Sonoma County Human Services Department

Employment and Training Division

**Application to Perform**

**SonomaWORKS Workshops and Training Services**

Only one application is required.

**Agency Name**:       **Email:**

**Address/City/Zip**:

**Phone**:

**Billing Address/City/Zip (if different than above)**:

**State Employer Tax ID #: Unique Entity Identifier:**

**Organization Type:**

 [ ]  Private Non-Profit

 [ ]  Public Non-Profit

 [ ]  Private For-Profit

1. **List the workshop/training topics your Agency can provide, both in person and/or virtually. Include location option(s) including space at Job Link. Include any new or innovative topics.**

1. **Describe your Agency’s plan for providing workshops/training in languages other than English.**

1. **Describe how your Agency will incorporate participant perspective and feedback into curriculum development and workshop/training planning.**

1. **Education**

List the educational background of Agency personnel as it relates to providing training and workshops, with special emphasis on the expertise needed to effectively serve SonomaWORKS participants.

1. **Experience**

Please list and briefly describe your Agency’s experience as it relates to providing training and workshops, with special emphasis on the expertise needed to effectively serve SonomaWORKS participants.

1. **Service Rates**

Please list your rates. Be sure to consider all expenses including work locations, virtual options, travel, and insurance requirements. Please include a description of how the rates were determined and what they do or do not include.

1. **Relevant License or Certification**

[ ]  Copies of any relevant licenses or certifications for Agency personnel are attached to this application.

**Certification**

*To the best of my knowledge and belief, all information in this application is true and correct. The Respondent and/or Cosigner will comply with all of the requirements of the Application and, if selected, the subsequent contract.*

*Signature:* *Date:* ;

*Printed Name/Title:*

**Please Submit the Following:**

1. Signed Application with answers to supplemental questions 1-6 (this form)
2. Any relevant licenses or certifications for Agency personnel

**Email completed Application packet to:** swvendorapplications@schsd.org