



New Jersey Eligible Training Provider List **Service Provider** Application Packet

Instructions: Please complete the enclosed application in its entirety. Incomplete or handwritten applications will be returned for completion which may delay your ETPL approval. Any questions regarding this application may be submitted to njtopps@dol.nj.gov.

Completed packets must be submitted via email to njtopps@dol.nj.gov.

** Please do not submit duplicate copies*

ETPL Service Provider Application Packet

Section I - Provider Information

Name of Service Provider

Federal ID Number (FEIN):

Training Site Address Line 1:

Training Site Address Line 2:

City, State, Zip Code:

County:

Mailing Address (if different than training address):

Mailing Address Line 2:

City, State, Zip Code:

Contact Person Name:

Contact Person Title:

Phone Number:

Ext.

Fax Number:

Web Site Address:

E-Mail Address:

Contract Expiration Date

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Section II - Additional Provider Information

Approving Agency for Program: WIOA Youth
 WFNJ
 Pathways to Recovery

Wheelchair accessible: Yes No

Spanish spoken: Yes No

Other languages spoken: Yes No

If yes, please specify:

<input type="checkbox"/> Arabic	<input type="checkbox"/> Chinese
<input type="checkbox"/> French	<input type="checkbox"/> French Creole
<input type="checkbox"/> German	<input type="checkbox"/> Greek
<input type="checkbox"/> Hungarian	<input type="checkbox"/> Indic/Hindu
<input type="checkbox"/> Italian	<input type="checkbox"/> Japanese
<input type="checkbox"/> Korean	<input type="checkbox"/> Polish
<input type="checkbox"/> Portuguese	<input type="checkbox"/> Russian
<input type="checkbox"/> Tagalog	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Yiddish/Hebrew	<input type="checkbox"/> Other

Career assistance/counseling available: Yes No

Linkage to One-Stop Career Center System: Yes No

Personal on-site job placement assistance: Yes No

Access to Jobs4Jersey.com: Yes No

Childcare at facility: Yes No

Assistance obtaining childcare: Yes No

Evening courses: Yes No

Describe whether the provider is in partnership with a business (if yes, name the business):

Bus Route 1 (specify route or indicate none available):

Bus Route 2 (specify route or indicate none available):

Train Route 1 (specify route or indicate none available):

Train Route 2 (specify route or indicate none available):

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Section III - Program Information

Instructions - Please complete a separate page for **each program** you are seeking to be placed on the ETPL. This section may be duplicated as needed.

Title of Program or Element:

CIP Code (DOL will assign)

County:

Does this program lead to a license?

Yes No

If yes, indicate license name:

* [Click here](#) for a list of licensed occupations in New Jersey.

Does this program lead to an industry recognized credential?

Yes No

If yes, indicate name of credentialing agency AND credential:

* [Click here](#) for a list of industry-recognized occupational credentials.

Does this program align with IN DEMAND industry occupations?

Yes No

* [Click here](#) to view the Labor Demand List.

A description of the program to appear on the ETPL in 250 words or less.

Total Participant Hours:

Program Length:

(Optional) Description of special features of the program in 250 words or less:

Contact Person Name:

Contact Person Title:

Contact Person Phone Number:

Ext.

ETPL Service Provider Application Packet Section

V - Provider Agreement

The agreement that follows provides general guidelines on the responsibilities of both the Service Provider and the One-Stop Partners. It is an agreement for services provided with any federal, state or local government funding.

By applying as an Eligible Training Provider, I agree to the following:

A. Service Provider Responsibilities:

1. Information about costs for fees, books, supplies and tuition shall be supplied to the individual and the One-Stop System counselor or the appropriate state or local agency before the training is approved. **(If applicable.)**
2. The Provider will submit any requested report of training, attendance and performance to the designated agency. In cases where the individual must submit proof of attendance for other purposes (receipt of unemployment benefits, stipends, etc.) the Provider will certify such attendance on the appropriate form to designate appropriate attendance and satisfactory progress. Self-certifications of attendance and progress may be accepted for college credit degree programs.
3. The Provider must immediately notify the One-Stop System counselor or the appropriate state or local agency if individuals withdraw from training or if attendance or progress of any individual is unsatisfactory.
4. The Provider will, at a minimum, link with the One-Stop System and use the system to assist in placement. Specifically, to the extent possible, One-Stop Career Centers should be used for placement.
5. The Provider agrees to comply with all requirements of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972, and the Americans with Disabilities Act, 42 U.S.C. 12102.

B. General Provisions:

1. All payments will be sent to the training facility specified on each contract for service.
2. The total amount of any grant to any one individual shall not exceed the limit set by the local Workforce Investment Board or appropriate state agency with which the Provider is dealing.
3. Providers must be approved under the New Jersey Comprehensive Financial System (NJCFIS) and must submit form W-9 to the Office of Management and Budget, Vendor Control Unit, in the Department of Treasury.
4. Providers may not make changes to programs, courses, hours, locations or other conditions of training as identified in the negotiated contract for other training services without expressed written consent of the individual and individual's One-Stop System counselor or other responsible official.
5. Providers are expected to meet expected performance levels established by the state or local Workforce Investment Board.

C. Warranties:

1. The Provider does hereby warrant and represent that this Agreement has not been solicited or secured, directly or indirectly, in a manner contrary to the Laws of the State of New Jersey and that said Laws have not been violated and shall not be violated as they relate to the procurement or the performance of this Agreement by any conduct including the paying or giving of any fee, commission, compensation, gift, gratuity, or consideration of any kind, directly or indirectly, to any state employee, office, or official.

2. The Provider does hereby warrant and represent training and experience which reflect qualifications to perform the required training in a manner and on the terms and conditions set forth herein.

By signing this document, I agree to the terms contained in this Provider Agreement.

Date Signed:

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Section VI - Required Documentation

Instructions - The following documentation is **required**. Please submit a copy of each item unless specifically directed otherwise. Failure to include the required documentation may delay your ETPL approval.

Required Documentation

	Included	LWD Use Only
Approved/Signed Contract	<input type="radio"/>	<input type="radio"/>
Signed Provider Agreement <i>(page 8 of this application)</i>	<input type="radio"/>	<input type="radio"/>