

Eligible Training Provider List - Provider & Program Application



This is an application for initial eligibility approval to participate as an Eligible Training Provider under the Workforce Innovation and Opportunity Act (WIOA) of 2014. Approval as a WIOA Eligible Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

In accordance with 20 C.F.R. § 680.450, all providers and programs that have not previously been eligible to provide training services under WIOA sec. 122 or WIA sec. 122, except for registered apprenticeship programs, must submit required information to be considered for initial eligibility. If approved, the initial eligibility period is one (1) year for a particular program. To remain on the ETPL, 20 C.F.R. § 680.460 requires continued eligibility to be determined for each provider and program at the end of the initial eligibility period and then every two (2) years thereafter. Continued eligibility will be determined using the performance accountability measures described in WIOA secs. 116(b)(2)(A)(i)(I)-(IV), other matters required by WIOA sec. 122(b)(2), and other appropriate measures of performance as determined by the Governor for WIOA-funded program participants, taking into consideration the characteristics of the population served and relevant economic conditions. Please note – the provisions in WIOA secs. 116 and 122 and 20 C.F.R. § 677.230 and § 680.400 - § 680.530 that require the collection and reporting of performance related data on all participants in training programs on the State's ETPL have been waived through June 30, 2020; however, during this waiver period, the U.S. Department of Labor has mandated that the State must continue to collect and report performance related data for all WIOA-funded participants in accordance with all statutory and regulatory requirements, including WIOA secs. 116 and 122, and as specified at 20 C.F.R. § 677.230 and § 680.460.

INSTRUCTIONS: After completing and signing the application form below, training providers should submit it to their closest IowaWORKS Center with attention to the Local Workforce Development Board. Addresses for IowaWORKS Centers can be found at <http://www.iowaworkforcedevelopment.gov/locations>. If this application is approved by the Local Workforce Development Board, the training provider will be contacted by a representative from Iowa Workforce Development with further instructions on creating an account and adding this training program to the IowaWORKS data management system at <http://www.iowaworks.gov> in order for it to be placed on the Iowa Eligible Training Provider List.

Provider Information

Federal Employer ID	
Federal Employer ID No:	33-1132241
Institution Identification	
Institution Name:	Northwest Area Education Agency
Institution Type:	<input type="checkbox"/> Adult Education and Literacy - Title II <input type="checkbox"/> Community Based Organization (CBOs) <input type="checkbox"/> Four-year Colleges and Universities <input type="checkbox"/> Joint labor-management organizations <input checked="" type="checkbox"/> Other Training Provider <input type="checkbox"/> Private Business and Technical Schools <input type="checkbox"/> Registered Apprenticeship programs <input type="checkbox"/> Two-year, Technical, and Community Colleges
Institution Ownership:	<input type="checkbox"/> Private for-profit institution <input type="checkbox"/> Private non-profit institution <input type="checkbox"/> Public institution <input type="checkbox"/> Unknown
Institution Primary Location	

Eligible Training Provider List - Provider & Program Application



Address 1:	1520 Morningside Ave.
Address 2:	
City:	Sioux City
State:	IA
Zip:	51106
Contact Information	
Title:	Mrs.
First Name:	Joyce
Middle Initial:	
Last Name - (include suffix e.g. Jr, Sr, PhD, etc):	Vander Wilt
Contact Phone Number:	712-222-6105
Cell Phone:	
Contact Fax Phone Number:	712-722-1643
Email Address:	jvanderwilt@nwaea.org
Institution URL:	
Provider Information	
Local Workforce Development Area:	
Type of Business:	<input type="checkbox"/> College/University <input type="checkbox"/> Post-Secondary Educational Institution - Public <input type="checkbox"/> Post-Secondary Educational Institution - Private <input type="checkbox"/> Local Public School - 12th Grade and Under <input type="checkbox"/> Local Private School - 12th Grade and Under <input type="checkbox"/> Local Charter School - 12th Grade and Under <input type="checkbox"/> Alternative Secondary Education School - 12th Grade... <input type="checkbox"/> Health Care <input type="checkbox"/> Community Based Organization - Church <input type="checkbox"/> Community Based Organization - Non-Profit <input type="checkbox"/> Federal Government Agency <input checked="" type="checkbox"/> State Government Agency <input type="checkbox"/> Local Government Agency <input type="checkbox"/> Private Employer <input type="checkbox"/> Services/Goods Vendor Not Otherwise Classified <input type="checkbox"/> Trade Association <input type="checkbox"/> Registered Apprenticeship <input type="checkbox"/> One-Stop Office

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This provider is an accredited postsecondary education institution:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Billing Address Information	
Billing Address 1:	1520 Morningside Ave.
Billing Address 2:	
Billing City:	Sioux City
Billing State:	IA
Billing Zip:	51106
Attention:	Joyce Vander Wilt
Mailing Address Information	
Mailing Address 1:	1520 Morningside Ave.
Mailing Address 2:	
Mailing City:	Sioux City
Mailing State:	IA
Mailing Zip:	51106
Mailing Attention:	Joyce Vander Wilt
CRS Provider Information	
WIOA Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Institution Type:	<input type="checkbox"/> Adult Education and Literacy - Title II <input type="checkbox"/> Community Based Organizations (CBOs) <input type="checkbox"/> Four-year Colleges and Universities <input type="checkbox"/> Joint labor-management organizations <input type="checkbox"/> Other Training Provider <input type="checkbox"/> Private Business and Technical Schools <input type="checkbox"/> Registered Apprenticeship programs <input type="checkbox"/> Two-year, Technical, and Community Colleges
Institution Ownership:	<input type="checkbox"/> Private for-profit institution <input type="checkbox"/> Private non-profit institution <input type="checkbox"/> Public institution <input type="checkbox"/> Unknown
Type of Entity:	<input type="checkbox"/> Higher Ed: Associate's Degree <input type="checkbox"/> Higher Ed: Baccalaureate or Higher <input type="checkbox"/> Higher Ed: Certificate of Completion <input type="checkbox"/> National Apprenticeship

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	<input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private For-Profit <input type="checkbox"/> Public <input type="checkbox"/> Other
Years in Business:	
Disabled Access:	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADA Compliant:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Institution Description:	
Main Telephone Number:	
TTD/TTY Telephone Number:	
Financial Aid Telephone Number:	
Main Email Address:	
Is this a Community College?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Accreditation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Career Assessment Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Career Counseling Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Job Placement Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Tutorial Services Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ESL Services Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
GED Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other Additional Services Available	<input type="checkbox"/> Yes <input type="checkbox"/> No

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On-site Child Care Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Financial Aid Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Eligible Provider or Youth Workforce Investment Activities	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pell Grant Eligible:	<input type="checkbox"/> Yes, Pell Grant Eligible <input type="checkbox"/> No, not Pell Grant Eligible <input type="checkbox"/> Pell Grant Not Applicable
Registered Apprenticeship Provider:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Approved Apprenticeship:	<input type="checkbox"/> Yes, Approved Apprenticeship <input checked="" type="checkbox"/> No, not Approved Apprenticeship

Program Information

General Information	
Purpose for adding program:	<input type="checkbox"/> Submit for ETPL Approval and accept participants <input type="checkbox"/> Accept participants without submitting for ETPL Approval <input type="checkbox"/> Display to the public only
*CIP Code:	
*Education Program Name:	Paraeducator Certification
Education Program Description:	Paraeducator certification is a process by which a person can obtain in-depth training and be recognized for successful completion of that training through a state recognized program. The paraeducator certification is not required by law, but may be required by local school districts.
*This program of study leads to:	<input type="checkbox"/> An industry-recognized certificate or certification <input type="checkbox"/> A certificate of completion of an apprenticeship <input type="checkbox"/> A license recognized by the State involved or the Federal government <input type="checkbox"/> An associate degree <input type="checkbox"/> A baccalaureate degree <input type="checkbox"/> A community college certificate of completion <input type="checkbox"/> A secondary school diploma or its equivalent <input type="checkbox"/> Employment <input type="checkbox"/> A measurable skills gain leading to a credential <input checked="" type="checkbox"/> A measurable skills gain leading to employment

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This program leads to a credential or degree	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name of associated credential:	Paraeducator Certification
*Completion level:	<input type="checkbox"/> Apprenticeship completers <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input checked="" type="checkbox"/> Certificates < 2 yrs. <input type="checkbox"/> Doctor's Degrees <input type="checkbox"/> Employment & training program completers <input type="checkbox"/> First-professional Cert. (Post-Degree) <input type="checkbox"/> First-professional Degrees <input type="checkbox"/> Graduate degrees combined <input type="checkbox"/> Information Technology Certificates <input type="checkbox"/> Job Corps Completers <input type="checkbox"/> Master's Degree <input type="checkbox"/> Military separatees <input type="checkbox"/> OJT=on-the-job training <input type="checkbox"/> Post-Master's Certificates <input type="checkbox"/> Postbaccalaureate Certificates <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; < 1 yr. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; <4 yrs. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; 1-2 yrs. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; 2-4 yrs. <input type="checkbox"/> Secondary <input type="checkbox"/> State-defined Completion Types <input type="checkbox"/> Sum of all types <input type="checkbox"/> Vocational Rehabilitation
*Attain Credential:	<input checked="" type="checkbox"/> High School Diploma or GED or High School Equivalency Diploma <input type="checkbox"/> AA/AS Degree <input type="checkbox"/> BA/BS Degree <input type="checkbox"/> Occupational Skills License <input type="checkbox"/> Occupational Skills certificate or credential <input type="checkbox"/> Other <input type="checkbox"/> No credential received, individual received training <input type="checkbox"/> N/A, individual did not receive training <input type="checkbox"/> Post Graduate Degree
Other, Specify:	
Certification/License Title:	
Certification/License Type:	<input type="checkbox"/> National Certification or License <input checked="" type="checkbox"/> State Certification or License <input type="checkbox"/> Regional Certification or License <input type="checkbox"/> Certification or License Does Not Apply
Green Job Training:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
*Is this education program in a partnership with	<input type="checkbox"/> Yes

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a business?	<input checked="" type="checkbox"/> No
Please describe the partnership or plans to develop partnership in 800 characters or less (supporting documentation may be required):	
Apprenticeship	
*This program is an Apprenticeship:	<input type="checkbox"/> Yes (proceed to next question) <input checked="" type="checkbox"/> No (skip to next section, Additional Details)
This Education Program is a Registered Apprenticeship:	<input type="checkbox"/> Yes (proceed to complete the rest of this section) <input checked="" type="checkbox"/> No (skip to next section, Additional Details)
Apprenticeship Registration Date:	
Apprenticeship Description:	
Number of active apprentices:	
Instruction Method:	<input type="checkbox"/> In-person <input type="checkbox"/> Online, E-learning, or Distance Learning <input type="checkbox"/> Hybrid or Blended Program
Instruction Length in Weeks:	
Technical instruction is provided by another provider:	<input type="checkbox"/> Yes (proceed to complete the rest of this section) <input checked="" type="checkbox"/> No (skip to next section, Additional Details)
Instruction Provider Name:	
Instruction Provider Address 1:	
Instruction Provider Address 2:	
Instruction Provider City:	
Instruction Provider State:	
Instruction Provider Zip Code:	
Additional Details	
Financial Aid Available	<input type="checkbox"/> Pell Grant <input type="checkbox"/> Federal Loan <input type="checkbox"/> Institutional Scholarship <input type="checkbox"/> Other
*URL of Training Program:	

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*Program Prerequisites:	<input checked="" type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Course(s) <input type="checkbox"/> Combination of Education and Course(s) <input type="checkbox"/> None
*Date Edu. Program First Offered:	2001
*Please provide a reasonable explanation regarding why this is a new program:	This program was approved by the Iowa Board of Examiners in 2001.
Minimum Class Size	
Maximum Class Size	
Number of Instructors	
Describe the qualifications of all instructors in 800 characters or less:	Valid Iowa teaching license.
Describe the minimum entry level requirements or prerequisites in 800 characters or less:	
Drug/Alcohol Screening Required:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Accessibility:	<input checked="" type="checkbox"/> On-Site Parking <input type="checkbox"/> Public Transportation <input type="checkbox"/> Disabled Student Access <input type="checkbox"/> Sign Language <input type="checkbox"/> Other Languages <input type="checkbox"/> Other
Describe any equipment used in this program and its adequacy and availability in 800 characters or less:	
*Grievance Procedure:	Yes we do have one.

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*Grievance Procedure URL:	NA
*Refund Policy:	Full refund if canceled 8 days before the first day of class.
*Refund Policy URL:	NA
Internship Available:	<input type="checkbox"/> Yes <input type="checkbox"/> No
*This education or training program is a Quality Pre-Apprenticeship:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Related Selected Occupations	
CIP Code 1	
Occupation Title 1	
CIP Code 2	
Occupation Title 2	
CIP Code 3	
Occupation Title 3	
If any selected occupation is not in local bright outlook, provide evidence that it is in demand.	
Selected Occupational Skills	
List any occupational skills:	

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Completion Expectations	
Continuing Education Units (CEU):	
CEU Granting Institution:	
*Credit Earned Program:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*Number of Credits:	6
Credit Earned Duration:	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Program Goal	<input type="checkbox"/> Skill Attainment <input checked="" type="checkbox"/> Certificate <input type="checkbox"/> Registration <input type="checkbox"/> License <input type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> Other
Credentialing Body:	<input type="checkbox"/> Iowa Board of Educational Examiners <input type="checkbox"/> Iowa Bureau of Professional Licensure <input type="checkbox"/> Iowa Board of Nursing <input type="checkbox"/> Iowa Board of Behavioral Science <input type="checkbox"/> Iowa Board of Certification <input type="checkbox"/> Iowa Board of Veterinary Medicine <input type="checkbox"/> Nation Environmental Health Association
*Projected Hourly Wage After Program Completion:	Depends of the school district
Scheduling	
Class Time (hours):	
Lab Time (hours):	
Other Time (hours):	
Class Frequency:	<input type="checkbox"/> Daily <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semester <input type="checkbox"/> Tri-semester <input type="checkbox"/> Annual <input type="checkbox"/> Bi-Annual <input type="checkbox"/> Bi-Monthly
*Reporting Program Length - Clock/Contact Hours:	Total of 90 hours

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*Reporting Program Length - Full-time Weeks:	3-4 weeks per class and there are 3 classes
*Reporting Program Format:	<input type="checkbox"/> In-person <input type="checkbox"/> Online, E-learning, or Distance Learning <input checked="" type="checkbox"/> Hybrid or Blended Program
Duration	
Duration:	
Duration Type:	<input type="checkbox"/> Semesters/Terms <input type="checkbox"/> Weeks <input type="checkbox"/> Hours <input type="checkbox"/> Months
Schedule Intensity:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Weekly Schedule:	
Classes Offered:	<input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> Summer
External Approvals	
Is this program listed on another state's ETPL?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cost Details	
*Tuition/Fee:	\$120 per class and there are 3 classes
*Books:	No
*Tools:	laptop
*Other Costs (describe in Comments below):	No
*Total Training Costs:	\$360
Comments:	
Edu. Program Application Confirmation	
<p>*Providers requesting approval or re-approval of a training program must agree to the statement below.</p> <p>The Program Description and Program Costs I have provided are currently listed in my catalog/brochure. The</p>	

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programs offered are available to the general public on a tuition basis.

Yes, I agree to the above statement. I am submitting this educational program for WIOA Approval. I certify that the information contained in this application is true and correct and that any supporting documentation is true and factual.

Name (Print): Joyce Vander Wilt Title: Staff Development Specialist

Applicant Signature: Joyce Vander Wilt Date: 7-9-19

Applications must be reviewed by the Local Workforce Development Board for consideration. Non-LWDB approved applications received directly from the training provider will not be processed with no further notification.

FOR LOCAL WORKFORCE DEVELOPMENT BOARD ONLY

Date Received by LWDB	
Date Approved by LWDB	
IWD LWDB Region #	
Authorized LWDB Name (Print):	
Authorized LWDB Signature:	

LWDB approved forms must be emailed to: ETPL@iwd.iowa.gov

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In accordance with 20 C.F.R. § 680.450, all providers and programs that have not previously been eligible to provide training services under WIOA sec. 122 or WIA sec. 122, except for registered apprenticeship programs, must submit required information to be considered for initial eligibility. If approved, the initial eligibility period is one (1) year for a particular program. To remain on the ETPL, 20 C.F.R. § 680.460 requires continued eligibility to be determined for each provider and program at the end of the initial eligibility period and then every two (2) years thereafter. Continued eligibility will be determined using the performance accountability measures described in WIOA secs. 116(b)(2)(A)(i)(I)-(IV), other matters required by WIOA sec. 122(b)(2), and other appropriate measures of performance as determined by the Governor for WIOA-funded program participants, taking into consideration the characteristics of the population served and relevant economic conditions. Please note – the provisions in WIOA secs. 116 and 122 and 20 C.F.R. § 677.230 and § 680.400 - § 680.530 that require the collection and reporting of performance related data on all participants in training programs on the State's ETPL have been waived through June 30, 2020; however, during this waiver period, the U.S. Department of Labor has mandated that the State must continue to collect and report performance related data for all WIOA-funded participants in accordance with all statutory and regulatory requirements, including WIOA secs. 116 and 122, and as specified at 20 C.F.R. § 677.230 and § 680.460.

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Provider Information

Federal Employer ID	
Federal Employer ID No:	33-1132241
Institution Identification	
Institution Name:	Northwest Area Education Agency
Institution Type:	<input type="checkbox"/> Adult Education and Literacy - Title II <input type="checkbox"/> Community Based Organization (CBOs) <input type="checkbox"/> Four-year Colleges and Universities <input type="checkbox"/> Joint labor-management organizations <input checked="" type="checkbox"/> Other Training Provider <input type="checkbox"/> Private Business and Technical Schools <input type="checkbox"/> Registered Apprenticeship programs <input type="checkbox"/> Two-year, Technical, and Community Colleges
Institution Ownership:	<input type="checkbox"/> Private for-profit institution <input type="checkbox"/> Private non-profit institution <input type="checkbox"/> Public institution <input type="checkbox"/> Unknown
Institution Primary Location	

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Address 1:	1520 Morningside Ave.
Address 2:	
City:	Sioux City
State:	IA
Zip:	51106
Contact Information	
Title:	Mrs.
First Name:	Joyce
Middle Initial:	
Last Name - (include suffix e.g. Jr, Sr, PhD, etc):	Vander Wilt
Contact Phone Number:	712-222-6105
Cell Phone:	
Contact Fax Phone Number:	712-722-1643
Email Address:	jvanderwilt@nwaea.org
Institution URL:	
Provider Information	
Local Workforce Development Area:	
Type of Business:	<input type="checkbox"/> College/University <input type="checkbox"/> Post-Secondary Educational Institution - Public <input type="checkbox"/> Post-Secondary Educational Institution - Private <input type="checkbox"/> Local Public School - 12th Grade and Under <input type="checkbox"/> Local Private School - 12th Grade and Under <input type="checkbox"/> Local Charter School - 12th Grade and Under <input type="checkbox"/> Alternative Secondary Education School - 12th Grade... <input type="checkbox"/> Health Care <input type="checkbox"/> Community Based Organization - Church <input type="checkbox"/> Community Based Organization - Non-Profit <input type="checkbox"/> Federal Government Agency <input checked="" type="checkbox"/> State Government Agency <input type="checkbox"/> Local Government Agency <input type="checkbox"/> Private Employer <input type="checkbox"/> Services/Goods Vendor Not Otherwise Classified <input type="checkbox"/> Trade Association <input type="checkbox"/> Registered Apprenticeship <input type="checkbox"/> One-Stop Office

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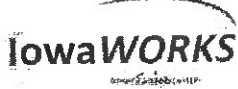
This provider is an accredited postsecondary education institution:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Billing Address Information	
Billing Address 1:	1520 Morningside Ave.
Billing Address 2:	
Billing City:	Sioux City
Billing State:	IA
Billing Zip:	51106
Attention:	Joyce Vander Wilt
Mailing Address Information	
Mailing Address 1:	1520 Morningside Ave.
Mailing Address 2:	
Mailing City:	Sioux City
Mailing State:	IA
Mailing Zip:	51106
Mailing Attention:	Joyce Vander Wilt
CRS Provider Information	
WIOA Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Institution Type:	<input type="checkbox"/> Adult Education and Literacy - Title II <input type="checkbox"/> Community Based Organizations (CBOs) <input type="checkbox"/> Four-year Colleges and Universities <input type="checkbox"/> Joint labor-management organizations <input type="checkbox"/> Other Training Provider <input type="checkbox"/> Private Business and Technical Schools <input type="checkbox"/> Registered Apprenticeship programs <input type="checkbox"/> Two-year, Technical, and Community Colleges
Institution Ownership:	<input type="checkbox"/> Private for-profit institution <input type="checkbox"/> Private non-profit institution <input type="checkbox"/> Public institution <input type="checkbox"/> Unknown
Type of Entity:	<input type="checkbox"/> Higher Ed: Associate's Degree <input type="checkbox"/> Higher Ed: Baccalaureate or Higher <input type="checkbox"/> Higher Ed: Certificate of Completion <input type="checkbox"/> National Apprenticeship

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	<input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private For-Profit <input type="checkbox"/> Public <input type="checkbox"/> Other
Years in Business:	
Disabled Access:	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADA Compliant:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Institution Description:	
Main Telephone Number:	
TTD/TTY Telephone Number:	
Financial Aid Telephone Number:	
Main Email Address:	
Is this a Community College?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Accreditation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Career Assessment Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Career Counseling Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Job Placement Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Tutorial Services Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ESL Services Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
GED Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other Additional Services Available	<input type="checkbox"/> Yes <input type="checkbox"/> No

Eligible Training Provider List - Provider & Program Application



On-site Child Care Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Financial Aid Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Eligible Provider or Youth Workforce Investment Activities	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pell Grant Eligible:	<input type="checkbox"/> Yes, Pell Grant Eligible <input type="checkbox"/> No, not Pell Grant Eligible <input type="checkbox"/> Pell Grant Not Applicable
Registered Apprenticeship Provider:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Approved Apprenticeship:	<input type="checkbox"/> Yes, Approved Apprenticeship <input checked="" type="checkbox"/> No, not Approved Apprenticeship

Program Information

General Information	
Purpose for adding program:	<input type="checkbox"/> Submit for ETPL Approval and accept participants <input type="checkbox"/> Accept participants without submitting for ETPL Approval <input type="checkbox"/> Display to the public only
*CIP Code:	
*Education Program Name:	Substitute Authorization
Education Program Description:	The Substitute Authorization allows an individual with a baccalaureate degree who has completed the Substitute Authorization program to substitute in an elementary, middle school, junior high school or high school classroom for no more than five consecutive days in one job assignment at a time.
*This program of study leads to:	<input type="checkbox"/> An industry-recognized certificate or certification <input type="checkbox"/> A certificate of completion of an apprenticeship <input type="checkbox"/> A license recognized by the State involved or the Federal government <input type="checkbox"/> An associate degree <input type="checkbox"/> A baccalaureate degree <input type="checkbox"/> A community college certificate of completion <input type="checkbox"/> A secondary school diploma or its equivalent <input type="checkbox"/> Employment <input type="checkbox"/> A measurable skills gain leading to a credential <input checked="" type="checkbox"/> A measurable skills gain leading to employment

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This program leads to a credential or degree	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name of associated credential:	Substitute Authorization
*Completion level:	<input type="checkbox"/> Apprenticeship completers <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input checked="" type="checkbox"/> Certificates < 2 yrs. <input type="checkbox"/> Doctor's Degrees <input type="checkbox"/> Employment & training program completers <input type="checkbox"/> First-professional Cert. (Post-Degree) <input type="checkbox"/> First-professional Degrees <input type="checkbox"/> Graduate degrees combined <input type="checkbox"/> Information Technology Certificates <input type="checkbox"/> Job Corps Completers <input type="checkbox"/> Master's Degree <input type="checkbox"/> Military separatees <input type="checkbox"/> OJT=on-the-job training <input type="checkbox"/> Post-Master's Certificates <input type="checkbox"/> Postbaccalaureate Certificates <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; < 1 yr. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; <4 yrs. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; 1-2 yrs. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; 2-4 yrs. <input type="checkbox"/> Secondary <input type="checkbox"/> State-defined Completion Types <input type="checkbox"/> Sum of all types <input type="checkbox"/> Vocational Rehabilitation
*Attain Credential:	<input type="checkbox"/> High School Diploma or GED or High School Equivalency Diploma <input type="checkbox"/> AA/AS Degree <input checked="" type="checkbox"/> BA/BS Degree <input type="checkbox"/> Occupational Skills License <input type="checkbox"/> Occupational Skills certificate or credential <input type="checkbox"/> Other <input type="checkbox"/> No credential received, individual received training <input type="checkbox"/> N/A, individual did not receive training <input type="checkbox"/> Post Graduate Degree
Other, Specify:	
Certification/License Title:	
Certification/License Type:	<input type="checkbox"/> National Certification or License <input checked="" type="checkbox"/> State Certification or License <input type="checkbox"/> Regional Certification or License <input type="checkbox"/> Certification or License Does Not Apply
Green Job Training:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
*Is this education program in a partnership with	<input type="checkbox"/> Yes

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a business?	<input checked="" type="checkbox"/> No
Please describe the partnership or plans to develop partnership in 800 characters or less (supporting documentation may be required):	
Apprenticeship	
*This program is an Apprenticeship:	<input type="checkbox"/> Yes (proceed to next question) <input checked="" type="checkbox"/> No (skip to next section, Additional Details)
This Education Program is a Registered Apprenticeship:	<input type="checkbox"/> Yes (proceed to complete the rest of this section) <input checked="" type="checkbox"/> No (skip to next section, Additional Details)
Apprenticeship Registration Date:	
Apprenticeship Description:	
Number of active apprentices:	
Instruction Method:	<input type="checkbox"/> In-person <input checked="" type="checkbox"/> Online, E-learning, or Distance Learning <input type="checkbox"/> Hybrid or Blended Program
Instruction Length in Weeks:	
Technical instruction is provided by another provider:	<input type="checkbox"/> Yes (proceed to complete the rest of this section) <input checked="" type="checkbox"/> No (skip to next section, Additional Details)
Instruction Provider Name:	
Instruction Provider Address 1:	
Instruction Provider Address 2:	
Instruction Provider City:	
Instruction Provider State:	
Instruction Provider Zip Code:	
Additional Details	
Financial Aid Available	<input type="checkbox"/> Pell Grant <input type="checkbox"/> Federal Loan <input type="checkbox"/> Institutional Scholarship <input type="checkbox"/> Other
*URL of Training Program:	

Eligible Training Provider List - Provider & Program Application



<p>*Program Prerequisites:</p>	<p> <input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Associate's Degree <input checked="" type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Course(s) <input type="checkbox"/> Combination of Education and Course(s) <input type="checkbox"/> None </p>
<p>*Date Edu. Program First Offered:</p>	<p>2002</p>
<p>*Please provide a reasonable explanation regarding why this is a new program:</p>	<p>This program was approved by the Iowa Board of Examiners in 2002.</p>
<p>Minimum Class Size</p>	
<p>Maximum Class Size</p>	
<p>Number of Instructors</p>	
<p>Describe the qualifications of all instructors in 800 characters or less:</p>	<p>Valid Iowa teaching license.</p>
<p>Describe the minimum entry level requirements or prerequisites in 800 characters or less:</p>	
<p>Drug/Alcohol Screening Required:</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>
<p>Accessibility:</p>	<p> <input checked="" type="checkbox"/> On-Site Parking <input type="checkbox"/> Public Transportation <input type="checkbox"/> Disabled Student Access <input type="checkbox"/> Sign Language <input type="checkbox"/> Other Languages <input type="checkbox"/> Other </p>
<p>Describe any equipment used in this program and its adequacy and availability in 800 characters or less:</p>	
<p>*Grievance Procedure:</p>	<p>Yes we do have one.</p>

Eligible Training Provider List - Provider & Program Application



*Grievance Procedure URL:	NA
*Refund Policy:	Full refund if canceled 8 days before the first day of class.
*Refund Policy URL:	NA
Internship Available:	<input type="checkbox"/> Yes <input type="checkbox"/> No
*This education or training program is a Quality Pre-Apprenticeship:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Related Selected Occupations	
CIP Code 1	
Occupation Title 1	
CIP Code 2	
Occupation Title 2	
CIP Code 3	
Occupation Title 3	
If any selected occupation is not in local bright outlook, provide evidence that it is in demand.	
Selected Occupational Skills	
List any occupational skills:	

Eligible Training Provider List - Provider & Program Application



Completion Expectations	
Continuing Education Units (CEU):	
CEU Granting Institution:	
*Credit Earned Program:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*Number of Credits:	1
Credit Earned Duration:	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Program Goal	<input type="checkbox"/> Skill Attainment <input checked="" type="checkbox"/> Certificate <input type="checkbox"/> Registration <input type="checkbox"/> License <input type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> Other
Credentialing Body:	<input type="checkbox"/> Iowa Board of Educational Examiners <input type="checkbox"/> Iowa Bureau of Professional Licensure <input type="checkbox"/> Iowa Board of Nursing <input type="checkbox"/> Iowa Board of Behavioral Science <input type="checkbox"/> Iowa Board of Certification <input type="checkbox"/> Iowa Board of Veterinary Medicine <input type="checkbox"/> Nation Environmental Health Association
*Projected Hourly Wage After Program Completion:	Depends of the school district
Scheduling	
Class Time (hours):	
Lab Time (hours):	
Other Time (hours):	
Class Frequency:	<input type="checkbox"/> Daily <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semester <input type="checkbox"/> Tri-semester <input type="checkbox"/> Annual <input type="checkbox"/> Bi-Annual <input type="checkbox"/> Bi-Monthly
*Reporting Program Length - Clock/Contact Hours:	Total of 20 hours

Eligible Training Provider List - Provider & Program Application



*Reporting Program Length - Full-time Weeks:	The class will be three days for eight hours each day.
*Reporting Program Format:	<input checked="" type="checkbox"/> In-person <input type="checkbox"/> Online, E-learning, or Distance Learning <input type="checkbox"/> Hybrid or Blended Program
Duration	
Duration:	
Duration Type:	<input type="checkbox"/> Semesters/Terms <input type="checkbox"/> Weeks <input type="checkbox"/> Hours <input type="checkbox"/> Months
Schedule Intensity:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Weekly Schedule:	
Classes Offered:	<input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> Summer
External Approvals	
Is this program listed on another state's ETPL?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cost Details	
*Tuition/Fee:	\$125
*Books:	It is in the cost of the class.
*Tools:	laptop
*Other Costs (describe in Comments below):	No
*Total Training Costs:	\$125
Comments:	
Edu. Program Application Confirmation	
<p>*Providers requesting approval or re-approval of a training program must agree to the statement below.</p> <p>The Program Description and Program Costs I have provided are currently listed in my catalog/brochure. The</p>	

Eligible Training Provider List - Provider & Program Application



programs offered are available to the general public on a tuition basis.

Yes, I agree to the above statement. I am submitting this educational program for WIOA Approval. I certify that the information contained in this application is true and correct and that any supporting documentation is true and factual.

Name (Print): Joyce Vander Wilt Title: Staff Development Specialist

Applicant Signature: Joyce Vander Wilt Date: 7-9-19

Applications must be reviewed by the Local Workforce Development Board for consideration. Non-LWDB approved applications received directly from the training provider will not be processed with no further notification.

FOR LOCAL WORKFORCE DEVELOPMENT BOARD ONLY

Date Received by LWDB	
Date Approved by LWDB	
IWD LWDB Region #	
Authorized LWDB Name (Print):	
Authorized LWDB Signature:	

LWDB approved forms must be emailed to: ETPL@iwd.iowa.gov



This is an application for initial eligibility approval to participate as an Eligible Training Provider under the Workforce Innovation and Opportunity Act (WIOA) of 2014. Approval as a WIOA Eligible Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

In accordance with 20 C.F.R. § 680.450, all providers and programs that have not previously been eligible to provide training services under WIOA sec. 122 or WIA sec. 122, except for registered apprenticeship programs, must submit required information to be considered for initial eligibility. If approved, the initial eligibility period is one (1) year for a particular program. To remain on the ETPL, 20 C.F.R. § 680.460 requires continued eligibility to be determined for each provider and program at the end of the initial eligibility period and then every two (2) years thereafter. Continued eligibility will be determined using the performance accountability measures described in WIOA secs. 116(b)(2)(A)(i)(I)-(IV), other matters required by WIOA sec. 122(b)(2), and other appropriate measures of performance as determined by the Governor for WIOA-funded program participants, taking into consideration the characteristics of the population served and relevant economic conditions. Please note – the provisions in WIOA secs. 116 and 122 and 20 C.F.R. § 677.230 and § 680.400 - § 680.530 that require the collection and reporting of performance related data on all participants in training programs on the State's ETPL have been waived through June 30, 2020; however, during this waiver period, the U.S. Department of Labor has mandated that the State must continue to collect and report performance related data for all WIOA-funded participants in accordance with all statutory and regulatory requirements, including WIOA secs. 116 and 122, and as specified at 20 C.F.R. § 677.230 and § 680.460.

INSTRUCTIONS: After completing and signing the application form below, training providers should submit it to their closest IowaWORKS Center with attention to the Local Workforce Development Board. Addresses for IowaWORKS Centers can be found at <http://www.iowaworkforcedevelopment.gov/locations>. If this application is approved by the Local Workforce Development Board, the training provider will be contacted by a representative from Iowa Workforce Development with further instructions on creating an account and adding this training program to the IowaWORKS data management system at <http://www.iowaworks.gov> in order for it to be placed on the Iowa Eligible Training Provider List.

Provider Information

Federal Employer ID	
Federal Employer ID No:	42-0926922
Institution Identification	
Institution Name:	Western Iowa Tech Community College
Institution Type:	<input type="checkbox"/> Adult Education and Literacy - Title II <input type="checkbox"/> Community Based Organization (CBOs) <input type="checkbox"/> Four-year Colleges and Universities <input type="checkbox"/> Joint labor-management organizations <input type="checkbox"/> Other Training Provider <input type="checkbox"/> Private Business and Technical Schools <input type="checkbox"/> Registered Apprenticeship programs <input checked="" type="checkbox"/> Two-year, Technical, and Community Colleges
Institution Ownership:	<input type="checkbox"/> Private for-profit institution <input type="checkbox"/> Private non-profit institution <input checked="" type="checkbox"/> Public institution <input type="checkbox"/> Unknown
Institution Primary Location	

Eligible Training Provider List - Provider & Program Application



Address 1:	4647 Stone Avenue
Address 2:	
City:	Sioux City
State:	IA
Zip:	51106
Contact Information	
Title:	
First Name:	
Middle Initial:	
Last Name - (include suffix e.g. Jr, Sr, PhD, etc):	
Contact Phone Number:	
Cell Phone:	
Contact Fax Phone Number:	
Email Address:	
Institution URL:	www.witcc.edu
Provider Information	
Local Workforce Development Area:	
Type of Business:	<input type="checkbox"/> College/University <input checked="" type="checkbox"/> Post-Secondary Educational Institution - Public <input type="checkbox"/> Post-Secondary Educational Institution - Private <input type="checkbox"/> Local Public School - 12th Grade and Under <input type="checkbox"/> Local Private School - 12th Grade and Under <input type="checkbox"/> Local Charter School - 12th Grade and Under <input type="checkbox"/> Alternative Secondary Education School - 12th Grade... <input type="checkbox"/> Health Care <input type="checkbox"/> Community Based Organization - Church <input type="checkbox"/> Community Based Organization - Non-Profit <input type="checkbox"/> Federal Government Agency <input type="checkbox"/> State Government Agency <input type="checkbox"/> Local Government Agency <input type="checkbox"/> Private Employer <input type="checkbox"/> Services/Goods Vendor Not Otherwise Classified <input type="checkbox"/> Trade Association <input type="checkbox"/> Registered Apprenticeship <input type="checkbox"/> One-Stop Office

Eligible Training Provider List - Provider & Program Application



This provider is an accredited postsecondary education institution:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Billing Address Information	
Billing Address 1:	PO Box 5199
Billing Address 2:	
Billing City:	Sioux City
Billing State:	IA
Billing Zip:	51102
Attention:	
Mailing Address Information	
Mailing Address 1:	PO Box 5199
Mailing Address 2:	
Mailing City:	Sioux City
Mailing State:	IA
Mailing Zip:	51102
Mailing Attention:	
CRS Provider Information	
WIOA Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No
Institution Type:	<input type="checkbox"/> Adult Education and Literacy - Title II <input type="checkbox"/> Community Based Organizations (CBOs) <input type="checkbox"/> Four-year Colleges and Universities <input type="checkbox"/> Joint labor-management organizations <input type="checkbox"/> Other Training Provider <input type="checkbox"/> Private Business and Technical Schools <input type="checkbox"/> Registered Apprenticeship programs <input checked="" type="checkbox"/> Two-year, Technical, and Community Colleges
Institution Ownership:	<input type="checkbox"/> Private for-profit institution <input type="checkbox"/> Private non-profit institution <input checked="" type="checkbox"/> Public institution <input type="checkbox"/> Unknown
Type of Entity:	<input checked="" type="checkbox"/> Higher Ed: Associate's Degree <input type="checkbox"/> Higher Ed: Baccalaureate or Higher <input type="checkbox"/> Higher Ed: Certificate of Completion <input type="checkbox"/> National Apprenticeship

Eligible Training Provider List - Provider & Program Application



	<input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private For-Profit <input type="checkbox"/> Public <input type="checkbox"/> Other
Years in Business:	53 years
Disabled Access:	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADA Compliant:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Institution Description:	
Main Telephone Number:	712-274-6400
TTD/TTY Telephone Number:	
Financial Aid Telephone Number:	712-274-6402
Main Email Address:	
Is this a Community College?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Accreditation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Career Assessment Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Career Counseling Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Placement Assistance Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tutorial Services Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
ESL Services Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
GED Assistance Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other Additional Services Available	<input type="checkbox"/> Yes <input type="checkbox"/> No

Eligible Training Provider List - Provider & Program Application



On-site Child Care Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Aid Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eligible Provider or Youth Workforce Investment Activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pell Grant Eligible:	<input type="checkbox"/> Yes, Pell Grant Eligible <input type="checkbox"/> No, not Pell Grant Eligible <input type="checkbox"/> Pell Grant Not Applicable
Registered Apprenticeship Provider:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approved Apprenticeship:	<input type="checkbox"/> Yes, Approved Apprenticeship <input type="checkbox"/> No, not Approved Apprenticeship

Program Information

General Information	
Purpose for adding program:	<input type="checkbox"/> Submit for ETPL Approval and accept participants <input type="checkbox"/> Accept participants without submitting for ETPL Approval <input type="checkbox"/> Display to the public only
*CIP Code:	52.0302
*Education Program Name:	Bookkeeping Certificate
Education Program Description:	This certificate is designed for someone to learn basic bookkeeping skills. Program emphasis is on developing bookkeeping concepts so that graduates can assist an accountant.
*This program of study leads to:	<input checked="" type="checkbox"/> An industry-recognized certificate or certification <input type="checkbox"/> A certificate of completion of an apprenticeship <input type="checkbox"/> A license recognized by the State involved or the Federal government <input type="checkbox"/> An associate degree <input type="checkbox"/> A baccalaureate degree <input type="checkbox"/> A community college certificate of completion <input type="checkbox"/> A secondary school diploma or its equivalent <input type="checkbox"/> Employment <input type="checkbox"/> A measurable skills gain leading to a credential <input type="checkbox"/> A measurable skills gain leading to employment

Eligible Training Provider List - Provider & Program Application



<p>This program leads to a credential or degree</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Name of associated credential:</p>	<p>Bookkeeping Certificate</p>
<p>*Completion level:</p>	<p><input type="checkbox"/> Apprenticeship completers <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input checked="" type="checkbox"/> Certificates < 2 yrs. <input type="checkbox"/> Doctor's Degrees <input type="checkbox"/> Employment & training program completers <input type="checkbox"/> First-professional Cert. (Post-Degree) <input type="checkbox"/> First-professional Degrees <input type="checkbox"/> Graduate degrees combined <input type="checkbox"/> Information Technology Certificates <input type="checkbox"/> Job Corps Completers <input type="checkbox"/> Master's Degree <input type="checkbox"/> Military separatees <input type="checkbox"/> OJT=on-the-job training <input type="checkbox"/> Post-Master's Certificates <input type="checkbox"/> Postbaccalaureate Certificates <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; < 1 yr. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; <4 yrs. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; 1-2 yrs. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; 2-4 yrs. <input type="checkbox"/> Secondary <input type="checkbox"/> State-defined Completion Types <input type="checkbox"/> Sum of all types <input type="checkbox"/> Vocational Rehabilitation</p>
<p>*Attain Credential:</p>	<p><input type="checkbox"/> High School Diploma or GED or High School Equivalency Diploma <input type="checkbox"/> AA/AS Degree <input type="checkbox"/> BA/BS Degree <input type="checkbox"/> Occupational Skills License <input type="checkbox"/> Occupational Skills certificate or credential <input type="checkbox"/> Other <input type="checkbox"/> No credential received, individual received training <input type="checkbox"/> N/A, individual did not receive training <input type="checkbox"/> Post Graduate Degree</p>
<p>Other, Specify:</p>	
<p>Certification/License Title:</p>	
<p>Certification/License Type:</p>	<p><input type="checkbox"/> National Certification or License <input type="checkbox"/> State Certification or License <input type="checkbox"/> Regional Certification or License <input type="checkbox"/> Certification or License Does Not Apply</p>
<p>Green Job Training:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>*Is this education program in a partnership with</p>	<p><input type="checkbox"/> Yes</p>

Eligible Training Provider List - Provider & Program Application



a business?	<input checked="" type="checkbox"/> No
Please describe the partnership or plans to develop partnership in 800 characters or less (supporting documentation may be required):	
Apprenticeship	
*This program is an Apprenticeship:	<input type="checkbox"/> Yes (proceed to next question) <input checked="" type="checkbox"/> No (skip to next section, Additional Details)
This Education Program is a Registered Apprenticeship:	<input type="checkbox"/> Yes (proceed to complete the rest of this section) <input checked="" type="checkbox"/> No (skip to next section, Additional Details)
Apprenticeship Registration Date:	
Apprenticeship Description:	
Number of active apprentices:	
Instruction Method:	<input type="checkbox"/> In-person <input type="checkbox"/> Online, E-learning, or Distance Learning <input type="checkbox"/> Hybrid or Blended Program
Instruction Length in Weeks:	
Technical instruction is provided by another provider:	<input type="checkbox"/> Yes (proceed to complete the rest of this section) <input checked="" type="checkbox"/> No (skip to next section, Additional Details)
Instruction Provider Name:	
Instruction Provider Address 1:	
Instruction Provider Address 2:	
Instruction Provider City:	
Instruction Provider State:	
Instruction Provider Zip Code:	
Additional Details	
Financial Aid Available	<input type="checkbox"/> Pell Grant <input type="checkbox"/> Federal Loan <input type="checkbox"/> Institutional Scholarship <input type="checkbox"/> Other
*URL of Training Program:	https://www.witcc.edu/programs/285/

Eligible Training Provider List - Provider & Program Application



<p>*Program Prerequisites:</p>	<p> <input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Course(s) <input type="checkbox"/> Combination of Education and Course(s) <input checked="" type="checkbox"/> None </p>
<p>*Date Edu. Program First Offered:</p>	<p>approved 2/2018</p>
<p>*Please provide a reasonable explanation regarding why this is a new program:</p>	<p>It's been a program at WITCC for many years. Adding the Bookkeeping certificate for approval.</p>
<p>Minimum Class Size</p>	<p>8</p>
<p>Maximum Class Size</p>	<p>24</p>
<p>Number of Instructors</p>	<p>3</p>
<p>Describe the qualifications of all instructors in 800 characters or less:</p>	
<p>Describe the minimum entry level requirements or prerequisites in 800 characters or less:</p>	
<p>Drug/Alcohol Screening Required:</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>
<p>Accessibility:</p>	<p> <input type="checkbox"/> On-Site Parking <input type="checkbox"/> Public Transportation <input type="checkbox"/> Disabled Student Access <input type="checkbox"/> Sign Language <input type="checkbox"/> Other Languages <input type="checkbox"/> Other </p>
<p>Describe any equipment used in this program and its adequacy and availability in 800 characters or less:</p>	
<p>*Grievance Procedure:</p>	<p>https://www.witcc.edu/pdf/student_handbook.pdf</p>

Eligible Training Provider List - Provider & Program Application



*Grievance Procedure URL:	https://www.witcc.edu/pdf/student_handbook.pdf
*Refund Policy:	https://www.witcc.edu/pdf/student_handbook.pdf
*Refund Policy URL:	https://www.witcc.edu/pdf/student_handbook.pdf
Internship Available:	<input type="checkbox"/> Yes <input type="checkbox"/> No
*This education or training program is a Quality Pre-Apprenticeship:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Related Selected Occupations	
CIP Code 1	
Occupation Title 1	
CIP Code 2	
Occupation Title 2	
CIP Code 3	
Occupation Title 3	
If any selected occupation is not in local bright outlook, provide evidence that it is in demand.	
Selected Occupational Skills	
List any occupational skills:	

Eligible Training Provider List - Provider & Program Application



Completion Expectations	
Continuing Education Units (CEU):	
CEU Granting Institution:	
*Credit Earned Program:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*Number of Credits:	17
Credit Earned Duration:	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Program Goal	<input type="checkbox"/> Skill Attainment <input checked="" type="checkbox"/> Certificate <input type="checkbox"/> Registration <input type="checkbox"/> License <input type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> Other
Credentialing Body:	<input type="checkbox"/> Iowa Board of Educational Examiners <input type="checkbox"/> Iowa Bureau of Professional Licensure <input type="checkbox"/> Iowa Board of Nursing <input type="checkbox"/> Iowa Board of Behavioral Science <input type="checkbox"/> Iowa Board of Certification <input type="checkbox"/> Iowa Board of Veterinary Medicine <input type="checkbox"/> Nation Environmental Health Association
*Projected Hourly Wage After Program Completion:	\$25.90
Scheduling	
Class Time (hours):	
Lab Time (hours):	
Other Time (hours):	
Class Frequency:	<input type="checkbox"/> Daily <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semester <input type="checkbox"/> Tri-semester <input type="checkbox"/> Annual <input type="checkbox"/> Bi-Annual <input type="checkbox"/> Bi-Monthly
*Reporting Program Length - Clock/Contact Hours:	352 contact hours

Eligible Training Provider List - Provider & Program Application



*Reporting Program Length - Full-time Weeks:	2 semesters
*Reporting Program Format:	<input checked="" type="checkbox"/> In-person <input checked="" type="checkbox"/> Online, E-learning, or Distance Learning <input checked="" type="checkbox"/> Hybrid or Blended Program
Duration	
Duration:	
Duration Type:	<input type="checkbox"/> Semesters/Terms <input type="checkbox"/> Weeks <input type="checkbox"/> Hours <input type="checkbox"/> Months
Schedule Intensity:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Weekly Schedule:	
Classes Offered:	<input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> Summer
External Approvals	
Is this program listed on another state's ETPL?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Cost Details	
*Tuition/Fee:	3094
*Books:	1204
*Tools:	0
*Other Costs (describe in Comments below):	35
*Total Training Costs:	4333
Comments:	course fee
Edu. Program Application Confirmation	
<p>*Providers requesting approval or re-approval of a training program must agree to the statement below.</p> <p>The Program Description and Program Costs I have provided are currently listed in my catalog/brochure. The</p>	

Eligible Training Provider List - Provider & Program Application



programs offered are available to the general public on a tuition basis.

- Yes, I agree to the above statement. I am submitting this educational program for WIOA Approval. I certify that the information contained in this application is true and correct and that any supporting documentation is true and factual.

Name (Print): Darin Moeller Title: Exec. Dean of Instruction

Applicant Signature:  Date: 7-15-19

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FOR LOCAL WORKFORCE DEVELOPMENT BOARD ONLY

Date Received by LWDB	
Date Approved by LWDB	
IWD LWDB Region #	
Authorized LWDB Name (Print):	
Authorized LWDB Signature:	

LWDB approved forms must be emailed to: ETPL@iwd.iowa.gov



This is an application for initial eligibility approval to participate as an Eligible Training Provider under the Workforce Innovation and Opportunity Act (WIOA) of 2014. Approval as a WIOA Eligible Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

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Provider Information

Federal Employer ID	
Federal Employer ID No:	42-0926922
Institution Identification	
Institution Name:	Western Iowa Tech Community College
Institution Type:	<input type="checkbox"/> Adult Education and Literacy - Title II <input type="checkbox"/> Community Based Organization (CBOs) <input type="checkbox"/> Four-year Colleges and Universities <input type="checkbox"/> Joint labor-management organizations <input type="checkbox"/> Other Training Provider <input type="checkbox"/> Private Business and Technical Schools <input type="checkbox"/> Registered Apprenticeship programs <input checked="" type="checkbox"/> Two-year, Technical, and Community Colleges
Institution Ownership:	<input type="checkbox"/> Private for-profit institution <input type="checkbox"/> Private non-profit institution <input checked="" type="checkbox"/> Public institution <input type="checkbox"/> Unknown
Institution Primary Location	

Eligible Training Provider List - Provider & Program Application



Address 1:	4647 Stone Avenue
Address 2:	
City:	Sioux City
State:	IA
Zip:	51106
Contact Information	
Title:	
First Name:	
Middle Initial:	
Last Name - (include suffix e.g. Jr, Sr, PhD, etc):	
Contact Phone Number:	
Cell Phone:	
Contact Fax Phone Number:	
Email Address:	
Institution URL:	www.witcc.edu
Provider Information	
Local Workforce Development Area:	
Type of Business:	<input type="checkbox"/> College/University <input checked="" type="checkbox"/> Post-Secondary Educational Institution - Public <input type="checkbox"/> Post-Secondary Educational Institution - Private <input type="checkbox"/> Local Public School - 12th Grade and Under <input type="checkbox"/> Local Private School - 12th Grade and Under <input type="checkbox"/> Local Charter School - 12th Grade and Under <input type="checkbox"/> Alternative Secondary Education School - 12th Grade... <input type="checkbox"/> Health Care <input type="checkbox"/> Community Based Organization - Church <input type="checkbox"/> Community Based Organization - Non-Profit <input type="checkbox"/> Federal Government Agency <input type="checkbox"/> State Government Agency <input type="checkbox"/> Local Government Agency <input type="checkbox"/> Private Employer <input type="checkbox"/> Services/Goods Vendor Not Otherwise Classified <input type="checkbox"/> Trade Association <input type="checkbox"/> Registered Apprenticeship <input type="checkbox"/> One-Stop Office

Eligible Training Provider List - Provider & Program Application



This provider is an accredited postsecondary education institution:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Billing Address Information	
Billing Address 1:	PO Box 5199
Billing Address 2:	
Billing City:	Sioux City
Billing State:	IA
Billing Zip:	51102
Attention:	
Mailing Address Information	
Mailing Address 1:	PO Box 5199
Mailing Address 2:	
Mailing City:	Sioux City
Mailing State:	IA
Mailing Zip:	51102
Mailing Attention:	
CRS Provider Information	
WIOA Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No
Institution Type:	<input type="checkbox"/> Adult Education and Literacy - Title II <input type="checkbox"/> Community Based Organizations (CBOs) <input type="checkbox"/> Four-year Colleges and Universities <input type="checkbox"/> Joint labor-management organizations <input type="checkbox"/> Other Training Provider <input type="checkbox"/> Private Business and Technical Schools <input type="checkbox"/> Registered Apprenticeship programs <input checked="" type="checkbox"/> Two-year, Technical, and Community Colleges
Institution Ownership:	<input type="checkbox"/> Private for-profit institution <input type="checkbox"/> Private non-profit institution <input checked="" type="checkbox"/> Public institution <input type="checkbox"/> Unknown
Type of Entity:	<input checked="" type="checkbox"/> Higher Ed: Associate's Degree <input type="checkbox"/> Higher Ed: Baccalaureate or Higher <input type="checkbox"/> Higher Ed: Certificate of Completion <input type="checkbox"/> National Apprenticeship

Eligible Training Provider List - Provider & Program Application



	<input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private For-Profit <input type="checkbox"/> Public <input type="checkbox"/> Other
Years in Business:	53 years
Disabled Access:	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADA Compliant:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Institution Description:	
Main Telephone Number:	712-274-6400
TTD/TTY Telephone Number:	
Financial Aid Telephone Number:	712-274-6402
Main Email Address:	
Is this a Community College?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Accreditation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Career Assessment Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Career Counseling Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Placement Assistance Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tutorial Services Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
ESL Services Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
GED Assistance Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other Additional Services Available	<input type="checkbox"/> Yes <input type="checkbox"/> No

Eligible Training Provider List - Provider & Program Application



On-site Child Care Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Aid Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eligible Provider or Youth Workforce Investment Activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pell Grant Eligible:	<input type="checkbox"/> Yes, Pell Grant Eligible <input type="checkbox"/> No, not Pell Grant Eligible <input type="checkbox"/> Pell Grant Not Applicable
Registered Apprenticeship Provider:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approved Apprenticeship:	<input type="checkbox"/> Yes, Approved Apprenticeship <input type="checkbox"/> No, not Approved Apprenticeship

Program Information

General Information	
Purpose for adding program:	<input type="checkbox"/> Submit for ETPL Approval and accept participants <input type="checkbox"/> Accept participants without submitting for ETPL Approval <input type="checkbox"/> Display to the public only
*CIP Code:	51.0713
*Education Program Name:	Health Information Technology
Education Program Description:	This program prepares students to use electronic records systems in creating, managing, retrieving, and accessing electronic health records.
*This program of study leads to:	<input checked="" type="checkbox"/> An industry-recognized certificate or certification <input type="checkbox"/> A certificate of completion of an apprenticeship <input type="checkbox"/> A license recognized by the State involved or the Federal government <input type="checkbox"/> An associate degree <input type="checkbox"/> A baccalaureate degree <input type="checkbox"/> A community college certificate of completion <input type="checkbox"/> A secondary school diploma or its equivalent <input type="checkbox"/> Employment <input type="checkbox"/> A measurable skills gain leading to a credential <input type="checkbox"/> A measurable skills gain leading to employment

Eligible Training Provider List - Provider & Program Application



<p>This program leads to a credential or degree</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Name of associated credential:</p>	<p>Health Information Technology Certificate</p>
<p>*Completion level:</p>	<p> <input type="checkbox"/> Apprenticeship completers <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input checked="" type="checkbox"/> Certificates < 2 yrs. <input type="checkbox"/> Doctor's Degrees <input type="checkbox"/> Employment & training program completers <input type="checkbox"/> First-professional Cert. (Post-Degree) <input type="checkbox"/> First-professional Degrees <input type="checkbox"/> Graduate degrees combined <input type="checkbox"/> Information Technology Certificates <input type="checkbox"/> Job Corps Completers <input type="checkbox"/> Master's Degree <input type="checkbox"/> Military separatees <input type="checkbox"/> OJT=on-the-job training <input type="checkbox"/> Post-Master's Certificates <input type="checkbox"/> Postbaccalaureate Certificates <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; < 1 yr. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; <4 yrs. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; 1-2 yrs. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; 2-4 yrs. <input type="checkbox"/> Secondary <input type="checkbox"/> State-defined Completion Types <input type="checkbox"/> Sum of all types <input type="checkbox"/> Vocational Rehabilitation </p>
<p>*Attain Credential:</p>	<p> <input type="checkbox"/> High School Diploma or GED or High School Equivalency Diploma <input type="checkbox"/> AA/AS Degree <input type="checkbox"/> BA/BS Degree <input type="checkbox"/> Occupational Skills License <input type="checkbox"/> Occupational Skills certificate or credential <input type="checkbox"/> Other <input type="checkbox"/> No credential received, individual received training <input type="checkbox"/> N/A, individual did not receive training <input type="checkbox"/> Post Graduate Degree </p>
<p>Other, Specify:</p>	
<p>Certification/License Title:</p>	
<p>Certification/License Type:</p>	<p> <input type="checkbox"/> National Certification or License <input type="checkbox"/> State Certification or License <input type="checkbox"/> Regional Certification or License <input type="checkbox"/> Certification or License Does Not Apply </p>
<p>Green Job Training:</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p>*Is this education program in a partnership with</p>	<p><input type="checkbox"/> Yes</p>

Eligible Training Provider List - Provider & Program Application



a business?	<input checked="" type="checkbox"/> No
Please describe the partnership or plans to develop partnership in 800 characters or less (supporting documentation may be required):	
Apprenticeship	
*This program is an Apprenticeship:	<input type="checkbox"/> Yes (proceed to next question) <input checked="" type="checkbox"/> No (skip to next section, Additional Details)
This Education Program is a Registered Apprenticeship:	<input type="checkbox"/> Yes (proceed to complete the rest of this section) <input checked="" type="checkbox"/> No (skip to next section, Additional Details)
Apprenticeship Registration Date:	
Apprenticeship Description:	
Number of active apprentices:	
Instruction Method:	<input type="checkbox"/> In-person <input type="checkbox"/> Online, E-learning, or Distance Learning <input type="checkbox"/> Hybrid or Blended Program
Instruction Length in Weeks:	
Technical instruction is provided by another provider:	<input type="checkbox"/> Yes (proceed to complete the rest of this section) <input checked="" type="checkbox"/> No (skip to next section, Additional Details)
Instruction Provider Name:	
Instruction Provider Address 1:	
Instruction Provider Address 2:	
Instruction Provider City:	
Instruction Provider State:	
Instruction Provider Zip Code:	
Additional Details	
Financial Aid Available	<input type="checkbox"/> Pell Grant <input type="checkbox"/> Federal Loan <input type="checkbox"/> Institutional Scholarship <input type="checkbox"/> Other
*URL of Training Program:	https://www.witcc.edu/programs/234/

Eligible Training Provider List - Provider & Program Application



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<p>*Program Prerequisites:</p>	<p> <input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Course(s) <input type="checkbox"/> Combination of Education and Course(s) <input checked="" type="checkbox"/> None </p>
<p>*Date Edu. Program First Offered:</p>	<p>approved 5/2013</p>
<p>*Please provide a reasonable explanation regarding why this is a new program:</p>	<p>It's been a program at WITCC for years, would like to add this certificate.</p>
<p>Minimum Class Size</p>	<p>8</p>
<p>Maximum Class Size</p>	<p>24</p>
<p>Number of Instructors</p>	<p>1</p>
<p>Describe the qualifications of all instructors in 800 characters or less:</p>	
<p>Describe the minimum entry level requirements or prerequisites in 800 characters or less:</p>	
<p>Drug/Alcohol Screening Required:</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p>Accessibility:</p>	<p> <input type="checkbox"/> On-Site Parking <input type="checkbox"/> Public Transportation <input type="checkbox"/> Disabled Student Access <input type="checkbox"/> Sign Language <input type="checkbox"/> Other Languages <input type="checkbox"/> Other </p>
<p>Describe any equipment used in this program and its adequacy and availability in 800 characters or less:</p>	
<p>*Grievance Procedure:</p>	<p>https://www.witcc.edu/pdf/student_handbook.pdf</p>

Eligible Training Provider List - Provider & Program Application



*Grievance Procedure URL:	https://www.witcc.edu/pdf/student_handbook.pdf
*Refund Policy:	https://www.witcc.edu/pdf/student_handbook.pdf
*Refund Policy URL:	https://www.witcc.edu/pdf/student_handbook.pdf
Internship Available:	<input type="checkbox"/> Yes <input type="checkbox"/> No
*This education or training program is a Quality Pre-Apprenticeship:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Related Selected Occupations	
CIP Code 1	
Occupation Title 1	
CIP Code 2	
Occupation Title 2	
CIP Code 3	
Occupation Title 3	
If any selected occupation is not in local bright outlook, provide evidence that it is in demand.	
Selected Occupational Skills	
List any occupational skills:	

Eligible Training Provider List - Provider & Program Application



Completion Expectations	
Continuing Education Units (CEU):	
CEU Granting Institution:	
*Credit Earned Program:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*Number of Credits:	17
Credit Earned Duration:	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Program Goal	<input type="checkbox"/> Skill Attainment <input checked="" type="checkbox"/> Certificate <input type="checkbox"/> Registration <input type="checkbox"/> License <input type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> Other
Credentialing Body:	<input type="checkbox"/> Iowa Board of Educational Examiners <input type="checkbox"/> Iowa Bureau of Professional Licensure <input type="checkbox"/> Iowa Board of Nursing <input type="checkbox"/> Iowa Board of Behavioral Science <input type="checkbox"/> Iowa Board of Certification <input type="checkbox"/> Iowa Board of Veterinary Medicine <input type="checkbox"/> Nation Environmental Health Association
*Projected Hourly Wage After Program Completion:	\$24.93/hr
Scheduling	
Class Time (hours):	
Lab Time (hours):	
Other Time (hours):	
Class Frequency:	<input type="checkbox"/> Daily <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semester <input type="checkbox"/> Tri-semester <input type="checkbox"/> Annual <input type="checkbox"/> Bi-Annual <input type="checkbox"/> Bi-Monthly
*Reporting Program Length - Clock/Contact Hours:	288 contact hours

Eligible Training Provider List - Provider & Program Application



*Reporting Program Length - Full-time Weeks:	1 semester
*Reporting Program Format:	<input checked="" type="checkbox"/> In-person <input checked="" type="checkbox"/> Online, E-learning, or Distance Learning <input checked="" type="checkbox"/> Hybrid or Blended Program
Duration	
Duration:	
Duration Type:	<input type="checkbox"/> Semesters/Terms <input type="checkbox"/> Weeks <input type="checkbox"/> Hours <input type="checkbox"/> Months
Schedule Intensity:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Weekly Schedule:	
Classes Offered:	<input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> Summer
External Approvals	
Is this program listed on another state's ETPL?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cost Details	
*Tuition/Fee:	3094
*Books:	710
*Tools:	0
*Other Costs (describe in Comments below):	60
*Total Training Costs:	\$3864
Comments:	course fees
Edu. Program Application Confirmation	
<p>*Providers requesting approval or re-approval of a training program must agree to the statement below.</p> <p>The Program Description and Program Costs I have provided are currently listed in my catalog/brochure. The</p>	

Eligible Training Provider List - Provider & Program Application



programs offered are available to the general public on a tuition basis.

- Yes, I agree to the above statement. I am submitting this educational program for WIOA Approval. I certify that the information contained in this application is true and correct and that any supporting documentation is true and factual.

Name (Print): Darin Moeller Title: Exec. Dean of Instruction

Applicant Signature:  Date: 7-15-19

Applications must be reviewed by the Local Workforce Development Board for consideration. Non-LWDB approved applications received directly from the training provider will not be processed with no further notification.

FOR LOCAL WORKFORCE DEVELOPMENT BOARD ONLY

Date Received by LWDB	
Date Approved by LWDB	
IWD LWDB Region #	
Authorized LWDB Name (Print):	
Authorized LWDB Signature:	

LWDB approved forms must be emailed to: ETPL@iwd.iowa.gov

Eligible Training Provider List - Provider & Program Application



This is an application for initial eligibility approval to participate as an Eligible Training Provider under the Workforce Innovation and Opportunity Act (WIOA) of 2014. Approval as a WIOA Eligible Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

In accordance with 20 C.F.R. § 680.450, all providers and programs that have not previously been eligible to provide training services under WIOA sec. 122 or WIA sec. 122, except for registered apprenticeship programs, must submit required information to be considered for initial eligibility. If approved, the initial eligibility period is one (1) year for a particular program. To remain on the ETPL, 20 C.F.R. § 680.460 requires continued eligibility to be determined for each provider and program at the end of the initial eligibility period and then every two (2) years thereafter. Continued eligibility will be determined using the performance accountability measures described in WIOA secs. 116(b)(2)(A)(i)(I)-(IV), other matters required by WIOA sec. 122(b)(2), and other appropriate measures of performance as determined by the Governor for WIOA-funded program participants, taking into consideration the characteristics of the population served and relevant economic conditions. Please note – the provisions in WIOA secs. 116 and 122 and 20 C.F.R. § 677.230 and § 680.400 - § 680.530 that require the collection and reporting of performance related data on all participants in training programs on the State's ETPL have been waived through June 30, 2020; however, during this waiver period, the U.S. Department of Labor has mandated that the State must continue to collect and report performance related data for all WIOA-funded participants in accordance with all statutory and regulatory requirements, including WIOA secs. 116 and 122, and as specified at 20 C.F.R. § 677.230 and § 680.460.

INSTRUCTIONS: After completing and signing the application form below, training providers should submit it to their closest IowaWORKS Center with attention to the Local Workforce Development Board. Addresses for IowaWORKS Centers can be found at <http://www.iowaworkforcedevelopment.gov/locations>. If this application is approved by the Local Workforce Development Board, the training provider will be contacted by a representative from Iowa Workforce Development with further instructions on creating an account and adding this training program to the IowaWORKS data management system at <http://www.iowaworks.gov> in order for it to be placed on the Iowa Eligible Training Provider List.

Provider Information

Federal Employer ID	
Federal Employer ID No:	42-0926922
Institution Identification	
Institution Name:	Western Iowa Tech Community College
Institution Type:	<input type="checkbox"/> Adult Education and Literacy - Title II <input type="checkbox"/> Community Based Organization (CBOs) <input type="checkbox"/> Four-year Colleges and Universities <input type="checkbox"/> Joint labor-management organizations <input type="checkbox"/> Other Training Provider <input type="checkbox"/> Private Business and Technical Schools <input type="checkbox"/> Registered Apprenticeship programs <input checked="" type="checkbox"/> Two-year, Technical, and Community Colleges
Institution Ownership:	<input type="checkbox"/> Private for-profit institution <input type="checkbox"/> Private non-profit institution <input checked="" type="checkbox"/> Public institution <input type="checkbox"/> Unknown
Institution Primary Location	

Eligible Training Provider List - Provider & Program Application



Address 1:	4647 Stone Avenue
Address 2:	
City:	Sioux City
State:	IA
Zip:	51106
Contact Information	
Title:	
First Name:	
Middle Initial:	
Last Name - (include suffix e.g. Jr, Sr, PhD, etc):	
Contact Phone Number:	
Cell Phone:	
Contact Fax Phone Number:	
Email Address:	
Institution URL:	www.witcc.edu
Provider Information	
Local Workforce Development Area:	
Type of Business:	<input type="checkbox"/> College/University <input type="checkbox"/> Post-Secondary Educational Institution - Public <input type="checkbox"/> Post-Secondary Educational Institution - Private <input type="checkbox"/> Local Public School - 12th Grade and Under <input type="checkbox"/> Local Private School - 12th Grade and Under <input type="checkbox"/> Local Charter School - 12th Grade and Under <input type="checkbox"/> Alternative Secondary Education School - 12th Grade... <input type="checkbox"/> Health Care <input type="checkbox"/> Community Based Organization - Church <input type="checkbox"/> Community Based Organization - Non-Profit <input type="checkbox"/> Federal Government Agency <input type="checkbox"/> State Government Agency <input type="checkbox"/> Local Government Agency <input type="checkbox"/> Private Employer <input type="checkbox"/> Services/Goods Vendor Not Otherwise Classified <input type="checkbox"/> Trade Association <input type="checkbox"/> Registered Apprenticeship <input type="checkbox"/> One-Stop Office

Eligible Training Provider List - Provider & Program Application



This provider is an accredited postsecondary education institution:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Billing Address Information	
Billing Address 1:	PO Box 5199
Billing Address 2:	
Billing City:	Sioux City
Billing State:	IA
Billing Zip:	51102
Attention:	
Mailing Address Information	
Mailing Address 1:	PO Box 5199
Mailing Address 2:	
Mailing City:	Sioux City
Mailing State:	IA
Mailing Zip:	51102
Mailing Attention:	
CRS Provider Information	
WIOA Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No
Institution Type:	<input type="checkbox"/> Adult Education and Literacy - Title II <input type="checkbox"/> Community Based Organizations (CBOs) <input type="checkbox"/> Four-year Colleges and Universities <input type="checkbox"/> Joint labor-management organizations <input type="checkbox"/> Other Training Provider <input type="checkbox"/> Private Business and Technical Schools <input type="checkbox"/> Registered Apprenticeship programs <input checked="" type="checkbox"/> Two-year, Technical, and Community Colleges
Institution Ownership:	<input type="checkbox"/> Private for-profit institution <input type="checkbox"/> Private non-profit institution <input checked="" type="checkbox"/> Public institution <input type="checkbox"/> Unknown
Type of Entity:	<input checked="" type="checkbox"/> Higher Ed: Associate's Degree <input type="checkbox"/> Higher Ed: Baccalaureate or Higher <input type="checkbox"/> Higher Ed: Certificate of Completion <input type="checkbox"/> National Apprenticeship

Eligible Training Provider List - Provider & Program Application



	<input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private For-Profit <input type="checkbox"/> Public <input type="checkbox"/> Other
Years in Business:	53 years
Disabled Access:	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADA Compliant:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Institution Description:	
Main Telephone Number:	712-274-6400
TTD/TTY Telephone Number:	
Financial Aid Telephone Number:	712-274-6402
Main Email Address:	
Is this a Community College?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Accreditation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Career Assessment Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Career Counseling Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Placement Assistance Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tutorial Services Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
ESL Services Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
GED Assistance Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other Additional Services Available	<input type="checkbox"/> Yes <input type="checkbox"/> No

Eligible Training Provider List - Provider & Program Application



On-site Child Care Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Aid Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eligible Provider or Youth Workforce Investment Activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pell Grant Eligible:	<input type="checkbox"/> Yes, Pell Grant Eligible <input type="checkbox"/> No, not Pell Grant Eligible <input type="checkbox"/> Pell Grant Not Applicable
Registered Apprenticeship Provider:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approved Apprenticeship:	<input type="checkbox"/> Yes, Approved Apprenticeship <input type="checkbox"/> No, not Approved Apprenticeship

Program Information

General Information	
Purpose for adding program:	<input type="checkbox"/> Submit for ETPL Approval and accept participants <input type="checkbox"/> Accept participants without submitting for ETPL Approval <input type="checkbox"/> Display to the public only
*CIP Code:	24.0101
*Education Program Name:	Associate of Arts-Social Work Emphasis - BCU
Education Program Description:	The Associate of Arts (AA) and Associate of Science(AS) degree are designed for transfer to a 4-year institution. These suggested plans of study will lead to completion of the AA or AS degree requirements listed in the college catalog. These are suggested plans of study only and it is critical that students confer with their intended transfer institution, as well as their academic advisor, to make the best course selections in meeting degree requirements. The college maintains a large number of articulation agreements that specifically outline efficient transfer plans to partner colleges and universities.
*This program of study leads to:	<input type="checkbox"/> An industry-recognized certificate or certification <input type="checkbox"/> A certificate of completion of an apprenticeship <input type="checkbox"/> A license recognized by the State involved or the Federal government <input checked="" type="checkbox"/> An associate degree <input type="checkbox"/> A baccalaureate degree <input type="checkbox"/> A community college certificate of completion <input type="checkbox"/> A secondary school diploma or its equivalent <input type="checkbox"/> Employment <input type="checkbox"/> A measurable skills gain leading to a credential <input type="checkbox"/> A measurable skills gain leading to employment

Eligible Training Provider List - Provider & Program Application



<p>This program leads to a credential or degree</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Name of associated credential:</p>	<p>Associate of Arts - Social Work Emphasis</p>
<p>*Completion level:</p>	<p> <input type="checkbox"/> Apprenticeship completers <input checked="" type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Certificates < 2 yrs. <input type="checkbox"/> Doctor's Degrees <input type="checkbox"/> Employment & training program completers <input type="checkbox"/> First-professional Cert. (Post-Degree) <input type="checkbox"/> First-professional Degrees <input type="checkbox"/> Graduate degrees combined <input type="checkbox"/> Information Technology Certificates <input type="checkbox"/> Job Corps Completers <input type="checkbox"/> Master's Degree <input type="checkbox"/> Military separatees <input type="checkbox"/> OJT=on-the-job training <input type="checkbox"/> Post-Master's Certificates <input type="checkbox"/> Postbaccalaureate Certificates <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; < 1 yr. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; <4 yrs. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; 1-2 yrs. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; 2-4 yrs. <input type="checkbox"/> Secondary <input type="checkbox"/> State-defined Completion Types <input type="checkbox"/> Sum of all types <input type="checkbox"/> Vocational Rehabilitation </p>
<p>*Attain Credential:</p>	<p> <input type="checkbox"/> High School Diploma or GED or High School Equivalency Diploma <input type="checkbox"/> AA/AS Degree <input type="checkbox"/> BA/BS Degree <input type="checkbox"/> Occupational Skills License <input type="checkbox"/> Occupational Skills certificate or credential <input type="checkbox"/> Other <input type="checkbox"/> No credential received, individual received training <input type="checkbox"/> N/A, individual did not receive training <input type="checkbox"/> Post Graduate Degree </p>
<p>Other, Specify:</p>	
<p>Certification/License Title:</p>	
<p>Certification/License Type:</p>	<p> <input type="checkbox"/> National Certification or License <input type="checkbox"/> State Certification or License <input type="checkbox"/> Regional Certification or License <input type="checkbox"/> Certification or License Does Not Apply </p>
<p>Green Job Training:</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p>*Is this education program in a partnership with</p>	<p><input type="checkbox"/> Yes</p>

Eligible Training Provider List - Provider & Program Application



a business?	<input checked="" type="checkbox"/> No
Please describe the partnership or plans to develop partnership in 800 characters or less (supporting documentation may be required):	
Apprenticeship	
*This program is an Apprenticeship:	<input type="checkbox"/> Yes (proceed to next question) <input checked="" type="checkbox"/> No (skip to next section, Additional Details)
This Education Program is a Registered Apprenticeship:	<input type="checkbox"/> Yes (proceed to complete the rest of this section) <input checked="" type="checkbox"/> No (skip to next section, Additional Details)
Apprenticeship Registration Date:	
Apprenticeship Description:	
Number of active apprentices:	
Instruction Method:	<input type="checkbox"/> In-person <input type="checkbox"/> Online, E-learning, or Distance Learning <input type="checkbox"/> Hybrid or Blended Program
Instruction Length in Weeks:	
Technical instruction is provided by another provider:	<input type="checkbox"/> Yes (proceed to complete the rest of this section) <input checked="" type="checkbox"/> No (skip to next section, Additional Details)
Instruction Provider Name:	
Instruction Provider Address 1:	
Instruction Provider Address 2:	
Instruction Provider City:	
Instruction Provider State:	
Instruction Provider Zip Code:	
Additional Details	
Financial Aid Available	<input type="checkbox"/> Pell Grant <input type="checkbox"/> Federal Loan <input type="checkbox"/> Institutional Scholarship <input type="checkbox"/> Other
*URL of Training Program:	https://www.witcc.edu/programs/156/

Eligible Training Provider List - Provider & Program Application



<p>*Program Prerequisites:</p>	<p> <input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Course(s) <input type="checkbox"/> Combination of Education and Course(s) <input checked="" type="checkbox"/> None </p>
<p>*Date Edu. Program First Offered:</p>	<p>approved 3/1999</p>
<p>*Please provide a reasonable explanation regarding why this is a new program:</p>	<p>This is not a new program for WITCC.</p>
<p>Minimum Class Size</p>	
<p>Maximum Class Size</p>	
<p>Number of Instructors</p>	
<p>Describe the qualifications of all instructors in 800 characters or less:</p>	
<p>Describe the minimum entry level requirements or prerequisites in 800 characters or less:</p>	
<p>Drug/Alcohol Screening Required:</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p>Accessibility:</p>	<p> <input type="checkbox"/> On-Site Parking <input type="checkbox"/> Public Transportation <input type="checkbox"/> Disabled Student Access <input type="checkbox"/> Sign Language <input type="checkbox"/> Other Languages <input type="checkbox"/> Other </p>
<p>Describe any equipment used in this program and its adequacy and availability in 800 characters or less:</p>	
<p>*Grievance Procedure:</p>	<p>https://www.witcc.edu/pdf/student_handbook.pdf</p>

Eligible Training Provider List - Provider & Program Application



*Grievance Procedure URL:	https://www.witcc.edu/pdf/student_handbook.pdf
*Refund Policy:	https://www.witcc.edu/pdf/student_handbook.pdf
*Refund Policy URL:	https://www.witcc.edu/pdf/student_handbook.pdf
Internship Available:	<input type="checkbox"/> Yes <input type="checkbox"/> No
*This education or training program is a Quality Pre-Apprenticeship:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Related Selected Occupations	
CIP Code 1	
Occupation Title 1	
CIP Code 2	
Occupation Title 2	
CIP Code 3	
Occupation Title 3	
If any selected occupation is not in local bright outlook, provide evidence that it is in demand.	
Selected Occupational Skills	
List any occupational skills:	

Eligible Training Provider List - Provider & Program Application



Completion Expectations	
Continuing Education Units (CEU):	
CEU Granting Institution:	
*Credit Earned Program:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*Number of Credits:	64
Credit Earned Duration:	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Program Goal	<input type="checkbox"/> Skill Attainment <input type="checkbox"/> Certificate <input type="checkbox"/> Registration <input type="checkbox"/> License <input checked="" type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> Other
Credentialing Body:	<input type="checkbox"/> Iowa Board of Educational Examiners <input type="checkbox"/> Iowa Bureau of Professional Licensure <input type="checkbox"/> Iowa Board of Nursing <input type="checkbox"/> Iowa Board of Behavioral Science <input type="checkbox"/> Iowa Board of Certification <input type="checkbox"/> Iowa Board of Veterinary Medicine <input type="checkbox"/> Nation Environmental Health Association
*Projected Hourly Wage After Program Completion:	\$30.68/hr
Scheduling	
Class Time (hours):	
Lab Time (hours):	
Other Time (hours):	
Class Frequency:	<input type="checkbox"/> Daily <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semester <input type="checkbox"/> Tri-semester <input type="checkbox"/> Annual <input type="checkbox"/> Bi-Annual <input type="checkbox"/> Bi-Monthly
*Reporting Program Length - Clock/Contact Hours:	contact hours

Eligible Training Provider List - Provider & Program Application



*Reporting Program Length - Full-time Weeks:	4 semesters
*Reporting Program Format:	<input checked="" type="checkbox"/> In-person <input checked="" type="checkbox"/> Online, E-learning, or Distance Learning <input checked="" type="checkbox"/> Hybrid or Blended Program
Duration	
Duration:	
Duration Type:	<input type="checkbox"/> Semesters/Terms <input type="checkbox"/> Weeks <input type="checkbox"/> Hours <input type="checkbox"/> Months
Schedule Intensity:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Weekly Schedule:	
Classes Offered:	<input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> Summer
External Approvals	
Is this program listed on another state's ETPL?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cost Details	
*Tuition/Fee:	\$11,648
*Books:	\$6653
*Tools:	0
*Other Costs (describe in Comments below):	\$60
*Total Training Costs:	\$18,361
Comments:	course fees
Edu. Program Application Confirmation	
<p>*Providers requesting approval or re-approval of a training program must agree to the statement below.</p> <p>The Program Description and Program Costs I have provided are currently listed in my catalog/brochure. The</p>	

Eligible Training Provider List - Provider & Program Application



programs offered are available to the general public on a tuition basis.

- Yes, I agree to the above statement. I am submitting this educational program for WIOA Approval. I certify that the information contained in this application is true and correct and that any supporting documentation is true and factual.

Name (Print): Darin Moeller Title: Exec. Dean of Instruction

Applicant Signature:  Date: 7-15-19

Applications must be reviewed by the Local Workforce Development Board for consideration. Non-LWDB approved applications received directly from the training provider will not be processed with no further notification.

FOR LOCAL WORKFORCE DEVELOPMENT BOARD ONLY

Date Received by LWDB	
Date Approved by LWDB	
IWD LWDB Region #	
Authorized LWDB Name (Print):	
Authorized LWDB Signature:	

LWDB approved forms must be emailed to: ETPL@iwd.iowa.gov



This is an application for initial eligibility approval to participate as an Eligible Training Provider under the Workforce Innovation and Opportunity Act (WIOA) of 2014. Approval as a WIOA Eligible Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

In accordance with 20 C.F.R. § 680.450, all providers and programs that have not previously been eligible to provide training services under WIOA sec. 122 or WIA sec. 122, except for registered apprenticeship programs, must submit required information to be considered for initial eligibility. If approved, the initial eligibility period is one (1) year for a particular program. To remain on the ETPL, 20 C.F.R. § 680.460 requires continued eligibility to be determined for each provider and program at the end of the initial eligibility period and then every two (2) years thereafter. Continued eligibility will be determined using the performance accountability measures described in WIOA secs. 116(b)(2)(A)(i)(I)-(IV), other matters required by WIOA sec. 122(b)(2), and other appropriate measures of performance as determined by the Governor for WIOA-funded program participants, taking into consideration the characteristics of the population served and relevant economic conditions. Please note – the provisions in WIOA secs. 116 and 122 and 20 C.F.R. § 677.230 and § 680.400 - § 680.530 that require the collection and reporting of performance related data on all participants in training programs on the State’s ETPL have been waived through June 30, 2020; however, during this waiver period, the U.S. Department of Labor has mandated that the State must continue to collect and report performance related data for all WIOA-funded participants in accordance with all statutory and regulatory requirements, including WIOA secs. 116 and 122, and as specified at 20 C.F.R. § 677.230 and § 680.460.

INSTRUCTIONS: After completing and signing the application form below, training providers should submit it to their closest IowaWORKS Center with attention to the Local Workforce Development Board. Addresses for IowaWORKS Centers can be found at <http://www.iowaworkforcedevelopment.gov/locations>. If this application is approved by the Local Workforce Development Board, the training provider will be contacted by a representative from Iowa Workforce Development with further instructions on creating an account and adding this training program to the IowaWORKS data management system at <http://www.iowaworks.gov> in order for it to be placed on the Iowa Eligible Training Provider List.

Provider Information

Federal Employer ID	
Federal Employer ID No:	42-0926922
Institution Identification	
Institution Name:	Western Iowa Tech Community College
Institution Type:	<input type="checkbox"/> Adult Education and Literacy - Title II <input type="checkbox"/> Community Based Organization (CBOs) <input type="checkbox"/> Four-year Colleges and Universities <input type="checkbox"/> Joint labor-management organizations <input type="checkbox"/> Other Training Provider <input type="checkbox"/> Private Business and Technical Schools <input type="checkbox"/> Registered Apprenticeship programs <input checked="" type="checkbox"/> Two-year, Technical, and Community Colleges
Institution Ownership:	<input type="checkbox"/> Private for-profit institution <input type="checkbox"/> Private non-profit institution <input checked="" type="checkbox"/> Public institution <input type="checkbox"/> Unknown
Institution Primary Location	

Eligible Training Provider List - Provider & Program Application



Address 1:	4647 Stone Avenue
Address 2:	
City:	Sioux City
State:	IA
Zip:	51106
Contact Information	
Title:	
First Name:	
Middle Initial:	
Last Name - (include suffix e.g. Jr, Sr, PhD, etc):	
Contact Phone Number:	
Cell Phone:	
Contact Fax Phone Number:	
Email Address:	
Institution URL:	www.witcc.edu
Provider Information	
Local Workforce Development Area:	
Type of Business:	<input type="checkbox"/> College/University <input type="checkbox"/> Post-Secondary Educational Institution - Public <input type="checkbox"/> Post-Secondary Educational Institution - Private <input type="checkbox"/> Local Public School - 12th Grade and Under <input type="checkbox"/> Local Private School - 12th Grade and Under <input type="checkbox"/> Local Charter School - 12th Grade and Under <input type="checkbox"/> Alternative Secondary Education School - 12th Grade... <input type="checkbox"/> Health Care <input type="checkbox"/> Community Based Organization - Church <input type="checkbox"/> Community Based Organization - Non-Profit <input type="checkbox"/> Federal Government Agency <input type="checkbox"/> State Government Agency <input type="checkbox"/> Local Government Agency <input type="checkbox"/> Private Employer <input type="checkbox"/> Services/Goods Vendor Not Otherwise Classified <input type="checkbox"/> Trade Association <input type="checkbox"/> Registered Apprenticeship <input type="checkbox"/> One-Stop Office

Eligible Training Provider List - Provider & Program Application



A model provider of the AmericanJobCenter network

This provider is an accredited postsecondary education institution:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Billing Address Information	
Billing Address 1:	PO Box 5199
Billing Address 2:	
Billing City:	Sioux City
Billing State:	IA
Billing Zip:	51102
Attention:	
Mailing Address Information	
Mailing Address 1:	PO Box 5199
Mailing Address 2:	
Mailing City:	Sioux City
Mailing State:	IA
Mailing Zip:	51102
Mailing Attention:	
CRS Provider Information	
WIOA Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No
Institution Type:	<input type="checkbox"/> Adult Education and Literacy - Title II <input type="checkbox"/> Community Based Organizations (CBOs) <input type="checkbox"/> Four-year Colleges and Universities <input type="checkbox"/> Joint labor-management organizations <input type="checkbox"/> Other Training Provider <input type="checkbox"/> Private Business and Technical Schools <input type="checkbox"/> Registered Apprenticeship programs <input checked="" type="checkbox"/> Two-year, Technical, and Community Colleges
Institution Ownership:	<input type="checkbox"/> Private for-profit institution <input type="checkbox"/> Private non-profit institution <input checked="" type="checkbox"/> Public institution <input type="checkbox"/> Unknown
Type of Entity:	<input checked="" type="checkbox"/> Higher Ed: Associate's Degree <input type="checkbox"/> Higher Ed: Baccalaureate or Higher <input type="checkbox"/> Higher Ed: Certificate of Completion <input type="checkbox"/> National Apprenticeship

Eligible Training Provider List - Provider & Program Application



	<input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private For-Profit <input type="checkbox"/> Public <input type="checkbox"/> Other
Years in Business:	53 years
Disabled Access:	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADA Compliant:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Institution Description:	
Main Telephone Number:	712-274-6400
TTD/TTY Telephone Number:	
Financial Aid Telephone Number:	712-274-6402
Main Email Address:	
Is this a Community College?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Accreditation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Career Assessment Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Career Counseling Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Placement Assistance Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tutorial Services Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
ESL Services Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
GED Assistance Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other Additional Services Available	<input type="checkbox"/> Yes <input type="checkbox"/> No

Eligible Training Provider List - Provider & Program Application



On-site Child Care Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Aid Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eligible Provider or Youth Workforce Investment Activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pell Grant Eligible:	<input type="checkbox"/> Yes, Pell Grant Eligible <input type="checkbox"/> No, not Pell Grant Eligible <input type="checkbox"/> Pell Grant Not Applicable
Registered Apprenticeship Provider:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approved Apprenticeship:	<input type="checkbox"/> Yes, Approved Apprenticeship <input type="checkbox"/> No, not Approved Apprenticeship

Program Information

General Information	
Purpose for adding program:	<input type="checkbox"/> Submit for ETPL Approval and accept participants <input type="checkbox"/> Accept participants without submitting for ETPL Approval <input type="checkbox"/> Display to the public only
*CIP Code:	52.0301
*Education Program Name:	Tax Preparer Certificate
Education Program Description:	This certificate program is designed to enable the student to become a tax preparer. The courses in the Tax Preparer Certificate can be applied toward fulfillment of an Accounting Diploma and Accounting Specialist AAS degree.
*This program of study leads to:	<input type="checkbox"/> An industry-recognized certificate or certification <input type="checkbox"/> A certificate of completion of an apprenticeship <input type="checkbox"/> A license recognized by the State involved or the Federal government <input type="checkbox"/> An associate degree <input type="checkbox"/> A baccalaureate degree <input type="checkbox"/> A community college certificate of completion <input type="checkbox"/> A secondary school diploma or its equivalent <input type="checkbox"/> Employment <input type="checkbox"/> A measurable skills gain leading to a credential <input type="checkbox"/> A measurable skills gain leading to employment

Eligible Training Provider List - Provider & Program Application



This program leads to a credential or degree	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name of associated credential:	Health Information Technology Certificate
*Completion level:	<input type="checkbox"/> Apprenticeship completers <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input checked="" type="checkbox"/> Certificates < 2 yrs. <input type="checkbox"/> Doctor's Degrees <input type="checkbox"/> Employment & training program completers <input type="checkbox"/> First-professional Cert. (Post-Degree) <input type="checkbox"/> First-professional Degrees <input type="checkbox"/> Graduate degrees combined <input type="checkbox"/> Information Technology Certificates <input type="checkbox"/> Job Corps Completers <input type="checkbox"/> Master's Degree <input type="checkbox"/> Military separatees <input type="checkbox"/> OJT=on-the-job training <input type="checkbox"/> Post-Master's Certificates <input type="checkbox"/> Postbaccalaureate Certificates <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; < 1 yr. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; <4 yrs. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; 1-2 yrs. <input type="checkbox"/> Postsec. Awards/Cert./Diplomas; 2-4 yrs. <input type="checkbox"/> Secondary <input type="checkbox"/> State-defined Completion Types <input type="checkbox"/> Sum of all types <input type="checkbox"/> Vocational Rehabilitation
*Attain Credential:	<input type="checkbox"/> High School Diploma or GED or High School Equivalency Diploma <input type="checkbox"/> AA/AS Degree <input type="checkbox"/> BA/BS Degree <input type="checkbox"/> Occupational Skills License <input type="checkbox"/> Occupational Skills certificate or credential <input type="checkbox"/> Other <input type="checkbox"/> No credential received, individual received training <input type="checkbox"/> N/A, individual did not receive training <input type="checkbox"/> Post Graduate Degree
Other, Specify:	
Certification/License Title:	
Certification/License Type:	<input type="checkbox"/> National Certification or License <input type="checkbox"/> State Certification or License <input type="checkbox"/> Regional Certification or License <input type="checkbox"/> Certification or License Does Not Apply
Green Job Training:	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Is this education program in a partnership with	<input type="checkbox"/> Yes

Eligible Training Provider List - Provider & Program Application



a business?	<input type="checkbox"/> No
Please describe the partnership or plans to develop partnership in 800 characters or less (supporting documentation may be required):	
Apprenticeship	
*This program is an Apprenticeship:	<input type="checkbox"/> Yes (proceed to next question) <input type="checkbox"/> No (skip to next section, Additional Details)
This Education Program is a Registered Apprenticeship:	<input type="checkbox"/> Yes (proceed to complete the rest of this section) <input type="checkbox"/> No (skip to next section, Additional Details)
Apprenticeship Registration Date:	
Apprenticeship Description:	
Number of active apprentices:	
Instruction Method:	<input type="checkbox"/> In-person <input type="checkbox"/> Online, E-learning, or Distance Learning <input type="checkbox"/> Hybrid or Blended Program
Instruction Length in Weeks:	
Technical instruction is provided by another provider:	<input type="checkbox"/> Yes (proceed to complete the rest of this section) <input type="checkbox"/> No (skip to next section, Additional Details)
Instruction Provider Name:	
Instruction Provider Address 1:	
Instruction Provider Address 2:	
Instruction Provider City:	
Instruction Provider State:	
Instruction Provider Zip Code:	
Additional Details	
Financial Aid Available	<input type="checkbox"/> Pell Grant <input type="checkbox"/> Federal Loan <input type="checkbox"/> Institutional Scholarship <input type="checkbox"/> Other
*URL of Training Program:	

Eligible Training Provider List - Provider & Program Application



<p>*Program Prerequisites:</p>	<p> <input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Course(s) <input type="checkbox"/> Combination of Education and Course(s) <input checked="" type="checkbox"/> None </p>
<p>*Date Edu. Program First Offered:</p>	<p>approved 3/2014</p>
<p>*Please provide a reasonable explanation regarding why this is a new program:</p>	
<p>Minimum Class Size</p>	<p>8</p>
<p>Maximum Class Size</p>	<p>24</p>
<p>Number of Instructors</p>	<p>2</p>
<p>Describe the qualifications of all instructors in 800 characters or less:</p>	
<p>Describe the minimum entry level requirements or prerequisites in 800 characters or less:</p>	
<p>Drug/Alcohol Screening Required:</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>
<p>Accessibility:</p>	<p> <input type="checkbox"/> On-Site Parking <input type="checkbox"/> Public Transportation <input type="checkbox"/> Disabled Student Access <input type="checkbox"/> Sign Language <input type="checkbox"/> Other Languages <input type="checkbox"/> Other </p>
<p>Describe any equipment used in this program and its adequacy and availability in 800 characters or less:</p>	
<p>*Grievance Procedure:</p>	

Eligible Training Provider List - Provider & Program Application



*Grievance Procedure URL:	
*Refund Policy:	
*Refund Policy URL:	
Internship Available:	<input type="checkbox"/> Yes <input type="checkbox"/> No
*This education or training program is a Quality Pre-Apprenticeship:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Related Selected Occupations	
CIP Code 1	
Occupation Title 1	
CIP Code 2	
Occupation Title 2	
CIP Code 3	
Occupation Title 3	
If any selected occupation is not in local bright outlook, provide evidence that it is in demand.	
Selected Occupational Skills	
List any occupational skills:	

Eligible Training Provider List - Provider & Program Application



Completion Expectations	
Continuing Education Units (CEU):	
CEU Granting Institution:	
*Credit Earned Program:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*Number of Credits:	30
Credit Earned Duration:	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Program Goal	<input type="checkbox"/> Skill Attainment <input type="checkbox"/> Certificate <input type="checkbox"/> Registration <input type="checkbox"/> License <input type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> Other
Credentialing Body:	<input type="checkbox"/> Iowa Board of Educational Examiners <input type="checkbox"/> Iowa Bureau of Professional Licensure <input type="checkbox"/> Iowa Board of Nursing <input type="checkbox"/> Iowa Board of Behavioral Science <input type="checkbox"/> Iowa Board of Certification <input type="checkbox"/> Iowa Board of Veterinary Medicine <input type="checkbox"/> Nation Environmental Health Association
*Projected Hourly Wage After Program Completion:	
Scheduling	
Class Time (hours):	
Lab Time (hours):	
Other Time (hours):	
Class Frequency:	<input type="checkbox"/> Daily <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semester <input type="checkbox"/> Tri-semester <input type="checkbox"/> Annual <input type="checkbox"/> Bi-Annual <input type="checkbox"/> Bi-Monthly
*Reporting Program Length - Clock/Contact Hours:	

Eligible Training Provider List - Provider & Program Application



A proud partner of the AmericanJobCenter

*Reporting Program Length - Full-time Weeks:	
*Reporting Program Format:	<input type="checkbox"/> In-person <input type="checkbox"/> Online, E-learning, or Distance Learning <input type="checkbox"/> Hybrid or Blended Program
Duration	
Duration:	
Duration Type:	<input type="checkbox"/> Semesters/Terms <input type="checkbox"/> Weeks <input type="checkbox"/> Hours <input type="checkbox"/> Months
Schedule Intensity:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Weekly Schedule:	
Classes Offered:	<input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> Summer
External Approvals	
Is this program listed on another state's ETPL?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cost Details	
*Tuition/Fee:	5460
*Books:	1331
*Tools:	0
*Other Costs (describe in Comments below):	50
*Total Training Costs:	
Comments:	course fee
Edu. Program Application Confirmation	
<p>*Providers requesting approval or re-approval of a training program must agree to the statement below.</p> <p>The Program Description and Program Costs I have provided are currently listed in my catalog/brochure. The</p>	

Eligible Training Provider List - Provider & Program Application



programs offered are available to the general public on a tuition basis.

- Yes, I agree to the above statement. I am submitting this educational program for WIOA Approval. I certify that the information contained in this application is true and correct and that any supporting documentation is true and factual.

Name (Print): Darin Moeller Title: Exec. Dean of Instruction

Applicant Signature:  Date: 7-15-19

Applications must be reviewed by the Local Workforce Development Board for consideration. Non-LWDB approved applications received directly from the training provider will not be processed with no further notification.

FOR LOCAL WORKFORCE DEVELOPMENT BOARD ONLY

Date Received by LWDB	
Date Approved by LWDB	
IWD LWDB Region #	
Authorized LWDB Name (Print):	
Authorized LWDB Signature:	

LWDB approved forms must be emailed to: ETPL@iwd.iowa.gov

To Be Completed by LWDB		STATE USE ONLY	
LWDB:	Region 12	Date Received:	
Date Submitted:		Date Approved:	
Provide a description of Local Plan changes below:		Effective Date:	
		Title I Rep:	

Add the following to the Region 12 Local Service Plan: Corrections

1. Geographical Preference for Enrollment Policy and Procedures:

The Geographical Preference for Region 12 is that the participant must be a resident within the following counties: Cherokee, Ida, Monona, Plymouth, and Woodbury. Preference is also given to those living outside of the region, but the Region 12 One Stop or satellite office is the closest location to access America's Job Center services. For individuals living outside of these boundaries who request assistance from Region 12, approval must be requested from WIOA region of residency and documented in the data management system.

2. Eligibility Determination Policy for Participation of Minors:

The Region 12 LWDB does not authorize any additional responsible adults outside of those mentioned in the State Policy to authorize program participation for minors.

3. Ineligibility to Receive Services Policy:

On the date that the individual is found ineligible to receive services the individual will be mailed a letter stating why they are ineligible and providing them 30 days to respond to correct the ineligible status. A final determination will be made after the 30 days have expired and the individual will be mailed a letter within 5 business days stating the final determination of services.

4. Closure of Services Due to Fraud Policy:

On the date that the individual is found to have committed or attempted to commit fraud to receive services, the individual will be mailed a letter stating the determination and provide them 30 days to respond to the fraud status. A final determination will be made after the 30 days have expired and the individual will be mailed a letter within 5 business days stating the final determination of services.

5. Selection of Adult Mentors Policy:

The following is the selection and screening process for Adult Mentors in Region 12:

1. Mentors must be at 25 years old.
2. Mentors must pay for and complete a background check. Background check must be within 90 days before beginning mentorship.
3. Mentor must complete a mentorship application, confidentiality statement, a rights and responsibilities agreement and provide background check results.
4. Mentor must complete an interview with the Youth Standing Committee.
5. Applications will be good for 90 days.

The LWDB will screen the interest mentor based on application, background check, and interview. **OR** Region12 could partner with other Agencies certified in Adult Mentoring Services.

6. Objective Assessment Policy:

Region 12 will utilize one or a combination of the following assessments as part of the Objective Assessment Service: CASAS, Aleks, (Get You Future Ready) /Career Coach, NCRC and O*NET Interest Profiler.

7. . Support Services Policy: General

Support service payments may be provided, when necessary, to enable a participant to participate in WIOA Title I activity or a partner activity. Support service payments can be made only when the participant is unable to obtain the service through other programs providing such services.

The American Job Center partners will work in conjunction to ensure that duplication of services does not happen for dual enrolled participants.

There is a support cap maximum of \$4,500.00 per participant per program year. Support caps can be altered with written permission of an administrator.

Clothing (CHG): Payment for items such as clothes and shoes that are necessary for participation in WIOA Title I activities such as interviewing, employment, or work experiences. Items such as uniforms and protective gear are generally allowable. The cost of required tools is allowed. Maximum expenditure is \$500.00 per activity.

Dependent Care (DPC): For those individuals not eligible for dependent care services from other entities, a maximum of \$2.50/hr. per person or the rate of the provider, whichever is less, \$20.00 per day maximum per child. DPC will not be paid to any relative living in the same house with dependent; WIOA Title I will not be responsible for paying of meals at the daycare site. DPC payments paid directly to the childcare provider.

Educational Testing (EDT): Assistance with educational testing required for participation in WIOA Title I activities is allowable. Some examples of educational testing include, but are not limited to, high school equivalency testing and vocational testing. If required for employment, the costs for licenses and application fees are allowable. Maximum expenditure is 600.00 per participant.

Educational Assistance (EST): Assistance with books, fees, school supplies, and other necessary items for students enrolled in postsecondary educational classes is allowable. Maximum expenditure is \$3,000.00 per program year.

Financial Assistance (FAS): The purpose of a Financial Assistance Payment is to make a payment to a service provider or vendor on behalf of a participant. This payment is used to cover an emergency financial need that, if unmet, would prevent the participant from participating in WIOA Title I activities. Maximum expenditure is \$600.00 per fiscal year. FAS may be used for such things as: housing assistance, auto repair, eyewear, repair, and other critical participants needs. FAS may not be used pay any type of fines or penalties imposed because of failure to comply with any federal, state local law or statute.

Health Care (HLC): Health Care assistance and referrals may be made available to participants when lack of assistance will affect their ability to obtain or maintain employment. This support

service shall be used as a last resort, and only when no other resources are available to the participant. Maximum \$1,000.00 per participant.

Miscellaneous Services (MSS): Bonding is an allowable cost, if it is not available under federally or locally sponsored programs. If bonding is an occupational requirement, it should be verified that the participant is bondable before the participant is placed in training for that occupation. The costs of licenses, certifications, testing or application fees are allowable if occupationally required. Maximum of \$1,000.00 per participant.

Needs-Related Payment (NRP): Needs Related Payments will not be provided.

Services for Individuals with Disabilities (SID):

The cost of special services, supplies, equipment, and tools necessary to enable a participant with a disability to participate in training is allowable. It is not an allowable use of WIOA Title I funds to make capital improvements to a training or work site for general compliance with the Americans with Disabilities ACT (ADA) requirements. WIOA Title I will provide these support services only if other entities are unable to address these needs. Maximum \$300.00 per participant.

Supported Employment and Training (SET)

Supported Employment and Training (SET) payments are allowable to provide individuals requiring individualized assistance with the one-on-one instruction and the support necessary to enable them to complete occupational skill training and to obtain and retain competitive employment.

SET may only be used in training situations that are designed to prepare the participant for continuing non-supported competitive employment.

SET may be conducted in conjunction with experiential learning activities such as: an internship, on-the-job training, job shadow, quality pre-apprenticeship and work experience.

An example of appropriate SET use would be the hiring of a job coach to assist an individual who has been placed in competitive employment. Employment positions supported at sheltered workshops or similar situations may not utilize SET.

Maximum of \$1,000.00 per participant.

Transportation (TRN)

The cost of Transportation (TRN) necessary to participate in WIOA Title I activities and services, including job interviews, is allowable.

\$.30/mile with a reimbursement maximum of \$25.00 day.

Levels of Support Services per Program Year for Youth:

Clothing (CHG): Payment for items such as clothes and shoes that are necessary for participation in WIOA Title I activities such as interviewing, employment, or work experiences. Items such as uniforms and protective gear are generally allowable. The cost of required tools is allowed. Maximum expenditure is \$500.00 per activity.

Educational Testing (EDT): Assistance with educational testing required for participation in WIOA

Title I activities is allowable. Some examples of educational testing include, but are not limited to, high school equivalency testing and vocational testing. If required for employment, the costs for licenses and application fees are allowable. Maximum expenditure is 600.00 per participant.

Educational Assistance (EST): Assistance with books, fees, school supplies, and other necessary items for students enrolled in postsecondary educational classes is allowable. Maximum expenditure is \$3,000.00 per program year.

Dependent Care (DPC): For those individuals not eligible for dependent care services from other entities, a maximum of \$2.50/hr. per person or the rate of the provider, whichever is less, \$20.00 per day maximum per child. DPC will not be paid to any relative living in the same house with dependent; WIOA Title I will not be responsible for paying of meals at the daycare site. DPC payments paid directly to the childcare provider.

Health Care (HLC): Health Care assistance and referrals may be made available to participants when lack of assistance will affect their ability to obtain or maintain employment. This support service shall be used as a last resort, and only when no other resources are available to the participant. Maximum \$1,000.00 per participant.

Miscellaneous Services (MSS): Bonding is an allowable cost, if it is not available under federally or locally sponsored programs. If bonding is an occupational requirement, it should be verified that the participant is bondable before the participant is placed in training for that occupation. The costs of licenses, certifications, testing or application fees are allowable if occupationally required. Maximum of \$1,000.00 per participant.

Needs-Related Payment (NRP): Youth

Needs-related payments (NRP) provide financial assistance to youth participants for the purpose of enabling them to participate in WIOA Title I activities.

Participants enrolled in the **youth program** must meet the following criteria to receive needs-related payments:

- Be unemployed
- Not qualify or, or have ceased qualifying for, unemployment compensation

Services for Individuals with Disabilities (SID): WIOA Title I will provide these support services only if other entities are unable to address these needs. Reasonable costs up to \$300.00/individual per program year will be provided.

Supported Employment and Training (SET)

Supported Employment and Training (SET) payments are allowable to provide individuals requiring individualized assistance with the one-on-one instruction and the support necessary to enable them to complete occupational skill training and to obtain and retain competitive employment.

SET may only be used in training situations that are designed to prepare the participant for continuing non-supported competitive employment.

SET may be conducted in conjunction with experiential learning activities such as: an internship, on-the-job training, job shadow, quality pre-apprenticeship and work experience.

An example of appropriate SET use would be the hiring of a job coach to assist an individual who has been placed in competitive employment. Employment positions supported at sheltered workshops or similar situations may not utilize SET.

Maximum of \$1,000.00 per participant.

Transportation (TRN)

The cost of Transportation (TRN) necessary to participate in WIOA Title I activities and services, including job interviews, is allowable.

\$.30/mile with a reimbursement maximum of \$25.00 day.

Youth Incentive Payment:

Incentive and bonus payments will be available to youth participants to encourage and reward achievements that are tied to training activities and experiential learning activities.

HSED/High School Attendance Incentive:

Eligible participants can receive an Incentive of up to \$50.00 per month available at the discretion of the youth specialist, with input from the youth's instructor and the approval of the Iowa Region 12 WIOA Title I Director, to address poor attendance issues. The criteria to be met in order to qualify for the incentive will be clearly stated in the ISS or in an addendum of the ISS. The purpose of the attendance incentive is to improve attendance so that the youth can progress toward educational/academic goals. The incentive will not be an "entitlement" but rather a true incentive for those participants who need additional motivation to improve attendance.

HSED/High School Achievement Incentive:

Eligible participants can receive an Incentive of \$200 for successful completion of a High School Diploma or for successful completion of the HSED. High School transcripts, high school diploma, HSED Official Report of Test Results, or a written statement from a school official will document academic achievement. Neither incentives nor bonuses will be awarded until academic achievement is documented in the participant file.

Youth Achievement Incentive:

Eligible participants can receive an Incentive of \$100 for earning the National Career Readiness Certificate at the Gold Level; \$50 for the Silver Level during enrollment. Eligible participants can receive an Incentive of \$100 for achieving the Measurable Skills Gain goal is limited to one bonus per year. Both the NCRC and Measurable Skills Gain goal incentives can be earned in the same year.

WIOA Title I Youth Programs in Region 12 do not utilize cash or gift cards as part of its incentive and bonus policy. Rather all payments are in the form of checks issues by the WIOA Title I Youth fiscal agent.

8. Additional Assistance for Youth Policy: Region 12 identifies the following categories for Youth Needing Additional Service in addition to those outlined in State Policy.

9. Economic Self-Sufficiency:

Region 12 adopts the State Standard for Economic Self-Sufficiency.

10. Underemployed Individuals Policy:

Region 12 outlines the following criteria to qualify as an Underemployed Individual under the Adult and Dislocated Worker Programs:

1. Currently employed on a less than full-time basis and is seeking full-time employment.
2. Currently in a position, that is less below their level of skills and training.

(If additional space is needed, add blank pages and label with page number.)

Approvals:

LWDB Chair

Date

CEO Chair

Date

DRAFT

MEMORANDUM OF UNDERSTANDING
between
The Region 12
CHIEF ELECTED OFFICIALS, REGIONAL WORKFORCE
DEVELOPMENT BOARD, and
WORKFORCE DEVELOPMENT PARTNERS

1. Background.

Congress enacted The Workforce Innovation and Opportunity Act (WIOA) to strengthen our country's workforce development system by aligning its employment, training, and education programs. This alignment of program services will combine with a metrics-based assessment of performance to improve our workforce development system. WIOA prioritizes a forward-looking one-stop system that provides integrated employment, training, and education programs responsive to the employment needs of the system's customers: job seekers, employees, and businesses. This focus will result in a one-stop system that will lead to economic growth for the individual, State, and nation.

Iowa has previously taken steps to integrate and streamline its workforce services, but WIOA requires further integration between agencies and programs. The parties to this memorandum of understanding (MOU) will come together to develop a partnership for workforce services delivery that fosters cooperation, collaboration, communication and accessibility. This MOU sets forth the framework for local-level collaboration in pursuit of attaining the goals and meeting the requirements set forth by WIOA.

Iowa's one-stop delivery system is a locally-driven system that provides the programs and services to achieve the goals set forth in the Iowa Unified State Plan:

- **Goal I:** Iowa's employers will have access to advanced, skilled, diverse, and Future Ready workers.
- **Goal II:** All Iowans will be provided access to a continuum of high quality education, training, and career opportunities.
- **Goal III:** Iowa's workforce delivery system will align all programs and services in an accessible, seamless, and integrated manner.

These goals will be accomplished by providing all customers in each region across the state access to a high-quality one-stop system with the full range of services available in their communities.

2. Purposes.

The purposes of this MOU are to:

- 2.1. Establish a cooperative working relationship among partners;
- 2.2. Define respective party roles and responsibilities;
- 2.3. Coordinate resources to prevent duplication;
- 2.4. Develop a one-stop system that creates a seamless customer experience;
- 2.5. Ensure the effective and efficient delivery of workforce services;
- 2.6. Establish joint processes and procedures that will enable partners to align and integrate programs and activities across the regional one-stop system;
- 2.7. Increase and maximize access to workforce services for individuals with barriers to employment; and
- 2.8. Coordinate to implement state workforce development initiatives.

3. Parties.

The following entities are parties to this MOU:

- 3.1. Region 12 Chief Elected Official Board (CEO Board).
- 3.2. Region 12 Workforce Development Board.
- 3.3. Region 12 One-Stop System Partners:
 1. WIOA Title I Adult, Dislocated Worker and Youth
 2. WIOA Title II Adult Education and Literacy
 3. WIOA Title III Wagner-Peyser
 4. WIOA Title IV Vocational Rehabilitation
 5. WIOA Title IV Iowa Department for the Blind
 6. Title V Older Americans Act
 7. Carl Perkins Career Technical Education
 8. Job Corps
 9. American Indian Programs
 10. Proteus/ Migrant Seasonal Farmworkers
 11. Veterans
YouthBuild
 12. Trade Adjustment Act
 13. Community Services Block Grant (Employment & Training)
 14. Sioux City Housing Authority (Family Self-Sufficiency Program)
 15. Unemployment Compensation
 16. TANF/PROMISE JOBS
 17. Family Development Self-Sufficiency (FaDSS)
~~Disability Employment Initiative~~
 18. **BOOST**

4. Region 12 Vision and Goals.

IowaWORKS Greater Siouxland will deliver a demand driven system that focuses on building a workforce of high skilled, high wage jobs that will enable the employers of our region to remain competitive in a global environment. The One Stop system within our region is a comprehensive, integrated service delivery system that is responsive to the employment and training needs of the customers we serve and incorporates the products and services of our partners in order to assure that customer needs are met without duplicating services and are delivered efficiently and cost effectively. The vision of the region is for all career-seekers to have a career path and that all businesses will have their positions filled with career-ready individuals.

5. Term.

This MOU commences on ~~July 1, 2019, and concludes on June 30, 2019~~ ~~year July 1, 2016, and concludes June 30, 2019~~. The Parties may agree to amend this MOU at any time before its designated conclusion date.

6. Development and Implementation.

This MOU will be developed and implemented in two phases:

- **Phase I:** Phase I of this MOU focuses on the operation of the one-stop system. This phase will foster alignment and integration of programs and services and specify the responsibilities of the Partners under WIOA.
- **Phase II:** Phase II will be an addendum to this MOU that will incorporate and include Phase I. Phase II will include the application of an agreed upon formula or plan developed by State Partners. Phase II will address costs of services, operational costs, and infrastructure costs in accordance with WIOA section 121(c)(2)(A)(ii). Phase II will take effect in accordance with the deadline set by the United States Department of Labor (USDOL) and United States Department of Education (USDOE).

By signing this MOU, the Partners agree to adhere to and execute Phase I and support and participate in good faith in the development of Phase II.

7. Legal Obligations.

The parties propose to coordinate and perform the activities and services described herein within the scope of legislative requirements governing the parties' respective programs, services, activities, and entities. Nothing in this MOU supersedes any provision of WIOA or any other state or federal statutes or regulations. The parties agree to amend this MOU in response to changes in applicable state and federal law in order to ensure compliance with applicable state and federal law.

8. One-Stop System Description.

The integrated service delivery model for all partners in Region 12 allows for customers to enter "any door" as the right door for access to all services that are available. The workforce development system can be accessed through any core partner program within the region. Multiple points of access will be established, both physical and through electronic means, throughout the region. Region-developed referral and verification forms will assist to document access to services. Orientation sessions that describe the workforce development system will be developed and available at any partner location within the region at a future date. All core partners are focused on ensuring services are delivered and available to all eligible individuals, including eligible individuals with barriers to employment. In order to expand access to employment, education, training and other support services for all individuals, there are options to access resources on-line through internet based access points and other on-line resources for which accessibility must be developed and maintained at the state level. The English Language Learner (ELL) and Adult Basic Education (ABE) services are offered at multiple locations around the region which provide better accessibility options for those with barriers. The hours for these services vary at each location though they are generally available from 8:30am in the morning until late evening hours which end at 9:00pm.

The core partners and programs are part of the development and long term planning for activities and events that are part of the region's implementation process. Region 12 utilizes collaboration of services and funding streams whenever possible to ensure that all participants receive the assistance and access to resources to make sure they can be successful long-term. Funding options including GAP, Pell, DEI, IVRS, IDB, Promise Jobs, and WIOA Title 1 are blended and used whenever and wherever appropriate to meet individual needs and access requirements. Region 12 serves all Iowans with a focus on those with barriers to employment including those with disabilities. One-Stop Services are described in detail in Attachment A. The specific services and how those services are delivered by each partner are included in Attachment B.

Integrated Customer Flow: Based on an initial basic assessment, customers will progress through services in a unified, standard flow organized by "function" rather than "program." Customers start with registration services (stream-lined program enrollment and initial triage); advance to career services (to build occupational and job seeking skills), and then either referral to recruitment and placement services (with connections to hiring employers) or referral to more individualized career services and, if warranted, training services. More specific details of the Integrated Service Flow are included in Attachment C.

Career services comprise a hub of employment and training service delivery. Process steps and procedures are designed to meet one of the core missions of the IowaWORKS system: that all individuals have the opportunity to "know their skills, grow their skills and get the best job possible with their skills." To that end, an assessment of skills is a universal service delivered. The outcome of service delivery in the career services area is a relevant pool of talent with skills in demand and job-search know-how. When customers have completed career services, have the tools and knowledge for an effective job search, and meet specific criteria, they are referred to employers to be matched to available job openings.

9. Responsibilities of the Parties.

- 9.1. The parties agree to participate in joint planning and modification of activities to result in:
 - 9.1.1. Continuous partnership building;
 - 9.1.2. Continuous planning responsive to State and federal requirements;
 - 9.1.3. Timely response to specific local economic conditions including employer needs; and
 - 9.1.4. Adherence to common data collection and reporting needs.
- 9.2. Make available to customers through the one-stop delivery system the services that are applicable to the partner's programs;
- 9.3. Participate in the operation of the one-stop system consistent with the terms of this MOU and requirements of applicable law;
- 9.4. Participate in staff capacity-building and development, including but not limited to cross-training between partner staff;
- 9.5. Participate in one-stop assessments under applicable state policies and procedures, utilizing state standards created to develop a base-line for one-stop center and system certification and continuous improvement as required by WIOA section 121(g); and
- 9.6. Develop, offer and deliver quality business services that assist industry sectors in overcoming the challenges of recruiting, retaining and developing talent for the regional economy.

10. Methods of Customer Referral and Tracking.

The partners agree to develop a referral process to aid in the integration and alignment of services within the regional one-stop system. The referral process must help create a more seamless customer experience by providing convenience of services to individuals and businesses. This process also provides for a continuum of services and follow-up to ensure customer needs have been met. All partners agree to follow the Region 12 one-stop center referral process outlined in Attachment D, the Region 12 Core Partner Joint Referral Form.

Region 12 has a long history of working collaboratively with various partners within the region. Ongoing partner meetings have been held with multiple providers to determine what services are currently being offered through various programs and identify gaps within the current service structure. In this way, partners are able to maximize services and funding levels and the participants benefit by having a more complete, comprehensive service plan to reach self-sufficiency. In turn, the region is more likely to meet performance goals.

All integrated Center customers will move through a standardized process that co-enrolls them into multiple programs based on eligibility. This unified customer pool will be shared and served by multiple partners within the One-Stop system. When eligibility permits, every member must be co-enrolled into all qualifying programs for individualized

career services. This allows for optimal participant tracking and increases the likelihood of successful referrals.

Within this flow, customers will be provided career services to gain necessary skills needed by employers within the region. Services will continue to be customized to meet individual customer needs. Field staff are able to provide outreach services in all counties within Region 12 as needed. Such efforts enable applicants with transportation or other barriers to meet with WIOA staff who can initiate registration and training activities.

Service provision outreach has long been part of the various programs and activities offered in the tri-state corner in western Iowa. This provision has especially been offered to those clients most in need. This has resulted in partnerships with multiple community partners. This effort will continue into the foreseeable future as new partnerships are identified and developed.

Service providers in Region 12 have always had an open relationship and often meet together to discuss how they can benefit one another as well as their mutual clients. As a result of this effort, there are many successful programs being operated in Region 12 that serve all categories of individuals.

11. Increased and Maximized Access

The Partners agree that meeting WIOA's mandate for increased access to the Region's workforce services-particularly for individuals with barriers to employment-must be a priority as we work together to deliver workforce services. This necessarily includes outreach to individuals with barriers to employment, a group that includes members of the following populations:

Individuals with disabilities, including but not limited to individuals with vision loss,

- 11.1. Displaced homemakers
- 11.2. Low-income individuals
- 11.3. Native Americans, including Indians, Alaska Natives and Native Hawaiians as those terms are defined in WIOA section 3
- 11.4. Individuals age 55 and older
- 11.5. Returning citizens (ex-offenders)
- 11.6. Homeless individuals
- 11.7. Youth who are in or have aged out of the foster care system
- 11.8. English language learners, a group that is also often referred to as individuals with Limited English Proficiency (LEP)
- 11.9. Individuals who have low levels of literacy
- 11.10. Individuals facing substantial cultural barriers

- 11.11. Eligible migrant and seasonal farmworkers
- 11.12. Single parents, including single pregnant women
- 11.13. Long-term unemployed individuals
- 11.14. Individuals within two years of exhausting lifetime eligibility under part A of title IV of the Social Security Act

To achieve the priority of increased access for individuals with barriers to employment, the parties will:

- Leverage the expert knowledge of its membership and collaborate to maximize access to workforce services;
- Conduct outreach to stakeholders and other organizations within the Region; and
- Participate in state workforce development accessibility initiatives.

12. Common Performance Measures.

The Partners will collaborate to achieve common performance indicators outlined in the State of Iowa Unified State Plan and any modifications made thereto. This collaboration includes strategizing on approaches to attain these measures and providing data in the method and of the substance requested by state-level partner agencies.

13. Service Design.

The Partners will work together to achieve an integrated partnership that seamlessly incorporates the services provided by Partner programs. The Partners will collaborate to develop and implement operational policies, procedures and proven and promising practices that reflect an integrated system of performance, communication and case management, and use technology to achieve integration and expanded service offerings.

13.1. Alignment of Services.

The Partners will collaborate to develop policies, procedures and proven and promising practices to facilitate the organization and integration of workforce services by function (rather than by program) when permitted by a program's authorizing statute and as appropriate. This will include coordinating staff communication, capacity building, and training efforts. Functional alignment includes having One-Stop Center staff who perform similar tasks serve on relevant functional teams (e.g. Skills Development Team, Business Services Team). Service integration will focus on serving all customers seamlessly (including individuals with barriers to employment) by providing a full range of services staffed by cross-functional teams, consistent with the purpose, scope and requirements of each Partner Program.

13.2. Career Services.

Career Services include a variety of self-help services and services requiring more staff involvement, generally provided to individuals deemed to be in need of more intensive/training services to obtain employment; or who are employed but deemed to be in

need of more intensive or individualized services to obtain or retain employment that allows for self-sufficiency.

Each partner is responsible for the provision of services associated with the One-Stop system site. The levels of service begin with a set of basic career services available to the universal population. Further assessments may necessitate the need for more intensive or individualized services. These services, customized and based upon the Region 12 needs, are described in a detailed narrative and are outlined in Table format in the Attachment B documents.

Attachment B "Partner Services Responsibilities" identifies the services each required partner will provide and the methods of service delivery each partner will use to ensure that integration and non-duplication of services is addressed.

13.3. Employer Services.

WIOA requires that Local One-Stop Systems provide workforce services that meet the labor-market needs of employers. To meet this requirement, the Partners will collaborate to achieve an integrated approach to business services delivery. This will include the implementation of business-focused outreach and initiatives:

13.3.1. Employer-Focused Outreach.

The Partners will create an Integrated Business Services Team that includes local staff from each core partner agency to:

- a. Facilitate engagement of employers in workforce services programs;
- b. Offer and deliver quality business services that assist specific businesses and industry sectors in overcoming the challenges of recruiting, training, retaining, and developing talent for the regional economy;
- c. Identify and develop a clear understanding of industry skill needs, strategies for assisting employers and coordinating business services activities across programs;
- d. Incorporate an integrated and aligned business services strategy among partner to present a unified voice for the One-Stop Center in its communications with employers; and
- e. Engage employers to develop sector partnerships that are responsive to labor-market trends.

13.3.2. Business-Focused Initiatives.

The partners will develop policies, procedures and promising practices regarding the development of programs and activities that may include but are not limited to implementation of initiatives such as:

- a. Incumbent worker training programs;
- b. On-the-job training;
- c. Customized training programs;

- d. Registered apprenticeships;
- e. Industry and sector partnerships;
- f. Career pathways; and
- g. Public-Private partnerships.

13.4. Equal Opportunity.

The parties agree to obey all applicable state and federal nondiscrimination laws. The parties shall not unlawfully discriminate against any customer, applicant for employment, or employee of a party to this MOU or other entity. The parties shall adhere to the policies, procedures, and guidance issued by the State of Iowa Workforce Development Board and state-level partner agencies regarding equal opportunity, nondiscrimination, and increased accessibility. Nothing in this Section shall be construed as limiting the parties' agreement to increase and maximize access for individuals with barriers to employment under Section 11 of this MOU.

13.5. Integrated Management System.

WIOA emphasizes technology as a critical tool in making possible all aspects of information exchange including client tracking, common case management, data collection, and reporting. Iowa Workforce Development, Iowa Vocational Rehabilitation Services, Iowa Department for the Blind, and Iowa Department of Education, Adult Education and Literacy, are working to develop technological enhancements that allow interfaces of common information needs for WIOA implementation. To support the use of these tools, the One-Stop Partner agrees to:

- 13.5.1. The principles of common reporting and shared information through electronic mechanisms including shared technology;
- 13.5.2. Commit to share information to the greatest extent allowable under their governing legislation and confidentiality requirements; and
- 13.5.3. Develop a process for shared case management that coordinates services and leverage funding to meet the employment needs of an individual job seeker/customer.

13.6. Confidentiality.

The parties agree to comply with provisions of WIOA, the Wagner-Peyser Act, the Rehabilitation Act of 1973, and the Adult Education and Literacy Act, and any other applicable requirement of state or federal law to assure that customer information shall be shared solely for the purpose of enrollment, referral, or provision of services. When required under applicable state or federal law, a release of information will be obtained from the customer before sharing confidential protected information. In carrying out their respective responsibilities, each party shall respect and abide by the confidentiality policies, procedures, and guidance of the other parties.

14. Amendment.

This MOU may be amended at any time upon mutual agreement of the parties. Any amendment to this MOU must be consistent with federal, state or local laws, regulations, rules, plans, or policies. Any amendment of this MOU must involve the process outlined in this section.

A party may request to amend this MOU during its term. A party seeking an amendment must submit a written request to each party. The request must include:

- 14.1. The requesting Partner's name;
- 14.2. The reason(s) for the amendment request;
- 14.3. Each section of this MOU that will require revision;
- 14.4. The desired date for the amendment to take effect; and
- 14.5. The signature of an authorized representative of the requesting Partner.

After receipt of an amendment request, the parties must attempt to reach consensus on amending this MOU. If the parties reach unanimous agreement to amend this MOU, this MOU may be amended. Each party must execute the amended MOU via an authorized representative for the amended MOU to take effect. If a party objects to the requested amendment to this MOU and consensus on amending this MOU cannot be reached, the requesting party may utilize the Dispute Resolution process outlined in Section 15 to seek amendment of this MOU.

15. Dispute Resolution.

The parties agree to act in good faith to implement this MOU to help execute the local plan. However, should a dispute arise among the parties while attempting to implement the provisions contained in Phase I of this MOU that results in an impasse, the parties agree to utilize the following process:

- 15.1. A written document detailing the dispute must be submitted to the State of Iowa Workforce Development Board, with a copy delivered by U.S. mail or email to each of the parties to this MOU.
- 15.2. The State Workforce Development Board will appoint a standing committee to review and work with the parties to attempt to resolve the impasse. Impasses involving state level partners will have the participation of their respective executive director or administrator, or their designees, in all resolution activities.
- 15.3. If the standing committee successfully brokers a resolution to the dispute, the parties must execute a written agreement containing the terms of the dispute resolution. The standing committee must then make a written report to the State Workforce Development Board at the first meeting to occur after the impasse is resolved and agreement between the parties is executed, detailing the dispute and the resolution. The State Workforce Development Board must publish the standing committee's report on its website.
- 15.4. In the event the dispute cannot be resolved within thirty (30) days, the standing

committee will make a recommendation to the State Workforce Development Board regarding a resolution to the impasse. At its next meeting, the State Workforce Development Board will vote on whether to adopt the standing committee's proposed resolution.

- 15.4.1. If the State Workforce Development Board votes to not adopt the standing committee's proposed resolution, the State Workforce Development Board may direct the standing committee to engage in further efforts to resolve the dispute or dissolve the standing committee and create another standing committee to take the initial standing committee's place.
- 15.4.2. If the State Workforce Development Board adopts the standing committee's proposed resolution, the standing committee must draft a report detailing the dispute, its efforts to resolve the dispute, and the resolution. The State Workforce Development Board must post the standing committee's report on its website.

The policies and procedures outlined in this section will not apply to any dispute among the parties regarding cost or resource sharing. Any dispute among the parties regarding cost or resource sharing must be subject to a separate and distinct dispute resolution process that will be outlined in Phase II of this MOU and be compliant with WIOA.

16. Termination.

- 16.1. The parties understand that implementation of the one-stop system is dependent on everyone's good faith effort to work together to improve services to the community. The parties also agree that this is a project where different ways of working together and providing services are being tried.
- 16.2. In the event that it becomes necessary for one or more party to cease being a party to this MOU, said party shall notify the other parties and the State Workforce Development Board, in writing, ninety (90) days in advance of that intention.
- 16.3. A party's termination in whole or in part of its participation in this MOU will not affect its duties and obligations under any applicable federal or state law, including but not limited to WIOA.
- 16.4. A party's termination in whole or in part of its participation in this MOU will be effective only as to that entity.
- 16.5. If a party terminates in whole or in part its participation in this MOU, this MOU will remain in full force and effect as to all other parties.
- 16.6. A party's termination in whole or in part its participation in this MOU will trigger a review of the regional workforce development board's certification under WIOA section 107(c) and local workforce development area's designation under WIOA section 106(b) by the State Workforce Development Board which will result in recommendations to the Governor of the State of Iowa.

17. No Indemnification and Liability.

By executing this MOU each partner agrees to work together to deliver Region 12 one-stop services for employers, employees, and those seeking employment. However, the parties are not legally "partners" to the extent that term encompasses joint and several liabilities under Iowa law. Each partner under this MOU is responsible for its own employees, representatives, agents, and subcontractors.

July 11, 2019

WORKFORCE DEVELOPMENT FIELD INFORMATION MEMO NO: 19-02

TOPIC: Memorandum of Understanding (MOU) Guidance for Local Workforce Development Boards

1. **Purpose:** To transmit guidance on the extension or renegotiation of MOUs in the Local Service Delivery Areas.
2. **Background:** WIOA section 121(a)(1) and section 121(c) require that Local Workforce Development Boards (LWDBs), with the agreement of the Chief Elected Officials (CEOs), enter into an MOU with the one-stop partners concerning the operation of the one-stop delivery system in the local area. The existing MOUs in each local area in Iowa were negotiated and in place from July 1, 2016 – June 30, 2019.
3. **Substance:** The LWDBs must complete one of the below options in regards to MOUs in their local areas:
 - a. **Extend Existing MOUs with No Changes**
To complete this option, the LWDB must provide notice to all one-stop partners that the terms of the existing MOU are now in effect from the start date of the original MOU (most likely July 1, 2016) through an end date of the LWDB's choosing, not to extend beyond June 30, 2020.
 - b. **Renegotiate MOUs**
If a local area chooses to renegotiate its existing MOU, all required and additional partners as identified in WIOA sections 121(b)(1) and 121(b)(2) must be included. In addition, the MOU must contain all required contents identified in WIOA section 121(c), including the Infrastructure Funding Agreement. Any renegotiation of MOUs at this time will be completed in the absence of state policy and may result in a non-compliant agreement that will be required to be renegotiated at such time that state policy is published. State policy is currently being developed in conjunction with required and additional partners.
4. **Action:** This information should be shared with LWDB and CEO Board Members as well as appropriate One-Stop and other partner staff.

Each LWDB must provide notice of the extension or renegotiate the MOU and provide a copy of that documentation to Iowa Workforce Development no later than August 31, 2019. Please submit required documentation to WIOAGovernance@iwd.iowa.gov.
5. **Effective Date:** This field memo is effective from the date of this memo.
6. **Contact:** For questions related to the information in this issuance, contact Michelle McNertney at 515-242-0408 or michelle.mcnertney@iwd.iowa.gov.

Cathy Ross

**Cathy Ross, Chief Operating Officer
Workforce Services
Iowa Workforce Development**