

PROSPECTIVE PREFERRED TRAINING PROVIDER QUESTIONNAIRE

The following table must be completed electronically in its entirety in order to be considered as a possible Preferred Training Provider for DESC. Please limit references to separate documents as this will complicate the evaluation process. If a section or subsection is not applicable to your organization, please provide a short explanation of why this is so. Thank you.

1. Company and Contact Information	
1.1. Company Name	
1.2. Company Address (headquarters or principal place of business)	
1.3. Company Telephone Number	
1.4. Company Fax Number	
1.5. Internet Website	
1.6. Contact person, (Executive or Business Lead), Title	
1.7. Address	
1.8. Office Telephone Number	
1.9. E-mail address	
1.10. Contact person, (Finance), Title	
1.11. Address	
1.12. Telephone Number	

1.13. E-mail address	
2. Company Profile	
2.1. Location of headquarters	
2.2. Year Company was founded	
2.3. Is your company listed on the State of Michigan’s Department of Public Policy Michigan Training Connect Website (formerly CECR)? www.mitalent.org/mitc	
2.4. Briefly describe all training programs offered and number of years provided.	
2.5. Indicate the industry-recognized credential to be earned for each class and/or program.	
2.6. List any licenses or registrations required to provide training listed above (if applicable).	
2.7. What is your customer satisfaction rating? Please describe how this data was obtained and measured.	

<p>2.8. What is your placement rating? (Students placed into full time employment/students trained)</p>	
<p>Number of employees</p> <p>2.9. How many people are employed with your company?</p>	
<p>Financial Stability</p>	
<p>2.10. Please provide documentation demonstrating financial solvency in the form of your organization's previous year's tax statement.</p>	
<p>2.11. Provide the organization's current Federal, State and Detroit tax status and associated Employer Identification Numbers.</p>	
<p>2.12. List any licenses or registrations required to provide the services under this contract (if applicable).</p>	
<p>3. Training and Support - Provide a Brief Response</p>	
<p>3.1. Specify location(s), hours of operation at each site, ratio of training personnel to total number of students.</p>	
<p>3.2. Describe your company's ability to provide tutoring and assistance outside normal class times.</p>	

3.3. Specify training location(s) and hours of operation at each site.	
3.4. What methods of training are available? (Classroom, online, instructor-led, etc.)	
Training Resources	
3.5. How many trainers do you have on staff?	
3.6. What is the ratio of training personnel to total number of students?	
Documentation	
3.7. Availability of training documentation and Computer Based Training?	
3.8. What languages are available?	
3.9. Please provide documentation of your most recent safety inspection and compliance with the ADA.	