



Application A

Utah Department of Workforce Services (DWS)
APPLICATION TO PROVIDE BASIC EDUCATION TRAINING SERVICES
 Public Schools (USOE) and Adult Education School Districts

To complete this application, your school must be a Public School or an Adult Education School District. **If you do not meet this requirement, please complete Application B or C.**

School Name	
Physical Address	
Mailing Address, if different	
Contact Name and Phone Number	
Contact E-mail (Required)	
Web Address	
Are you a public school governed by the Utah State Office of Education?	YES NO (If no, you will need to complete a different application)

Please note that DWS makes payment through the State of Utah Division of Finance. You must be set up with them to receive funds as either a direct deposit or as a check. You must complete the attached form and provide the required documents listed on the form.

Program Name(s), Cost and Description: (Example: GED Prep, ESL etc.) Please list assessment and post assessment tools used.	
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By signing this application, you are agreeing that your school will:

- Notify the State of Utah Finance Division if your bank account information changes, otherwise payments cannot be made.
- 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.

Application A

- ❑ 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 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

Hand-delivered or emailed applications will not be accepted.

For questions on completing the application please email dws_trainingproviders@utah.gov.

The approval process can take up to 30 days.



PAYMENT INFORMATION INSTRUCTIONS

In order to receive payment from the Department of Workforce Services, you must be set up to receive payments through State Finance. Payments can be received as direct deposit where money is deposited into your bank account, or you can have a check mailed to you.

Step 1: Decide if you would like to receive payment to your bank account or by a mailed check.

- a. Direct deposit to bank account - Complete the second page titled "Direct Deposit Authorization Form", or
- b. Check mailed to you - Complete the following information and include a piece of mail or tax document with your name and address.

Legal Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

SSN / EIN: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email: _____

Step 2: Mail the completed form with your application.

You may be contacted by the Department of Workforce Services if there are questions or missing information.

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.



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

Option 1

Attach a voided check and sign the Authorization for Setup below. (A photocopy of a voided check will not be accepted). Do not attach a deposit slip since deposit slips do not contain sufficient information for processing.

Option 2

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, not withstanding 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 <small>(mm/dd/yyyy)</small>	Email Address	Telephone Number
		Fax Number