

Detroit Employment Solutions Corporation

Training Provider Application for Training Services

APPLICANT INFORMATION			
Legal Business Name of Applicant:			
Type of Organization:		Contact Information <i>Provide contact information for person to be contacting on matters involving this application</i>	
State Entity is Registered:		Title:	
Federal Tax ID Number:		First Name:	
Street Address, Suite #:		Last Name:	
City, State, Zip Code:		Email:	
Website URL:		(Area Code) + Office Phone:	
		(Area Code) + Mobile Phone	

TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. THE GOVERNING BODY OF THE APPLICANT HAS DULY AUTHORIZED THE ATTACHED DOCUMENT. THE APPLICANT HAS ACCESSED AND REVIEWED THE WEB PAGES CONTAINING DEFINITIONS OF TERMS AND STANDARD CONTRACTUAL LANGUAGE WHICH ARE/WILL BE RELEVANT TO THIS PROPOSAL. IF THE PROJECT IS AWARDED, THE APPLICANT WILL COMPLY WITH ALL RULES AND REGULATIONS SET FORTH BY THE DETROIT EMPLOYMENT SOLUTIONS CORPORATION. THIS PROPOSAL WILL REMAIN FIRM FOR A PERIOD OF ONE HUNDRED TWENTY (120) DAYS FROM ITS DUE DATE AND THEREAFTER UNTIL (i) THIS PERIOD EXPIRES; (ii) THE APPLICANT WITHDRAWS IT; (iii) A CONTRACT BETWEEN THE PARTIES IS EXECUTED; OR (iv) THE PROCUREMENT IS TERMINATED BY DESC, WHICHEVER OCCURS FIRST.

Authorized Representative (First, M.I., Last):		Title:	
Signature of Authorized Representative:		Date Signed:	

Section 1: Program Summary

Select Occupation Group Aligned with Proposed Training Program

Healthcare Manufacturing and Mobility	Construction and Infrastructure Small Business	Information Technology & Professional Services
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Training Program Name:	
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Training Cost Per Trainee: <i>(Inclusive of all instruction, materials, fees, equipment, and other related costs)</i>	
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Enter the ONET Code: https://www.onetonline.org		Is the Program listed on the Michigan Training Connect? www.mitalent.org/mitc	Yes No
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Describe Training Type: <i>(Check all that apply)</i>	100% In- Person	100% Online	Hybrid: In-Person and Online	Other: Can be Provided at Offsite Location
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Physical Location of Training: <i>If online, enter "N/A"</i>	Address	City	State	Zip Code
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Does the Training Program include career readiness training that builds "workplace navigation skills" or "effective function skills" that are contextualized for the target industry and occupations? Yes No	How many years has the Training Program been in operation?	Is the Training Program eligible for federal financial aid? Yes No <i>If yes, does the applicant assist with Financial Aid Application?</i> Yes No
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Are you interested in this program being considered for a special initiative such as Skills for Life, JumpStart, Career and Technical Centers, etc.?	Yes No
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Section 2: Program Detail

Identify the duration and intensity for proposed program?	# Weeks	# Hours per Week	# Days per Week	Total Hours of Instruction
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Identify the program requirements for enrollment below.

High School Diploma/ GED Required? Yes No	Minimum Reading Grade Level: Minimum Math Grade Level:
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Drug Screen Required? Yes No	Background Check Required? Yes No	Valid Driver's License Required? Yes No
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Other Program Requirements:	
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Section 2: Program Detail (continued)

Does the program result in an industry recognized credential? Yes No

Acceptable industry-recognized credentials are awarded by a state educational agency; institution of higher education as described in section 102 of the Higher Education Act that is qualified to participate in the student financial assistance programs authorized by Title IV of that Act; institution of higher education that is formally controlled, or has been formally sanctioned or chartered by the governing body of an Indian tribe or tribe; a professional, industry, or employer organization or product manufacturer or developer using a valid and reliable assessment of an individual's knowledge, skills and abilities; a public regulatory agency that awards a credential upon an individual's fulfillment of educational, work experience, or skill requirements that are legally necessary for an individual to use an occupational or professional title or to practice an occupation or profession; a program that has been approved by the Department of Veterans Affairs to offer education benefits to veterans and other eligible persons; or Job Corps, which issues certificates for completing career training programs that are based on industry skills standards and certification requirements.

Please note OSHA 30, First Aid/CPR/BLS and Certificates of Completion that do not align with the above are not considered Industry-Recognized credentials.

<p>List the Name of Industry-Recognized Credential(s) to be Earned</p>	<p>List the Name of Entity that Issues the Industry Recognized Credential(s)</p>
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<p>Describe how you inform participants of the industry recognized credential to be earned, including any related exam(s) to obtain credential.</p>	
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<p>Identify the instructor to participant ratio for proposed program?</p>	<p>Identify the requirements for successful completion for proposed program?</p>
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<p>Describe the educational and/or experience for instructors.</p>	
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Program Activities. Describe how training activities will prepare students for related employment upon completion of the proposed training program.

Section 2: Program Detail *(continued)*

Target Occupations/Jobs. Describe target occupation(s) and/or job(s) that participants will be prepared for upon completion of the proposed training program.

Engagement. Describe how your training program engages adult learners. Please include any academic support that is available to learners such as mentoring, tutoring, supplemental instruction, academic counseling, etc.

Online/Distance Learning. If any portion of the proposed program is online, describe the platform used and how training activities are monitored. Include how attendance and progress is tracked.

Section 3: Applicant Capacity

Related Experience. Describe how your organization has directly assisted individuals with barriers to employment. Identify the barriers to employment specifically observed by your organization and how you assisted. Describe how the proposed training program has been developed to assist individuals with barriers to employment.

Section 3: Applicant Capacity (continued)

Program/Cohort Management. Describe your organization's approach for managing multiple and concurrent cohorts successfully. Additionally, identify the number of days needed before starting a new cohort.

On an annual basis, how many Detroit at Work participants can be served by your organization in the proposed training program?

Please limit response to just Detroit at Work referrals.

Data Collection and Reporting. Identify staff resources assigned to data collection and reporting. How will a participant's progress be managed and documented. Include attendance, course completion, credential attainment, and initial employment. Describe frequency of activities.

Expected Performance. Describe any challenges you anticipate in achieving performance outcomes. How do you plan to overcome these challenges?

Section 4: Employer Engagement and Partnership

Identify Key Employer Partner(s). *Applicant must identify at least one (1) employer partner.*

Employer Name	City, State	Contact Name
1.		
2.		
3.		
4.		

Describe when the employer sector partnership was formed.

Describe the roles and responsibilities of the employer(s) and your organization in the partnership.

Describe how the employer(s) have contributed to the program development and/or delivery (e.g., curriculum review or development).

Section 4: Employer Engagement and Partnership (continued)

Clearly describe the strategy for how the applicant and its employer partner(s) will support participants in obtaining employment.

What commitment has each identified employer made to interview and/or hire qualified graduates for open position(s)? *Please attach commitment letters from the identified employer(s) attesting to willingness to interview and/or hire qualified graduates for open positions. Letters must be on company letterhead and signed and dated by an authorized representative of the employer(s).*

PAST PERFORMANCE

Please submit past performance data for the most recent **12-month period** for the below named training program.

Training Program Name:		
A. Completion Measures		
1. No. of Students Started Training between <small>Click or tap to enter a date.</small> and <small>Click or tap to enter a date.</small>		
2. No. of Students Still Training as of <small>Click or tap to enter a date.</small>		
3. No. of Students Completed Training as of <small>Click or tap to enter a date.</small>		
4. Percent Completed Training. Compute $A3/(A1-A2)$		
B. Credential Measures		
1. No. of Completers Above (A3) who Received an Industry Recognized Credential (IRC).		
2. Percent of Completers who Received an IRC? Compute $B1/A3$		
C. Placement Measures		
1. Number of Completers Placed in Training-Related Employment		
2. Percent Placed in Training Related Employment. Compute $C1/A3$		
3. Average Training- Related Wage of Students Placed into Training-Related Employment		

Past Performance for Proposed Training Program. Select one of the options below.

Previous DESC training program that trained less than 10 customers, has not worked with DESC within the last year or has never worked with DESC. Describe below why the proposed program is likely to be successful. Include how you will ensure the proposed program meets DESC’s performance requirements.

Previous DESC training program that was on Probation or Corrective Action. Describe below why the proposed program(s) is likely to be successful. Include an explanation of why the program did not meet performance requirements and how you will ensure the program meets DESC’s performance requirements.