



New Jersey Eligible Training Provider List

WIOA Youth/WFNJ 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 using ONE (1) of the following methods:

** Please do not submit duplicate copies*

Email:

njtopps@dol.nj.gov

This is the preferred method of delivery.

OR

Overnight Mail:

New Jersey Department of Labor and Workforce Development
Center for Occupational Employment Information
Eligible Training Provider List
John Fitch Way, 5th Floor
Trenton, New Jersey 08625

Regular Mail:

New Jersey Department of Labor and Workforce Development
Center for Occupational Employment Information
Eligible Training Provider List
PO Box 057, 5th Floor
Trenton, New Jersey 08625-0057

Facsimile:

(609) 292-2142

Attention: Stephanie Zacniewski

**ETPL WIOA Youth/WFNJ 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

**ETPL WIOA Youth/WFNJ Provider Application Packet
Section II - Additional Provider Information**

Approving Agency for Program:	WIOA Youth WFNJ	
Wheelchair accessible:	Yes	No
Spanish spoken:	Yes	No
Other languages spoken:	Yes	No
If yes, please specify:	Arabic French German Hungarian Italian Korean Portuguese Tagalog Yiddish/Hebrew	Chinese French Creole Greek Indic/Hindu Japanese Polish Russian Vietnamese 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):

ETPL WIOA Youth/WFNJ Provider Application Packet

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:

CIP Code (WFNJ)

* [Click here](#) for a listing of CIP codes in Excel. [Click here](#) to visit the CIP website.

Program Element (WIOA Youth)

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.

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

WIOA Youth Provider - List the Program Element(s) that will be provided.

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 Initial WIOA Youth/WFNJ 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:

ETPL WIOA Youth/WFNJ Provider Application Packet
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 (select item(s))	LWD Use Only
Approved/Signed Contract		
Scoring Rubric Summary		
Signed Provider Agreement <i>(page 8 of this application)</i>		