

**State of Iowa
Iowa Workforce Development
Workforce Services Division
1000 East Grand Avenue
Des Moines, IA 50319**

This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Innovation and Opportunity Act (WIOA) of 2014, Public Law 113-128, Department of Labor, Employment and Training Administration, 20 CFR Parts 680-530. Approval as an Eligible WIOA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

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>.

PART I - GENERAL INFORMATION

Date of Application 1/18/2019

Name of Institution Goodwill of the Heartland

Address 1410 South First Ave, Iowa City, IA 52240

Telephone Number 866-466-7881 Fax 319-337-7369

Location of Training Facility 1444 Blairs Ferry Road NE, Cedar Rapids and 1410 S. First Ave, Iowa City, IA 52240

Name of Chief Executive Officer Pat Airy

Program Contact Information Carmen Heck, Vice President of Mission Services

Telephone Number 319-248-4623 Email Address check@goodwillheartland.org

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name Custodial Technician Certification Training

B. A brief program description This program is 150 hour training, including 60 hours of classroom training and 90 hands on work experience training at a local hospital. The curriculum is through the Cleaning Management Institute. The participant completes the training in 8 weeks, with an ISSA certification exam at the end. The student will learn customer service skills, soft skills, the chemistry of cleaning, standards of disinfection and basic cleaning of hard floor, carpeted floor, restrooms and shower rooms. They will also learn cleaning techniques for above-floor cleaning. These skills will be reinforced and practiced in the hospital setting where their competency will be measured. Classroom training also involves job seeking skills, career development and job application techniques.

C. Length of Program 8 weeks Total Credit Hours Required 150 hours of training

D. What is the method of delivery?

- Classroom Computer-Based CD-Rom Distance (TV/Satellite/Cable) Self-Study (Correspondence)

Web-Based (Internet) URL Address _____

PROGRAM COSTS:

- 1a. Tuition (per credit hour) \$28.05/ hour
- 1b. Tuition (Out-of-State, per credit hour) _____
- 2. Supplies, including tools, uniforms, etc. \$166 workbooks, uniforms
- 3. Fees, including laboratory, student rentals, deposits \$105 exam and background check
- 4. Miscellaneous charges \$909 work experience, wages paid by Goodwill
- 5. Average cost per year for program _____
- 6. Total cost to complete this program \$2445.00 per student without work experience/\$3353.00 per student with work experience wages

Please use additional pages if necessary.

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

- Post-Secondary Educational Institution registered under HEA
 Registered under the National Apprenticeship Act (NAA)

CERTIFICATION

I, Carmen Heck Name certify that I am the Vice President of Mission Services Title of the training

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

Carmen Heck
Signature

1-21-19
Date

If you are a Training Institution applying for program certification, applications must be forwarded to Local Workforce Development Board for consideration. Non-LWDB approved applications received directly from Training Institutions to the address below will not be processed and with no further notification.

FOR LWDB USE ONLY

Date Received by LWDB _____ Date Approved by LWDB _____

Application Date _____ Date LWDB Submitted to _____

IWD Region #: _____

Authorized LWDB _____

Signature _____

Approved forms must be sent to: ETPL Unit, Iowa Workforce Development, 1000 East Grand Avenue, Des Moines, IA 50319 (ETPL@iwd.iowa.gov)

All other applicants must complete the following information and Part III - Part VI:

1. Date Institution was founded: 1965
2. Number of years the institution has been in continuous operation: 54
3. Is the institution accountable to a policy or governmental board? Yes No
 If so, what board? Goodwill of the Heartland Board of Directors Please attach a member list.
4. Does each program lead to a degree or certification? Please Explain: Each program leads to a Certification

PART III - FINANCIAL INFORMATION

1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the institution's most recent auditor's report.
2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.
3. Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?

Please state your refund policy: We have a minimum fee of \$100 to cover enrollment costs. Other fees will prorated by the number of days attended.

PART IV - FACILITIES

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

- *The number of buildings *Availability of suitable training equipment
- *Handicap accessibility *Compliance with fire, building and safety codes, including off-campus locations or other sites

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

- *The number of persons employed 685
- *Current number of students enrolled 94
- *Class size to instructor ratio 1:4
- *School Calendar January -December, with classes being held regularly
- *Availability of Transcripts Available upon request

PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

1. Program completion rate for all individuals participating in the applicable program conducted by the training provider.

A program completer is a person who has:

- a. obtained a certificate, degree or diploma; or
- b. received credit for completing the program; or
- c. received a passing grade in the program; or
- d. finished the required curriculum of the program

Which criteria listed above (a) - (d) do you use to define a completer? (a) (b) (c) (d)

2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify:

- *how the information was obtained This is a new program, so no data is available.
- *what percentage of all student's data was collected This is a new program, so no data is available.
- *what year is being used This is a new program, so no data is available.

3. Average hourly wages of all students who obtained unsubsidized employment for this program: This is a new program, so no data is available.

State of Iowa
Iowa Workforce Development
Workforce Services Division
1000 East Grand Avenue
Des Moines, IA 50319

This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Innovation and Opportunity Act (WIOA) of 2014, Public Law 113-128, Department of Labor, Employment and Training Administration, 20 CFR Parts 680-530. Approval as an Eligible WIOA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

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>.

PART I - GENERAL INFORMATION

Date of Application 1/18/2019

Name of Institution Goodwill of the Heartland

Address 1410 South First Ave, Iowa City, IA 52240

Telephone Number 866-466-7881 Fax 319-337-7369

Location of Training Facility 1444 Blairs Ferry Road NE, Cedar Rapids and 1410 S. First Ave, Iowa City, IA 52240

Name of Chief Executive Officer Pat Airy

Program Contact Information Carmen Heck, Vice President of Mission Services

Telephone Number 319-248-4623 Email Address check@goodwillheartland.org

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name Hospitality Certification Training

B. A brief program description The Hospitality Certification Training is a seven week program from the American Hotel and Lodging Educational Institute designed to help participants learn the basic skills of the hospitality industry in a classroom format as well as through hands on work at a hotel. Participants will be provided approximately 10 hours weekly of paid hands on experience at one of our local hotel partners as well as 10 hours a week in a classroom setting. The focus of the training is on learning how to provide good customer service and learning the positions of guest room/laundry attendant, breakfast server and restaurant server. Classroom lessons also include work readiness skills training. Each of the modules covered will have a certification exam that will be given to any student wishing to attain their official industry recognized certification. On site job coaching will be provided by Goodwill to facilitate training provided by the hotel staff as well as troubleshoot any potential concerns.

C. Length of Program Seven weeks Total Credit Hours Required 140 hours of training

Classroom Computer-Based CD-Rom Distance (TV/Satellite/Cable) Self-Study (Correspondence)

Web-Based (Internet) URL Address _____

PROGRAM COSTS:

1a. Tuition (per credit hour) \$28.05 per hour

1b. Tuition (Out-of-State, per credit hour) N/A

2. Supplies, including tools, uniforms, etc. 65

3. Fees, including laboratory, student rentals, deposits _____

4. Miscellaneous charges \$600 for work experience

5. Average cost per year for program _____

6. Total cost to complete this program \$1515.00 without the Work Experience/\$2115.00 with work experience

Please use additional pages if necessary.

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

- Post-Secondary Educational Institution registered under HEA
- Registered under the National Apprenticeship Act (NAA)

CERTIFICATION

I Carmen Heck certify that I am the Vice President of Mission Services of the training
 Name Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

Carmen Heck Signature 1-21-19 Date

If you are a Training Institution applying for program certification, applications must be forwarded to Local Workforce Development Board for consideration. Non-LWDB approved applications received directly from Training Institutions to the address below will not be processed and with no further notification.

FOR LWDB USE ONLY

Date Received by LWDB _____ Date Approved by LWDB _____

Application Date _____ Date LWDB Submitted to _____

IWD Region #: _____

Authorized LWDB _____

Signature Approved forms must be sent to: ETPL Unit, Iowa Workforce Development, 1000 East Grand Avenue, Des Moines, IA 50319 (ETPL@iwd.iowa.gov)

- 1. Date Institution was founded: 1965
- 2. Number of years the institution has been in continuous operation: 54
- 3. Is the institution accountable to a policy or governmental board? Yes No

If so, what board? Goodwill of the Heartland Board of Directors Please attach a member list.

4. Does each program lead to a degree or certification? Please Explain: Each program leads to a Certification. In this case, students may choose to be certified in guest room/laundry attendant, customer service, restaurant server and breakfast server.

PART III - FINANCIAL INFORMATION

- 1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the institution's most recent auditor's report.
- 2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.
- 3. Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?

Please state your refund policy: We have a minimum fee of \$100.00 to cover enrollment costs. Other fees will be prorated by the number of days attended.

PART IV - FACILITIES

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

- *The number of buildings *Availability of suitable training equipment
- *Handicap accessibility *Compliance with fire, building and safety codes, including off-campus locations or other sites

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

- *The number of persons employed 685
- *Current number of students enrolled 94
- *Class size to instructor ratio 1:4 or less
- *School Calendar January -December, classes are offered regularly.
- *Availability of Transcripts available upon request

PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

1. Program completion rate for all individuals participating in the applicable program conducted by the training provider.

A program completer is a person who has:

- a. obtained a certificate, degree or diploma; or
- b. received credit for completing the program; or
- c. received a passing grade in the program; or
- d. finished the required curriculum of the program

Which criteria listed above (a) - (d) do you use to define a completer? (a) (b) (c) (d)

2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify:

- *how the information was obtained Goodwill conducts follow up with employers and students. 75% obtained unsubsidized employment.
- *what percentage of all student's data was collected 100%
- *what year is being used 2018

3. Average hourly wages of all students who obtained unsubsidized employment for this program: 8.70/hr

**State of Iowa
Iowa Workforce Development
Workforce Services Division
1000 East Grand Avenue
Des Moines, IA 50319**

This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Innovation and Opportunity Act (WIOA) of 2014, Public Law 113-128, Department of Labor, Employment and Training Administration, 20 CFR Parts 680-530. Approval as an Eligible WIOA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

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>.

PART I - GENERAL INFORMATION

Date of Application 1/18/2019

Name of Institution Goodwill of the Heartland

Address 1410 South First Ave, Iowa City, IA 52240

Telephone Number 866-466-7881 Fax 319-337-7369

Location of Training Facility 1444 Blairs Ferry Road NE, Cedar Rapids and 1410 S. First Ave, Iowa City, IA 52240

Name of Chief Executive Officer Pat Airy

Program Contact Information Carmen Heck, Vice President of Mission Services

Telephone Number 319-248-4623 Email Address check@goodwillheartland.org

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name Hospitality Certification Training

B. A brief program description The Hospitality Certification Training is a seven week program designed to help participants learn the basic skills of the hospitality industry in a classroom format as well as through hands on work at a hotel. Participants will be provided approximately 10 hours weekly of paid hands on experience at one of our local hotel partners as well as 10 hours a week in a classroom setting. The focus of the training is on learning how to provide good customer service and learning the positions of guest room/laundry attendant, breakfast server and restaurant server. Each of the modules covered will have a certification exam (American Hotel; and Lodging Education Institute) that will be given to any student wishing to attain their official industry recognized certification. ServSafe certification is included in this training. On site job coaching will be provided by Goodwill to facilitate training provided by the hotel staff as well as troubleshoot any potential concerns.

C. Length of Program Eight weeks Total Credit Hours Required 165

D. What is the method of delivery?

Classroom Computer-Based CD-Rom Distance (TV/Satellite/Cable) Self-Study (Correspondence)

Web-Based (Internet) URL Address _____

PROGRAM COSTS:

1a. Tuition (per credit hour)	\$28.05 per hour
1b. Tuition (Out-of-State, per credit hour)	N/A
2. Supplies, including tools, uniforms, etc.	65
3. Fees, including laboratory, student rentals, deposits	50
4. Miscellaneous charges	\$600 for work experience if paid by Goodwill
5. Average cost per year for program	_____
6. Total cost to complete this program	\$1786.00 without work experience/ \$ 2365 with Goodwill paid work experience

Please use additional pages if necessary.

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

- Post-Secondary Educational Institution registered under HEA
 Registered under the National Apprenticeship Act (NAA)

CERTIFICATION

I, Carmen Heck certify that I am the Vice President of Mission Services of the training
Name Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

Carmen Heck
Signature

1-21-19
Date

If you are a Training Institution applying for program certification, applications must be forwarded to Local Workforce Development Board for consideration. Non-LWDB approved applications received directly from Training Institutions to the address below will not be processed and with no further notification.

FOR LWDB USE ONLY

Date Received by LWDB _____ Date Approved by LWDB _____

Application Date _____ Date LWDB Submitted to _____

IWD Region #: _____

Authorized LWDB _____

Signature _____ Approved forms must be sent to: ETPL Unit, Iowa Workforce Development, 1000 East Grand Avenue, Des Moines, IA 50319 (ETPL@iwd.iowa.gov)

- 1. Date Institution was founded: 1965
- 2. Number of years the institution has been in continuous operation: 54
- 3. Is the institution accountable to a policy or governmental board? Yes No

If so, what board? Goodwill of the Heartland Board of Directors Please attach a member list.

4. Does each program lead to a degree or certification? Please Explain: Each program leads to a Certification. In this case, students may choose to be certified in ServSafe, guest room/laundry attendant, customer service, restaurant server and breakfast server.

PART III - FINANCIAL INFORMATION

- 1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the institution's most recent auditor's report.
- 2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.
- 3. Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?

Please state your refund policy: We have a minimum fee of \$100.00 to cover enrollment costs. Other fees will be prorated by the number of days attended.

PART IV - FACILITIES

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

- *The number of buildings *Availability of suitable training equipment
- *Handicap accessibility *Compliance with fire, building and safety codes, including off-campus locations or other sites

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

- *The number of persons employed 685
- *Current number of students enrolled 94
- *Class size to instructor ratio 1:4 or less
- *School Calendar January -December, classes are offered regularly.
- *Availability of Transcripts available upon request

PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

1. Program completion rate for all individuals participating in the applicable program conducted by the training provider.

A program completer is a person who has:

- a. obtained a certificate, degree or diploma; or
- b. received credit for completing the program; or
- c. received a passing grade in the program; or
- d. finished the required curriculum of the program

Which criteria listed above (a) - (d) do you use to define a completer? (a) (b) (c) (d)

2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify:

- *how the information was obtained Goodwill conducts follow up with employers and students. We do not have data for this program as it is a new program.
- *what percentage of all student's data was collected We will maintain full records of the student, including outcomes.
- *what year is being used This is a new program, so no data is available

3. Average hourly wages of all students who obtained unsubsidized employment for this program: This is a new program.

**State of Iowa
Iowa Workforce Development
Workforce Services Division
1000 East Grand Avenue
Des Moines, IA 50319**

This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Innovation and Opportunity Act (WIOA) of 2014, Public Law 113-128, Department of Labor, Employment and Training Administration, 20 CFR Parts 680-530. Approval as an Eligible WIOA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

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>.

PART I - GENERAL INFORMATION

Date of Application 1/18/2019

Name of Institution Goodwill of the Heartland

Address 1410 South First Avenue, Iowa City, IA 52240

Telephone Number 866-466-7881 Fax 319-337-7369

Location of Training Facility 1444 Blairs Ferry Road NE, Cedar Rapids and 1410 S. First Ave, Iowa City, IA 52240

Name of Chief Executive Officer Pat Airy

Program Contact Information Carmen Heck, Vice President of Mission Services

Telephone Number 319-248-4623 Email Address check@goodwillheartland.org

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name Retail Certification Training

B. A brief program description The Retail Certification Training will utilize the National Retail Federation curriculum, the Workin' It Out Soft Skills curriculum, and hands on paid training in the Goodwill Stores to prepare individuals for successful employment in the retail field. This course includes classroom training in both retail and work readiness skills as well as paid on the job work experience. At the end of the seven week program, students are prepared for the National Retail Federation Customer Service and Sales certification exam. This certification helps individuals show competency in areas that employers value. Goodwill will be a testing site and Counselors will proctor the exams. The last week of class is devoted to earning the certification and job search and placement assistance.

C. Length of Program 7 weeks Total Credit Hours Required 150 total hours

Classroom Computer-Based CD-Rom Distance (TV/Satellite/Cable) Self-Study (Correspondence)

Web-Based (Internet) URL Address _____

PROGRAM COSTS:

1a. Tuition (per credit hour) \$28.05/ hour

1b. Tuition (Out-of-State, per credit hour) N/A

2. Supplies, including tools, uniforms, etc. \$75 - workbooks

3. Fees, including laboratory, student rentals, deposits \$55 - exam fee

4. Miscellaneous charges _____

5. Average cost per year for program _____

6. Total cost to complete this program \$1,235 without work experience wages; wages paid by Goodwill store, not reimbursed

Please use additional pages if necessary.

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

Post-Secondary Educational Institution registered under HEA
 Registered under the National Apprenticeship Act (NAA)

CERTIFICATION

I, Carmen Heck certify that I am the Vice President of Mission Services of the training
Name Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

Carmen Heck 1-21-18
Signature Date

If you are a Training Institution applying for program certification, applications must be forwarded to Local Workforce Development Board for consideration. Non-LWDB approved applications received directly from Training Institutions to the address below will not be processed and with no further notification.

FOR LWDB USE ONLY	
Date Received by LWDB _____	Date Approved by LWDB _____
Application Date _____	Date LWDB Submitted to _____
	IWD Region #: _____
Authorized LWDB _____	
Signature _____	

Approved forms must be sent to: ETPL Unit, Iowa Workforce Development, 1000 East Grand Avenue, Des Moines, IA 50319 (ETPL@iwd.iowa.gov)

All other applicants must complete the following information and Part III - Part VI:

1. Date Institution was founded: 1965
2. Number of years the institution has been in continuous operation: 54
3. Is the institution accountable to a policy or governmental board? Yes No
 If so, what board? Goodwill of the Heartland Board of Directors Please attach a member list.
4. Does each program lead to a degree or certification? Please Explain: Yes, with the successful completion of the exam.

PART III - FINANCIAL INFORMATION

1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the institution's most recent auditor's report.
2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.
3. Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?

Please state your

refund policy: We have a minimum cancellation fee of \$100. Other fees will be prorated by the number of days attended.

PART IV - FACILITIES

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

- | | |
|--|---|
| *The number of buildings <input type="text" value="8"/> | *Availability of suitable training equipment <input type="text" value="cash registers, curriculum and workbooks, computers"/> |
| *Handicap accessibility <input type="text" value="Yes"/> | *Compliance with fire, building and safety codes, including off-campus locations or other sites
<input type="text" value="All Goodwill facilities are in compliance with fire, building and safety codes."/> |

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

- | | |
|--------------------------------------|--|
| *The number of persons employed | 685 |
| *Current number of students enrolled | 94 |
| *Class size to instructor ratio | 1 Occupational Skills Trainer : 4 students |
| *School Calendar | January to December, classes are offered regularly |
| *Availability of Transcripts | available upon request |

PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

1. Program completion rate for all individuals participating in the applicable program conducted by the training provider.

A program completer is a person who has:

- a. obtained a certificate, degree or diploma; or
- b. received credit for completing the program; or
- c. received a passing grade in the program; or
- d. finished the required curriculum of the program

Which criteria listed above (a) - (d) do you use to define a completer? (a) (b) (c) (d)

2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify:

*how the information was obtained Goodwill conducts follow up with employers and students.

*what percentage of all student's data was collected 100%

*what year is being used 2018

3. Average hourly wages of all students who obtained unsubsidized employment for this program: No data at this time

**State of Iowa
Iowa Workforce Development
Workforce Services Division
1000 East Grand Avenue
Des Moines, IA 50319**

This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Innovation and Opportunity Act (WIOA) of 2014, Public Law 113-128, Department of Labor, Employment and Training Administration, 20 CFR Parts 680-530. Approval as an Eligible WIOA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

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>.

PART I - GENERAL INFORMATION

Date of Application 1/18/2019

Name of Institution Goodwill of the Heartland

Address 1410 South First Ave, Iowa City, IA 52240

Telephone Number 866-466-7881 Fax 319-337-7369

Location of Training Facility 1444 Blairs Ferry Road NE, Cedar Rapids and 1410 S. First Ave, Iowa City, IA 52240

Name of Chief Executive Officer Pat Airy

Program Contact Information Carmen Heck, VP of Mission Services

Telephone Number 319-248-4623 Email Address check@goodwillheartland.org

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name ServSafe

B. A brief program description ServSafe is a food and beverage safety training certificate program administered by the National Restaurant Association. The certificate is required by most restaurants as a basic credential for management staff. Goodwill's class will utilize the ServSafe Food Manager curriculum which includes information on prevention of foodborne illnesses, food preparation, food holding, serving guidelines, food safety management systems, sanitation guidelines for facilities and equipment, integrated pest control and food safety regulations and employee training. The class will provide the instruction and preparation to take the ServSafe exam through the ISU Extension Office. Included in the class will be one on one coaching and supports to learn this material. Classroom instruction will include a pretest, group activities, food safety showdown game and a practice exam to ensure students are prepared for the final exam.

C. Length of Program 25 hours Total Credit Hours Required 25 hours of training

D. What is the method of delivery?

Classroom Computer-Based CD-Rom Distance (TV/Satellite/Cable) Self-Study (Correspondence)

Web-Based (Internet) URL Address _____

PROGRAM COSTS:

1a. Tuition (per credit hour)	<u>\$28.05 per credit hour (25 hours class/one on one coaching)</u>
1b. Tuition (Out-of-State, per credit hour)	<u>n/a</u>
2. Supplies, including tools, uniforms, etc.	<u>\$25 per person that includes study materials</u>
3. Fees, including laboratory, student rentals, deposits	<u>\$50 ServSafe exam per student</u>
4. Miscellaneous charges	_____
5. Average cost per year for program	<u>N/A as this is a new program with no historical data.</u>
6. Total cost to complete this program	<u>\$250 per student (class size based on 1:4 ratio)</u>

Please use additional pages if necessary.

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

- Post-Secondary Educational Institution registered under HEA
- Registered under the National Apprenticeship Act (NAA)

CERTIFICATION

I, Carmen Heck certify that I am the Vice President of Mission Services of the training
Name Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

Carmen Heck 1-21-19
Signature Date

If you are a Training Institution applying for program certification, applications must be forwarded to Local Workforce Development Board for consideration. Non-LWDB approved applications received directly from Training Institutions to the address below will not be processed and with no further notification.

FOR LWDB USE ONLY	
Date Received by LWDB _____	Date Approved by LWDB _____
Application Date _____	Date LWDB Submitted to _____
Authorized LWDB _____	IWD Region #: _____
Signature _____	Approved forms must be sent to: ETPL Unit, Iowa Workforce Development, 1000 East Grand Avenue, Des Moines, IA 50319 (ETPL@iwd.iowa.gov)

All other applicants must complete the following information and Part III - Part VI:

1. Date Institution was founded: 1965
2. Number of years the institution has been in continuous operation: 54
3. Is the institution accountable to a policy or governmental board? Yes No

If so, what board? Goodwill of the Heartland Board of Directors Please attach a member list.

4. Does each program lead to a degree or certification? Please Explain: Each program leads to a Certification upon passing the ServSafe exam.

PART III - FINANCIAL INFORMATION

1. Is the institution financially sound and able to satisfy potential liabilities arising from its participation? Please enclose a certified financial statement and the institution's most recent auditor's report.
2. Attach a schedule of fees for in-state and out-of-state tuition, if applicable.
3. Does the institution have a refund policy for the unused portion of tuition, fees, and other charges in the event the enrollee withdraws or discontinues at any time prior to completion?

Please state your refund policy: We have a minimum fee of \$100 to cover enrollment costs; other fees will be prorated by the day.

PART IV - FACILITIES

Describe your facility. Provide narrative that describes at a minimum a description on each of the following:

- *The number of buildings
- *Availability of suitable training equipment
- *Handicap accessibility
- *Compliance with fire, building and safety codes, including off-campus locations or other sites

PART V - ORGANIZATION OF THE TRAINING INSTITUTION

Please provide a description of each of the following:

- *The number of persons employed 685
- *Current number of students enrolled 94
- *Class size to instructor ratio 1:4
- *School Calendar January -December
- *Availability of Transcripts Available upon request.

PART VI - INITIAL PERFORMANCE INFORMATION REQUIRED ON EACH PROGRAM

1. Program completion rate for all individuals participating in the applicable program conducted by the training provider.
A program completer is a person who has:

- a. obtained a certificate, degree or diploma; or Completion of class and passing ServSafe exam results in certificate
- b. received credit for completing the program; or
- c. received a passing grade in the program; or
- d. finished the required curriculum of the program

Which criteria listed above (a) - (d) do you use to define a completer? (a) (b) (c) (d)

2. Percentage of all individuals who obtained unsubsidized employment. The training provider must specify:

- *how the information was obtained New program with no historical data.
- *what percentage of all student's data was collected New program with no historical data.
- *what year is being used New program with no historical data.

3. Average hourly wages of all students who obtained unsubsidized employment for this program: Goal is \$12.00 per hour which is the state aver

State of Iowa
Iowa Workforce Development
Workforce Services Division
1000 East Grand Avenue
Des Moines, IA 50319

This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Innovation and Opportunity Act (WIOA) of 2014, Public Law 113-128, Department of Labor, Employment and Training Administration, 20 CFR Parts 680-530. Approval as an Eligible WIOA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

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>.

PART I - GENERAL INFORMATION

Date of Application January 22, 2019

Name of Institution Kirkwood Community College

Address 6301 Kirkwood Blvd, Cedar Rapids, IA 52404

Telephone Number 319-398-5411 Fax _____

Location of Training Facility 6301 Kirkwood Blvd, Cedar Rapids, IA 52404

Name of Chief Executive Officer Kim Becicka, Vice President

Program Contact Information Bev Riege, Program Developer

Telephone Number 319-398-4984 Email Address bev.riege@kirkwood.edu

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name Medication Aide

B. A brief program description see attached

C. Length of Program 60 contact hours Total Credit Hours Required N/A

Classroom Computer-Based CD-Rom Distance (TV/Satellite/Cable) Self-Study (Correspondence)

Web-Based (Internet) URL Address _____

PROGRAM COSTS:

1a. Tuition (per credit hour) \$405

1b. Tuition (Out-of-State, per credit hour) _____

2. Supplies, including tools, uniforms, etc. _____

3. Fees, including laboratory, student rentals, deposits _____

4. Miscellaneous charges _____

5. Average cost per year for program _____

6. Total cost to complete this program \$405

Please use additional pages if necessary.

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

Post-Secondary Educational Institution registered under HEA
 Registered under the National Apprenticeship Act (NAA)

CERTIFICATION

I, Kim Becicka certify that I am the Vice President of the training
Name Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

Kim Becicka Signature January 22, 2019 Date

If you are a Training Institution applying for program certification, applications must be forwarded to Local Workforce Development Board for consideration. Non-LWDB approved applications received directly from Training Institutions to the address below will not be processed and with no further notification.

FOR LWDB USE ONLY

Date Received by LWDB _____ Date Approved by LWDB _____

Application Date _____ Date LWDB Submitted to _____

IWD Region #: _____

Authorized LWDB _____

Signature _____

Approved forms must be sent to: ETPL Unit, Iowa Workforce Development, 1000 East Grand Avenue, Des Moines, IA 50319 (ETPL@iwd.iowa.gov)

Kirkwood Medication Aide Description

The purpose of this 60 hour course is to prepare individuals to safely administer nonparenteral medications in agencies/facilities licensed by DIA. The emphasis is on safe administration and students are provided with classroom, laboratory and clinical experiences to assist in achieving the course competencies. In order to take this course, the applicant must be drug free and working in an agency/facility licensed by DIA. If employed in a certified nursing facility all applicants must: be employed for at least six months by the facility sponsor, eligible on the Iowa Nurse Aide Registry, provide recommendation from the administrator in the facility in which they are employed. If employed in a residential or related type of agency licensed by DIA all applicants must provide recommendation from the administrator in the facility in which they are employed. Agencies/facilities licensed by DIA: Long Term Care (LTC), Assisted Living Programs (ALP), Residential Care Facilities (RCF), Intermediate Care Facilities (ICF), Intermediate Care Facilities for the Intellectually Disabled (ICF-10), Psychiatric Medical Institutions for Children (PMIC), Psychiatric Medical Institutions (PMI). At the time of enrollment, each student must identify the RN who will supervise the validation of competencies in the clinical area. [Click here](#) to download the required letter of recommendation

State of Iowa
Iowa Workforce Development
Workforce Services Division
1000 East Grand Avenue
Des Moines, IA 50319

This is an application for INITIAL approval to participate as an Eligible Training Provider under the Workforce Innovation and Opportunity Act (WIOA) of 2014, Public Law 113-128, Department of Labor, Employment and Training Administration, 20 CFR Parts 680-530. Approval as an Eligible WIOA Training Provider does not represent an endorsement or accreditation of the programs offered by the Eligible Training Provider.

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>.

PART I - GENERAL INFORMATION

Date of Application January 21, 2019

Name of Institution Kirkwood Community College

Address 6301 Kirkwood Blvd, Cedar Rapids, IA 52404

Telephone Number 319-398-1022 Fax _____

Location of Training Facility 6301 Kirkwood Blvd, Cedar Rapids, IA 52404

Name of Chief Executive Officer Kim Becicka

Program Contact Information Dan Martin

Telephone Number 319-398-4984 Email Address Dan.Martin@kirwkood.edu

Is your organization a post-secondary educational institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act. (NAA)? Yes No

PART II (a) - PROGRAM INFORMATION

Please provide a brief description of each program for which you are applying, including:

A. Program Name Plumbing Pre-Apprenticeship Program

B. A brief program description See attached

C. Length of Program 2 semesters Total Credit Hours Required 33 credit Hours

Classroom Computer-Based CD-Rom Distance (TV/Satellite/Cable) Self-Study (Correspondence)

Web-Based (Internet) URL Address _____

PROGRAM COSTS:

1a. Tuition (per credit hour) \$169

1b. Tuition (Out-of-State, per credit hour) \$215

2. Supplies, including tools, uniforms, etc. _____

3. Fees, including laboratory, student rentals, deposits \$100

4. Miscellaneous charges _____

5. Average cost per year for program \$5677

6. Total cost to complete this program \$5677

Please use additional pages if necessary.

PART II (b) - ELIGIBLE TRAINING PROVIDER GENERAL INFORMATION

If you are a post-secondary education institution eligible under the Higher Education Act (HEA) or registered under the National Apprenticeship Act (NAA), please place a checkmark next to the description that applies to your institution and submit only these two (2) pages for initial certification. Prior to the expiration of this initial certification, you will receive instructions regarding subsequent eligibility.

Post-Secondary Educational Institution registered under HEA
 Registered under the National Apprenticeship Act (NAA)

CERTIFICATION

I Kim Becicka certify that I am the Vice President of the training
Name Title

institution named herein and further certify that the information contained in this application is true and correct. All supporting documentation is true and factual.

Kim Becicka Signature January 21, 2019 Date

If you are a Training Institution applying for program certification, applications must be forwarded to Local Workforce Development Board for consideration. Non-LWDB approved applications received directly from Training Institutions to the address below will not be processed and with no further notification.

FOR LWDB USE ONLY

Date Received by LWDB _____ Date Approved by LWDB _____

Application Date _____ Date LWDB Submitted to _____

IWD Region #: _____

Authorized LWDB _____

Signature _____

Approved forms must be sent to: ETPL Unit, Iowa Workforce Development, 1000 East Grand Avenue, Des Moines, IA 50319 (ETPL@iwd.iowa.gov)

Plumbing Pre-Apprenticeship Description

The Kirkwood Plumbing Pre-Apprenticeship program provides entry-level skills and knowledge for students preparing to enter the plumbing industry. Classes in the first semester focus on safety, hand and power tools, materials, pipe joining methods, code book layout, plan and print reading, and trade calculations. Hands-on classes concentrate on pipe joining, pipe materials and basic pipe fitting practices. In addition, students will design and construct a three-fixture washroom group. The second semester covers plumbing code requirements, installation requirements for drain, waste and vent systems, water pipe systems, gas pipe systems, gas venting systems, and cross connection and backflow prevention.