DEPARTMENT of EDUCATION
Louisiana Believes

**2020-2021 TOPS-TECH EARLY START (TTES)
TRAINING PROVIDERS APPLICATION**

SECTION 1: APPLICANT SUMMARY

1a. Organization Name:_____

2a. Primary Contact Person:_____

3a. Describe the Mission of your Organization and the Types of Training Services Provided (2,000 character limit):

4a. Describe the Certification/Credentials provided (i.e., Industry-Based Certifications, Certificate of Applied Science, and/or Certification of Technical Science) (2,000 character limit):

5a. Briefly describe Modality of Instruction (Face-to-Face; Online; Blended; Other):

6a. List School Districts/Regions Served or indicate if services are statewide:

7a. Is your organization a BESE-approved Supplemental Course Academy/Course Choice provider? ◯ Yes ◯ No

SECTION II: PROVIDER BACKGROUND AND CAPABILITIES

1b. Provider Background: history, years of operation, leadership, strengths (2,500 character limit):

2b. Experience Working with High School Students (1,500 character limit):

3b. Training Courses Offered:

4b. Background Information on Instructors – Recruiting, Background, Experience (2,500 character limit):

SECTION III: PROVIDER FINANCIAL STRUCTURE/STRENGTH

1c. Please provide contact information of staff able to answer additional questions on the financial management of the organization:

Name:_____

Title:_____

Primary Phone Number:_____

Secondary Phone Number:_____

Email Address:_____

2c. What is the legal structure of your organization (i.e., corporation, LLC, non-profit, etc.)?

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3c. Does your organization have an electronic accounting system? ◯ Yes ◯ No

4c. Does your organization have an assigned staff person responsible for all accounting/financial issues? ◯ Yes ◯No

5c. Does your organization have current financial statements (income statement, balance sheet) available for review? ◯ Yes ◯ No
Please include 2019 financial statements with application.

6c. Does your organization have an annual budget available for review? ◯ Yes ◯ No
Please include 2019 annual budget with application.

7c. Does your organization have a training budget indicating a breakeven enrollment level? ◯ Yes ◯ No
Please include training budget with application.

SECTION IV: REFERENCES

If you are not already a BESE-approved course provider, please provide contact information (phone number, mailing address, and email address) for three (3) references.

Reference #1

Name:	Contact's Phone #:
Contact's Mailing Address:	
Contact's E-mail Address:	
Relationship to Applicant:	

Reference #2

Name:	Contact's Phone #:
Contact's Mailing Address:	
Contact's E-mail Address:	
Relationship to Applicant:	

Reference #3

Name:	Contact's Phone #:
Contact's Mailing Address:	
Contact's E-mail Address:	
Relationship to Applicant:	

SECTION V: FINAL SUBMISSION

_____

Print Name of Applicant

_____   _____

Signature of Applicant   Date

_____

Email of Applicant

_____

Phone Number of Applicant

NOTE: Completed Application (with Printed Name/Signature of Applicant/Date) should be saved as a PDF file and emailed to CollegeReadiness@la.gov