



Application A

**Utah Department of Workforce Services (DWS)
APPLICATION TO PROVIDE OCCUPATIONAL SKILLS TRAINING
Title IV Post Secondary Schools**

School Name	
Street	
City, State, Zip Code	
If mailing address differs from the training location, please provide that address:	
Contact Name	
Contact Phone Number	
Contact E-mail	
Toll Free Number	
Web Address	
	To complete this application, you must be eligible to receive federal funds under the Title IV Higher Education Act of 1965; this includes Pell Grants, Stafford Loans etc. If you are not eligible for these funds, please complete Application B.
Please provide documentation of your Title IV status. A screen shot of the FAFSA website is acceptable.	
For electronic payment through a point of sale/credit card machine, please list your Merchant ID Number for Tuition Payments.	
If you do not have a credit card machine:	Please complete the Direct Deposit Authorization Form (last page of application) and attach a voided check and utility bill or business license that shows the same address as printed on the voided check. If you select this option to receive payment you MUST mail your application.

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

- Provide DWS students with progress and attendance reports upon request.
- Notify DWS of any changes including addition or deletion of courses, programs or locations, changes in program cost, accreditation, approval, certification and/or license and relocation or change of ownership. (Depending on the change, it may require a new application approval process.)
- Provide services in a professional and timely manner.
- Have an adequate facility that abides with ADA guidelines.
- Abide by the DWS Equal Opportunity Clause:
 - Section 188 of the Workforce Investment Act of 1998 (WIA), which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIA Title I – financially assisted program or activity:
 - Title VII of the Civil Rights Act of 1964, as amended, which prohibits



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- discrimination on the basis of race, color, and national origin;
 - Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;
 - The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age;
 - And Title IX of the Education Amendments of 1972, as amended which prohibits discrimination on the basis of sex in education programs.
- Not recruit on DWS premises without DWS Manager or Director's approval.
 - Not rely solely on funds from DWS to remain in business.
 - Not use your organization or corporate names and logos, or pass out materials identifying yourself to the media, to business or other organizations/associations, or to individuals, in the context of conducting any DWS operations or contracted services.
 - Not expect or require a minimum number of DWS referred customers. (DWS makes no guarantee to the number of customers that will attend your school.)

I certify that the information contained herein is complete and accurate to the best of my knowledge, and is furnished for the purpose of obtaining DWS approval to offer services in the state of Utah, and in conformity with the standards set forth by the state of Utah. Should circumstances result in any modifications of the content, I will advise DWS. I understand that failure to abide by the rules may result in a further review of services and possible termination of application status or approval of services.

Printed Name

Signature

Date

Mail the completed application to:
Attn: Tara Connolly
Department of Workforce Services – WDD
140 E 300 S
Salt Lake City UT 84111

Or email to dws_trainingproviders@utah.gov

Hand-delivered applications will not be accepted.

For questions on completing the application please call 801.707.3710.

The approval process can take up to 90 days.



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

Payee Information

Name of Business or Individual	Vendor Code	SSN or EIN	
Street Address	City	State	Zip Code

Attach a voided check. A photocopy of a voided check will not be accepted. Do not attach a deposit slip, as they do not contain sufficient information for processing. **Attach a utility bill or business license that shows the same address as printed on the voided check.**

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

Financial Institution

Financial Institution Name	City	State	Zip Code
Routing Transit Number (9 DIGITS)	Account Number	Type of Account	
		Checking	Savings

Authorization for Setup

I hereby authorize the State of Utah ("the State") to initiate credit entries to the account number listed above ("this account"). I further authorize the State to correct credit entries made in error to this account. I agree that this AUTHORIZATION FOR SETUP is to remain in full force and effect until the State has received written notification from me of its termination, in such time and manner as to afford the State and the Financial Institution a reasonable opportunity to act upon my notification. I recognize that if I fail to provide complete or accurate information on the above DIRECT DEPOSIT AUTHORIZATION FORM FOR ELECTRONIC FUNDS TRANSFERS (EFT) FOR VENDORS ("this form"), the processing of this form may be delayed and/or my payments may be erroneously transferred. In the event that funds are erroneously transferred due to my failure to provide complete or accurate information on this form, I hereby hold the State harmless for the recovery of such erroneous transfers, notwithstanding any reasonable attempts made by the State to correct such errors.

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

_____ Authorized Signature	Printed Name	Title	
Date (mm/dd/yyyy)	Email Address	Telephone Number	Fax Number