



# WORKFORCE INNOVATION & OPPORTUNITY ACT (WIOA) TITLE I OFFICE

## PROGRAM APPLICATION

TAX ID No. \_\_\_\_\_

NAME OF AGENCY:		TARGET GROUP(S) TO BE SERVED: YOUTH <input type="checkbox"/> ADULT <input type="checkbox"/> SENIOR CITIZEN <input type="checkbox"/>	
NAME/TITLE (HEAD OF AGENCY):		PROJECT PERIOD:	
PHYSICAL LOCATION:		NO. OF TRAINEE(S) REQUESTED:	HOURLY WAGE REQUESTED:
MAILING ADDRESS:		TRAINING POSITION(S):	
TEL No.	FAX No.	NO. OF CURRENT EMPLOYEES:	STARTING WAGE FOR POSITION(S):
CONTACT PERSON(S):		E-MAIL ADDRESS:	
BRIEF DESCRIPTION OF TRAINING:			
<b>(ATTACH ADDITIONAL SHEET OF PAPER, IF NECESSARY)</b>			

Please answer the following questions with a [YES] or [NO]:

1. Have you ever used WIOA services during the last two years? \_\_\_\_ If yes, please provide the name(s) of trainee(s), position(s), and hourly wage(s) on a separate sheet and attach with the application.
2. The trainee(s) will be hired for full-time employment after successfully completing the training? \_\_\_\_  
If **No**, please state reason. \_\_\_\_\_
3. All safety precautions will be implemented at all time during working hours. \_\_\_\_\_
4. The trainee(s) will be trained at a proper and drug-free workplace. \_\_\_\_\_

\*\*\* IF YOU ANSWERED **NO** TO ANY OF THE QUESTIONS FROM 3 - 4, YOU **MUST** EXPLAIN ON A SEPARATE SHEET AND ATTACH IT WITH THE APPLICATION. \*\*\*

\_\_\_\_\_  
SIGNATURE OF (OWNER/HEAD/MANAGER) OF APPLYING AGENCY

\_\_\_\_\_  
DATE

(FOR WIOA OFFICE USE ONLY)

TRAINING CLASSIFICATIONS:      ( ) OJT      ( ) CT      ( ) WEX-OT      ( ) CRT

APPROVED: \_\_\_\_\_      APPROVED W/ CONDITION: \_\_\_\_\_      DISAPPROVED: \_\_\_\_\_

Meeting of SWDB Executive Committee      ( )      Date: \_\_\_\_\_

Circulated among SWDB/EC Members      ( )      Date: \_\_\_\_\_

RECOMMENDATIONS:

\_\_\_\_\_

\_\_\_\_\_

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