instances where a customer has found employment and this information has not been submitted to their case manager. In addition, case managers are able to assist customers with problems arising during initial placement activity, such as childcare, transitional assistance, etc.

Reimbursements: **WorkSource Georgia Mountains** must have an invoice from the provider to process a payment request. All invoices must include the name and social security number of the customer. Please allow 3-4 weeks for payment processing. All payment requests are handled by the WorkSource Georgia Mountains.

Late Fees: **WorkSource Georgia Mountains** is not responsible for late fees. Late fee payments, fines and penalties are the responsibility of the customer. Exceptions may be granted only if the delay was due to WorkSource Georgia Mountains staff error.

To be Completed by WorkSource Georgia Mountains Staff Only

**PROVIDER APPLICATION
RESPONSIVENESS CRITERIA
WorkSource Georgia Mountains**

Section I: General Information

Proposing Agency: _____

Type of Training: _____

Section II: Response Criteria

		Yes	No	N/A
1	Is the Application Complete?			
1	Is training occupational specific and in demand in the labor market?			
2	Does funding request include tuition, books, participant supplies, and/or other required fees only.			
3	If applicable, has applicant submitted a certification of accreditation?			
4	Does the provider assure that the proposed training facility is handicapped accessible or are reasonable accommodations made for provision of services to handicapped individuals?			
5	Does the provider appear on current federal, state or local debarment and suspension lists?			

Applications submitted by training institutions will be determined eligible to participate in the provider proposal evaluation process based on the criteria below. Exceptions to the eligibility criteria will not be considered.

Section III: Provider Eligibility Determination

With the exception of "5", all responses to the eligibility criteria must be "Yes" or "Not Applicable." If any of the above responses are "No", the proposal will not be submitted to the WIOA Committee.

ELIGIBLE FOR EVALUATION

Yes _____

No _____

Reviewer: _____ Date: _____

To be Completed by WorkSource Georgia Mountains Staff Only

**PROVIDER APPLICATION
EVALUATION CRITERIA
WorkSource Georgia Mountains**

NAME OF PROVIDER: _____

TRAINING PROPOSED: _____

RATER: _____

DATE: _____

I. APPROPRIATENESS/OUTCOMES

		Yes	No	N/A
1	Is (Are) the proposed training program(s) in a growth occupation identified in the application, or has the provider submitted documentation of a need for proposed training?			
2	Does the provider site indicate a positive learning atmosphere with training curriculum and equipment that are up-to-date and considered state-of-the-art?			
3	Does the tuition include costs for supplies, etc., as part of the total cost?			
4	Job search assistance included?			
5	Do references of both participants and employers indicate that completers attain marketable job skills after training?			
6	Will training lead to a certificate, diploma or degree?			
7	Are training schedules on-going?			
8	Is the cost in line with similar programs provided throughout the local area?			

II. PAST PERFORMANCE

		Yes	No	N/A
1	Does the provider have previous successful completion rate, defined as meeting or exceeding WorkSource Georgia Mountains goals for the previous 12 months?			
2	Does the provider have previous successful experience in placing individuals in training related occupations classified as unsubsidized employment defined as meeting or exceeding WorkSource Georgia Mountains goals for the previous 12 months?			
3	Does the provider have previous successful unsubsidized employment in training related occupations experience, defined as meeting or exceeding WorkSource Georgia Mountains goals for the previous 12 months?			
4	Do the training program(s) result in an employment at a wage necessary to attain self-sufficiency?			
5	Will placement occur in full time positions with potential growth and benefits?			
6	Does the student loan default rate exceed 25%?			
7	Is the provider listed on current Federal, State or local debarment/suspension lists?			

III. CAPABILITY OF TRAINING ORGANIZATION

		Yes	No	N/A
1	Has the organization been in operation for more than 6 months and submitted evidence of financial stability, i.e., sound financial statement, audit report, tax return?			
2	Has the curriculum been certified by an appropriate accrediting agency?			
3	Has the organization's programs been certified by NPEC (if applicable)?			
4	Has the provider submitted a signed debarment statement?			

IV. BONUS

		Yes	No	N/A
1	Does the provider have experience with training special populations, such as disabled, homeless, low income, individuals with language or cultural barriers?			

V. RANKING INFORMATION

(0 = Not Acceptable, 1 = Weak, 2 = Average, 3 = Good, 4 = Excellent)		Ranking	Weight	Total
1	Appropriateness/Outcomes		2	
2	Past Performance		2	
3	Capability of Training Organization		1	
4	Point		1	
5	Total			

Maximum Score= 21

Minimum Score Required for Consideration = 12

Comments: _____

INSTRUCTIONS FOR COMPLETING THE APPLICATION

- ✓ Please respond to all questions. If the question does not apply indicate “not applicable”. If the provider is referring to a catalog or brochure, indicate “see attached catalog”.
- ✓ The name of the training institution is the legal name of the entity.
- ✓ All applications must include the federal tax identification number (the number used to file employee income taxes with the Internal Revenue Service).
- ✓ The contact person is the individual who may answer questions concerning the application.
- ✓ The application has been included for informational purposes only and is not intended to serve as a legal agreement. If approved, an agreement may be prepared by a local WorkSource Area and submitted to the provider for signature.
- ✓ Please note that program descriptions should be completed for programs or courses of study approval. Please copy Section V as needed to describe each proposed program or course of study. If a provider catalog contains the information requested, please attach.
- ✓ Completed applications should be mailed or e-mailed to:

**John Phillips, Jr., Director
WorkSource Georgia Mountains
P.O. Box 2278
Gainesville, GA 30503
jphillips@gmrc.ga.gov**

WORKFORCE INNOVATION AND OPPORTUNITY ACT GLOSSARY

Eligible Training Provider - An organization, entity, or institution, such as a public or private college and university, community-based organization, or proprietary school whose application has been approved by the local Workforce Development Board and submitted to the state for inclusion on the state list to provide training services through the use of an Individual Training Account.

Eligible Training Provider List – A statewide compilation of providers that are approved to provide services through the One-Stop system described by WIOA. These lists contain consumer information, including cost and performance information for each of the providers, so that customers may make informed choices.

Individual Employment Plan - An ongoing strategy jointly developed by the participant and the case manager that identifies the participant's employment goals, the appropriate achievement objectives, and the appropriate combination of services for the participant to achieve the employment goals.

Individual Training Account (ITA) - A training plan obligation and expenditure account established on behalf of a WIOA eligible participant to establish a plan for payment for a program of training services.

Career Services - Services which local Boards are responsible for providing for adults and dislocated workers under WIOA. Career services may include specialized assessments of individual skill levels and service needs, individual or group counseling and career planning, development of an individual employment plan, short-term job-readiness activities, literacy activities related to basic workforce readiness, and paid or unpaid work experience.

Program of Training Services - A program of training services is: (a) one or more courses or classes that, upon successful completion, lead to 1) a certificate, an associate degree, or baccalaureate degree or, (2) a competency or skill recognized by employers, or (b) a training regimen that provides individuals with additional skills or competencies generally recognized by employers.

Training Services - A special category of services the local Boards are responsible for providing to adults and dislocated workers under WIOA. Training services may include occupational skills training, on-the-job training, job-readiness training, adult education and literacy activities.

Basic Services - Services available to every individual through the One-Stop system including information about job vacancies, career options, relevant employment trends, job search techniques, resume writing, and access to the Consumer Report information gathered on training institutions in the area through the eligible training provider process.

Vendor - An entity responsible for providing generally required goods or services to be used in the WIOA program. These goods or services may be for the recipient's or sub-recipient's own use or for the use of participants in the program.

Voucher – The actual ITA document, paper or electronic, that may be utilized for training services.

I. CERTIFICATION

I hereby certify that the information provided in this application package is true and correct. I also understand that my organization may be subject to an on-site review of training and facilities, and may be asked to provide supporting documentation before the final execution of an agreement. I assure that proposed training facilities are disabled accessible or reasonable accommodations will be made for the provision of services to disabled individuals.

Name (Printed) and Title

Signature

Date

II. TRAINING PROVIDER INFORMATION

1. Name of Training Organization: _____

2. Address: _____
Website: _____

3. Federal Tax Identification Number: _____
4. Year Business Established: _____

5. Name and Title of Contract Executor: _____

6. Name of Contact Person: _____

7. Phone Number /email of Contact Person: _____

8. A separate Description (Section VI) is attached for each proposed training program, for a total of _____ descriptions. A catalog may be attached, but each program requested for approval should be noted.

9. Type of Entity (Please select **one** of the following):
 - Public/Private Non-Profit College: _____
 - Post-Secondary Technical Institute: _____
 - Proprietary Institute of Higher Education: _____
 - Private Training Organization: _____
 - Other (Please specify): _____

10. Identify your accrediting, certifying, or licensing agency: _____

11. Are the proposed training programs ongoing and continuous? _____ Yes _____ No

III. PLACEMENT/FINANCIAL SERVICES

1. Does your organization provide job search assistance or placement services?
_____ Yes _____ No

If yes, please describe: _____

2. Please provide three verifiable references (including phone numbers) of employers who have hired successful program completers or who have used the proposed programs to train employees.

3. What types of financial aid are available to students?

(If Pell or HOPE is available, please review the Pell/HOPE Financial/Coordination Policy attached to the Agreement)

4. Does your organization have a tuition refund policy? _____ Yes _____ No

If Yes, please attach or describe the policy, including time frames and % of reimbursement:

5. Is your organization currently listed on any state or federal debarment list?
_____ Yes _____ No

If yes, please identify which listing and date of inclusion.

6. Have you submitted a signed debarment statement?

IV. ATTACHMENTS TO APPLICATION

The following items have been included as an attachment to the application:

- Program Description(s) _____
- Catalog or Brochure _____
- Business License * _____
- Schedule of Classes _____
- NPEC Certification * _____
- Debarment Form _____
- Financial Aid Agreement * _____
- Accreditation Documents _____

* Please attach if applicable to your organization.

The Georgia Nonpublic Post-Secondary Education Commission’s (NPEC) primary purpose is to ensure that each authorized college or school is educationally sound and financially stable.

Nonpublic Degree Granting Post-Secondary Educational Institutions in Georgia - The Nonpublic Post-Secondary Educational Institutions Act of 1990 provides that a post-secondary educational institution must apply for and be granted a Certificate of Authorization before beginning operation or advertising in Georgia. NPEC must authorize each degree program. Following initial authorization, the institution’s Certificate must be renewed annually. Any institution operating or advertising to begin operation without acquiring the necessary Certificate of Authorization is in violation of Georgia law, and shall be subject to civil penalties.

Nonpublic Non-Degree Granting Post-Secondary Institutions in Georgia
Any instructional program defined as a proprietary school according to the Nonpublic Post-Secondary Educational Institutions Act of 1990 must apply for and be granted a Certificate of Authorization before beginning operation or advertising in Georgia. Following initial authorization, the institution’s Certificate must be renewed annually. Any institution operation or advertising to begin operation without acquiring the necessary Certificate of Authorization is in violation of Georgia law, and shall be subject to civil penalties.

Please include an explanation if your organization does not have NPEC Certification. For additional information concerning NPEC, please contact:

Nonpublic Post-Secondary Education Commission
2082 East Exchange Place, Suite 220
Tucker, GA 30084-4113
(770) 414-3300
(770) 414-3309 (fax)
E-mail billc@mail.npec.state.ga.us

V. PROGRAM DESCRIPTION

(Please complete for each proposed training program or program of training services. Attach a copy of the catalog or brochure in which the program is advertised to the general public.) If the catalog contains more than the requested programs of study, please specify which programs are requested for approval.

A. GENERAL INFORMATION:

- 1. Training Program Name: _____
 - 2. Training Location: _____
 - 3. Total Credit/Curriculum Hours: _____
 - 4. Total Number of Training Weeks: _____
 - 5. Days per Week: _____
 - 6. Hours per Week: _____
 - 7. Class Start Dates: _____
 - 8. Projected End Dates: _____
 - 9. Is the proposed curriculum competency based? ____Yes ____No
 - 10. Is the proposed curriculum currently certified by an accrediting agency or other similar national standardization program? ____Yes ____No
- If yes, please indicate the agency or authorizing entity: _____

- 11. Please provide the specific name of the occupation(s) for which trainees will be qualified, with corresponding Dictionary of Occupational Titles (D.O.T.) code and minimum entry level wage for the occupation(s):

Occupation Name: _____
D.O.T. Code: _____
Entry Wage: _____

- 12. Does the training occupation(s) require State certification, licensing, board credential or other approval prior to employment? ____Yes ____No

If yes, please describe:

B. PERFORMANCE MEASURES

13. What is the completion rate for this training program as defined by your institution? _____%
14. State your definition of completion and how you derived the rate.

15. What is the unsubsidized employment rate for those who have successfully completed training? _____%
16. What is the unsubsidized employment rate for those who have successfully completed training and find employment in a training related occupation? _____%
17. What is the average hourly wage at placement for successful completers? \$ _____
18. How many hours per week may successful completers expect to work in positions? _____
19. Will these jobs include benefits? _____Yes _____No

Please Note:

If the provider does not have the capability to provide required performance data by program of study at the time of initial eligibility evaluation, it must include:

- a. Aggregate data that is available for the most recent two full years;
- b. Written justification for the missing “program of study” data; and
- c. Description of how it will track and record “program of study” data necessary for re-certification.

WorkSource Georgia Mountains is responsible for documenting reasons for waiving the performance data requirements.

C. CRITERIA FOR ADMISSION:

1. High School Diploma or G.E.D. Required? _____ Yes _____ No

2. Basic Skills - Indicate Desired Grade Level:

Reading: _____

Math: _____

Language: _____

3. Physical Abilities - Indicate any physical demand which may be necessary for this occupation:

Walking

Vision (w/o impairment)

Kneeling

Lifting

Hearing (w/o impairment)

Continuous Climbing

Sitting

Balancing

Repetitive Hand Motion

4. Pre-Screening/Special Requirements (e.g. drug test, medical exam, background check, etc.)

WorkSource Georgia Mountains

Credentials for Each Program Requested for Eligible Training Provider List

School Name: _____

Program	Credential Name	Organization Granting Credential	Price of Examination	Address & Contact Information of Organization Granting Credential

*** Attach a copy of the credential and a confirming statement that graduates of the program may sit for the Credential Examination**

Supply List

Provider: _____

Program: _____

Item	Cost
Supplies: (The following are examples. Please revisit to fit specific program)	
Uniform	
Stethoscope	
Blood Pressure Cuff	
CPR Training	
Tools (List)	
Immunizations	
Supply Total	\$
Books (List each one)	
Name	
ISBN Number	
Name	
ISBN Number	
Book Total	\$
Test Fees (List name of exam)	
Test Fees Total	\$
Fees (List all fees)	
Fees Total	\$
Tuition	
Total Program Cost	\$

Past Performance (all students—minimum of 15 students)		
From: _____ Through: _____ (most recent 12 month period for which data is available)		
	Number of Students	Percentage of Students
Total Students		
Completion Rate (number and percent of total students exiting or scheduled to exit the program during the above period who met the programs completion requisites)		%
Credential Rate (number and percent of completers exiting the program who obtained a diploma, certificate, or license)		%
Students Obtaining Employment (number and percent of completers exiting the program during the above period who obtained employment)		%
Training Related Employment (number and percentage of completers exiting the program during the above period who obtained training related employment)		%
Average Weekly Wage at Placement (average weekly earnings at placement of completers obtaining employment during above period)		\$

Approved training providers requesting approval of additional programs to an existing training provider contract should follow the applicable steps below:

Submitted to **WorkSource Georgia Mountains** a statement of the reasons why the program(s) should be approved. At a minimum, the following should be addressed:

- An identification of stable employment availability
- For requested programs that are not associated with demand occupations, training providers should submit two or three statements from employers verifying that they would employ an individual who completes training

WorkSource Georgia Mountains will compare the requested program(s) with similar programs offered by approved training providers. Areas for comparison include price, length of program, wage at placement, and vendor location. WorkSource Georgia Mountains will review the training provider’s past efforts in achieving the appropriate WorkSource Georgia Mountains performance measures. Based on the results of the above steps, WorkSource Georgia Mountains will make recommendations to the WDB to either approve or disapprove the request. WorkSource Georgia Mountains will notify the training provider, in writing, stating conditional approval or disapproval. WorkSource Georgia Mountains will notify the Georgia Department of Economic Development, Workforce Division regarding addition of approved programs to the ETPL.

Company Name: _____ **Address:** _____

Date: _____

Graduate and Employer References

Graduate	Graduate Phone	Graduate E-Mail	Employed By	Employer Contact Name	Employer Phone

Instructions for Certification Regarding Debarment

1. By signing and submitting this proposal, the prospective recipient of Federal assistance funds is providing the certification as set below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal Funds knowingly rendered an erroneous certification, in addition to other remedies available to Federal Government, the Georgia Department of Economic Development Workforce Division (GDEcD) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms “covered transaction,” “debarred”, “suspended”, “ineligible”, “lower tier covered transaction”, “participant”, “person”, “primary covered transaction”, “principle”, “proposal”, “voluntarily excluded”, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of Federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier that covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the GDEcD.
6. The prospective recipient of Federal assistance funds further agrees by submitting this proposal that it will include that clause titled “Certification Tier Covered Transaction”, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transaction.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the List of Parties Excluded from Procurement or Non-procurement Programs.
8. Nothing contained in the foregoing shall be constructed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transaction authorized under Paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntary excluded from participation in this transaction, in addition to other remedies available to Federal Government, the GDEcD may pursue available remedies, including suspension and/or debarment.

**Standard Certifications Regarding Debarment, Suspension, Ineligibility
and Voluntary Exclusion Form**

This certification is required by the regulation implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of May 26, 1988 Federal Register (pages 19160-19211).

(BEFORE SIGNING CERTIFICATION, READ ATTACHED INSTRUCTIONS WHICH ARE AN INTEGRAL PART OF CERTIFICATION)

- 1) The prospective primary certifies to the best of its knowledge and belief, that it and its principals:
 - a) Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency.
 - b) Have not within a three-year period preceding this proposal been convicted of a civil judgment rendered against them for commission fraud or a criminal offense in connection with obtaining; attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and
- 2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach and explanation to this proposal.

Name and Title of Authorized Representative

Signature