

Dear Potential Training Provider:

In accordance with Brevard Workforce (BW) Policy PLN 02-03, Selection of Individual Training Account (ITA) Training, occupational training providers are required to participate in a competitive procurement process to become an eligible training institution. To be considered as a vendor the enclosed application must be fully completed. **Preliminary requirements are that institution and programs be on the State of Florida Department of Education, Commission for Independent Education List and newly created programs must have been in place for 12 months and have been attended by students for at least one complete program rotation. Programs must lead to a certificate or Associates degree in an occupation on our local Targeted Occupation List (TOL). Funding restrictions will not allow for Baccalaureate or Masters Degree Programs.** All applications must be signed by the authorized signatory for your organization.

Please follow these steps to ensure application completion:

Section I – Training Provider Information {Section I (Training Provider Information) and II (Certifications) needs to be completed only once. Section III (Course Description/Statement of Work) is required for each program.}

Public Institutions must provide the following:

- DOE District Number (2-digit number)
- District School Number (4-digit number)
- Federal Interagency Commission on Education (FICE) Code (6-digit number)

Private Institutions must provide the following:

- Federal Employer Identification Number (FEID also called FEIN)
- Provide a copy of the institution's accrediting body annual certification

Section II – Certifications {The authorized signatory agent for the training institution must read and sign.}

Section III – Course Description/Statement of Work

1. Indicate Program Name for each occupational skills program for which you are applying. Each new program requires an application. Only programs approved by the Board will be eligible for individual referrals.
2. Indicate the contact person who can best answer questions about this particular program.
3. Chose the correct category of the program.
4. Provide information regarding the criteria for admission, including entry skills, prerequisites, work interest, and any other information which can be used in the assessment for program continuation. Please provide information on prescreening requirements (i.e. drug test, medical exam, background check, etc.).
5. Provide information regarding the curriculum (i.e. hours, days, etc.). Where available, provide the dates the program starts for the next two years (i.e. open entry/exits, first week of every month, start dates only in August and January, etc.). Provide Classification of Instructional Programs (CIP) Code, (Community Colleges Only) and Vocational Program Code (VPC), (Public Vocational Schools Only). Provide Nationally Recognized Certification or Licensure obtained upon program completion, type of certification/licensure, who it is issued by and if the certification/licensure is included in fees prices in (10) below. Provide brief program description.

Brevard Workforce - Titusville
3880 S. Washington Ave.
Suite 214
Titusville, FL 32790
504-7600 Toll Free

Brevard Workforce - Rockledge
295 Barnes Blvd.
Rockledge, FL 32955
504-7600 Toll Free

Brevard Workforce - Palm Bay
Country Club Plaza
Suite 8B
Palm Bay, FL 32905
504-7600 Toll Free

Brevard Workforce - Board
297 Barnes Blvd.
Rockledge, FL 32955
504-7600 Toll Free



Programs funded through Brevard Workforce are equal opportunity programs with auxiliary aids and services upon request to individuals with disabilities.

TTY/TDD 1-800-955-8771. Voice 1-800-955-8770

6. Complete if program offering is delivered online only. List if the course is delivered through a Third Party Vendor and who the certificate/diploma is issue by. Many industries require a hands-on component in order for a student to be gainfully employed (i.e. Dental Assistant, RN), provide details for hands-on training gained through program.
7. Provide occupational placement information for demand occupations on Targeted Occupations List (TOL) include occupations, SOC codes, and entry wages. (You will find these codes listed in the first column of the TOL we have provided you with this package.)
8. Provide information regarding exit points and occupational skills required for obtaining training related employment.
9. Indicate whether this program is eligible for PELL or other scholarships and, if so, how much. Define other Financial Aid available or special discounted pricing for BW customers.
10. Provide estimated costs of attendance for training, including tuition, fees, books, etc.. Specify all costs. Costs not listed on the application, will not be included in the approved pricing and will not be paid for by BW.
11. Identify any mandatory supplies, materials or equipment (i.e. uniforms, software, hardware, etc.).
12. Describe the placement services your organization offers to all students.
13. Provide performance information for program. Please use the most recent year's data available. This is the documented and recorded placement rate that your institution submits to the Florida Education and Training Placement Program (FETPIP) through the Department of Ed and the Commission for Independent Education.
14. Describe the refund policy. Indicate time frames and percentage of fees reimbursed should a student leave the program.
15. Describe the training agent's infrastructure.
16. Describe successful experience with participant programs.
17. Provide any other information which will assist BW in considering your request.
18. Provide attachments as listed in either A or B as outlined.
19. Describe why this program is important to the industry, why BW customers should take the program through your institution and any benefits taking this program through your institution rather than at another institution.

Additionally, provide the following:

- A copy of current State license
- A copy of the Florida DOE approved curriculum
- A completed W-9 Form

To be considered as an approved training institution a completed original application along with **two (2)** copies, (including **2 copies** of published catalogs and fee schedules), must be submitted to Brevard Workforce, 297 Barnes Blvd., Rockledge, FL 32955. Facsimile and electronic submissions will not be considered.

All applications will be competitively reviewed and rated by BW Staff with recommendations presented and at regularly scheduled quarterly Business Workforce Committee meetings. A representative from a new training provider is **required** to attend this meeting. Applications receiving a favorable recommendation will go before the full Board of Directors for final approval. Brevard Workforce will notify approved training institutions in writing of their approval or denial for providing services. Approval and subsequent addition to our list does not in any way guarantee the use of your programs. We offer all approved courses and our program is based on customer choice with the approval of the Scholarship Unit.

Sincerely,



Lisa Rice
President

BREVARD WORKFORCE

POLICY TITLE: Selection of ITA Training Providers

POLICY NUMBER: PLN 02-03

APPLICATION

Brevard Workforce (BW) employees, contractors, and training providers.

REFERENCE

The Workforce Investment Act of 1998 (WIA), Sec. 134(d)(4)(G); 20 CFR 652, Subpart D, Workforce Investment Act: Final Rules; Florida Workforce Innovation Act 2000 Sec. 445.009 (6) & (7); PDI WDCP-00-002, Training Accounts; Section 1201(a) of the Higher Education Act of 1965 (20 USC 1141(a)); Section 481(b) of such Act (20 USC 1088(b)); sections 246.201-246.31, Florida Statutes.

OBJECTIVE

To set forth corporate policy and guidance regarding the designated method in which vendors become local Individual Training Account (ITA) approved training providers.

POLICY

A. Training Providers

All training providers will be selected through an application and review process, established to ensure that training providers meet established performance levels and provide informed customer choice. BW will use the following considerations in developing an approved vendor list for the purpose of determining a training provider:

- Effectiveness of the training provider to teach students to a skill level acceptable to local businesses for that occupation.
- Willingness of the training provider to provide discounts for the training.
- Willingness of training providers to assist customers in obtaining other training assistance (i.e., Pell Grants, scholarships, etc.) and reimburse BW the amount equal to the assistance used for tuition, books, fees, supplies and training material when subsequent awards are used for those purposes.
- The provider must be State licensed as an institution of higher education or licensed to provide courses of instruction in Florida.
- The training institution must comply with all ITA requirements contained in the Workforce Innovation Act of 2000.

| | | |
|-------------------------|---------------------------------------|----------------------|
| Date Effective 08/24/11 | Revision Date: 8/24/08 | Issued by: Lisa Rice |
| Revision No: 08 | Supersedes: Revision dated 05/05/2011 | Signature on File |
| | Page 1 of 3 | |

Training providers may submit an application for review at any time during the year. Applications will be evaluated using the process described below and reviewed at regularly scheduled Business Workforce Committee meetings and approved at the subsequent Board of Directors meetings. First time training providers are required to be present when their application goes before the Business Workforce Committee.

Upon receipt of training program application(s), selection of training providers on the BW ITA Vendor List will be based on a review by staff. The overall review will be a comprehensive evaluation of the program taking into consideration all of the factors listed on the review sheet, the needs of the participants to obtain employment and the needs of BW.

Due diligence will be conducted which may include a site visit to determine the adequacy of equipment, facilities, level of staff knowledge, and ability to provide the described training. Those training providers deemed to be the most advantageous to Brevard Workforce customers will be selected for negotiation of a training agreement. Agreements may be negotiated and renewed annually, at the discretion of Brevard Workforce. Agreements are effective upon execution through June 30 of each year. These agreements will not obligate the Brevard Workforce or its contractors to make referrals, as customers will make training selections from performance based consumer reports. Referrals will only be made when it is in the best interest of the customer and Brevard Workforce.

Approved training providers are required to annually submit a request for continuation that includes updated tuition and training costs, performance information, and proof of the Florida Education & Training Placement Information Program (FETPIP) reporting requirements.

BW may accept local training providers and their programs that have been approved by other regional workforce boards and/or are on the state approved training provider's list. Vendors with State "provisional" status that have been in existence for less than 1 year are not eligible. Vendors with State "provisional" status with 1 or more years must submit an application to BW for review to be considered as a training vendor.

B. Condensed Approval for Special Projects

There are times when BW may be involved with circumstances or projects that warrant streamlining of normal approval processes due to critical economic impact to the community and time restraints with implement of an action plan. In those situations BW may implement a condensed approval process. The President of BW is authorized to declare when a project warrants the implementation of condensed approvals.

The condensed approval process consists of: a training provider meeting the criteria listed above; submission of an application for the training program(s) to BW; review and rating by BW staff within a 5 business day timeframe; and subsequent approval by the BW President to include the training provider and program to our local training providers list. The BW President shall make the Business Workforce Committee aware of any such actions at the next regularly scheduled meeting.

C. Contingent Program Approvals

Scholarship Unit may approve; on a contingent basis, customers to attend training programs not currently on BW's approved ITA list. These contingencies are limited to existing training vendors who have submitted an application or by approval from the President. In addition to the above requirements, the following criteria must also be met for approval:

- Attending the training program is clearly in the best interest of the customer;
- Occupation for which the program trains is on BW's Local Target Occupation List;
- The training program has not been previously rejected by BW;
- Training institution is willing to negotiate and enter into an agreement with BW.

These approvals will be reviewed on a case-by-case basis for each customer's request. In no way should contingencies be considered an entitlement of either a customer or training institution. A contingent approval will only be considered where a training program is scheduled to begin before the normal application process can be completed.

Should the institution fail to provide the required information to secure approval within 60 days of training initiation, BW reserves the rights to terminate further funding.

ACTION

All BW employees, contractors and training providers will adhere to this policy.



TRAINING AGENT VENDOR APPLICATION

I. TRAINING PROVIDER INFORMATION

NAME OF TRAINING INSTITUTION:

ADDRESS

(Street Address Where Training is Provided) (City) (State) (Zip)

CONTACT PERSON:

TITLE:

PHONE:

FAX:

PUBLIC: or PRIVATE: institution. (Check appropriate designation)

If Public Institution, please provide:

DOE District -

District School Number -

FICE Code -

If Private Institution, please provide:

FEID Number -

Accreditation-

INDICATE AREA WHICH APPLIES:

The training institute is publicly funded by the **State of Florida**.

The training institute is currently licensed by the Florida Commission for Independent Education. (Please provide copy of licensure or waiver)

CHECK THE APPROPRIATE DESIGNATION (If applicable):

Postsecondary educational institution eligible to receive funds under Title IV of Higher Education Act (HEA).

Registered Apprenticeship Program under National Apprenticeship Act.

II. CERTIFICATIONS (must be signed)

As authorized signatory agent for the Training Provider, I hereby certify that the information contained in this Application is true and correct to the best of my knowledge and belief, and that the information contained herein constitutes a firm offer.

I acknowledge that subsequent eligibility will be based on data reflecting favorable performance outcomes verified through the Florida Education and Training Placement Information Program (FETPIP). Reporting to FETPIP is required for initial eligibility and to maintain subsequent eligibility for Individual Training Accounts (ITA) as defined by the Brevard Workforce Selection of ITA Training Providers Policy (PLN 02-03).

Separate Course Description/Statement of Work is enclosed for each proposed training program, **for a total of** *Course Descriptions.*

Signature

Date

Type Name & Title of Representative

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,
INELIGIBILITY AND VOLUNTARY EXCLUSION
LOWER TIER TRANSACTIONS**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 20 CFR Part 98. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160 - 19211).

- (1) The prospective recipient of Federal assistance funds hereby certifies, by submission of this proposal, that neither it nor its principals are presently disbarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Signature

Date

Type Name & Title of Representative

III. COURSE DESCRIPTION/STATEMENT OF WORK

1. PROGRAM NAME:

2. PROGRAM CONTACT:

(NAME)

(PHONE)

3. INDICATE AREA WHICH APPLIES:

POST SECONDARY ADULT VOCATION CERTIFICATE

POST SECONDARY VOCATIONAL – ASSOCIATE OF SCIENCE CREDIT PROGRAM

BACCALAUREATE (B.S./B.A.)

4. CRITERIA FOR ADMISSION (INCLUDING ENTRY SKILLS)

A. HIGH SCHOOL DIPLOMA OR GED REQUIRED (check one): Yes No

B. BASIC SKILLS - Indicate a desired grad level: Reading

Math

Language

C. PRESCREENING REQUIREMENTS: Indicate for Training, Employment or both.
(i.e. drug test, medical exam, background check, etc.)

Drug Test

Medical Exam

Background Check

Pre-requisite
Courses

Physical Requirement (Please List)

Other (Please List)

5. DETAILS OF PROGRAM

TOTAL CLOCK HOURS:

TOTAL CREDIT HOURS:

TOTAL # OF TRAINING WEEKS:

DAYS PER WEEK

COMPETENCY BASED CURRICULUM (Check One):

YES

NO

CLASSROOM TRAINING

ONLINE TRAINING

COMBINED/HYBRID

Upon Completion is there a Nationally Recognized Certification or Licensure:

YES

NO

Certification/Licensure Name:

Certification/Licensure Issued By:

Is Certification/Licensure Testing Included in Fees Described Below?

YES

NO

Provide brief course description:

6. ONLINE PROGRAMS ONLY (This section to be completed by online program offerings only)

Is a Third Party Vendor being used for this program? YES NO

If so, provide Third Party Name:

Certificate of completion/diploma issued by:

Hands-On, Internship or Clinical Component Included YES NO NOT
in Program Curriculum? (or not required per Industry Standards) REQD

Provide description of Hands-On Component:

7. OCCUPATIONAL PLACEMENT INFORMATION

PLEASE PROVIDE THE SPECIFIC NAME OF THE OCCUPATION(S) FOR WHICH TRAINEES WILL BE QUALIFIED, WITH CORRESPONDING OCCUPATIONAL EMPLOYMENT STATISTICS (SOC) CODE AND MINIMUM ENTRY LEVEL WAGE FOR THE OCCUPATION(S).

| OCCUPATION NAME | SOC CODE | ENTRY WAGE |
|-----------------|----------|------------|
|-----------------|----------|------------|

8. EXIT POINT AND OCCUPATIONAL SPECIFIC SKILLS

Training programs may require a student to complete 100% of the training activity to be considered a successful completer, or the program may specify exit points prior to completion where the student may possess skills that will qualify him/her to obtain training related employment.

Specify all exit points and the skill levels appropriate for those exits (use additional paper as necessary). Attachments may be used for clarity.

Exit Point

Skill Levels

9. **IS THIS PROGRAM ELIGIBLE FOR PELL AWARDS?** (check one): Yes No

Specify any other Financial Aid available for this program (include special discounted pricing for Brevard Workforce enrollees, vendor defined waivers and scholarships, if applicable)

10. **ESTIMATED COSTS OF ATTENDANCE**

| | |
|-------------------------------|-----------|
| TUITION | \$ |
| REGISTRATION | \$ |
| PRESCREENING FEES (specify) | \$ |
| BOOKS/MATERIALS | \$ |
| SUPPLIES/TOOLS | \$ |
| INSURANCE | \$ |
| TESTING/EXAMS | \$ |
| GRADUATION FEE | \$ |
| LAB FEE | \$ |
| CERTIFICATION/LICENSING FEES | \$ |
| OTHER (specify) | \$ |
| OTHER (specify) | \$ |
| TOTAL ESTIMATED COSTS: | \$ |

11. **MANDATORY EQUIPMENT**

Specify all supplies, materials or equipment required for program completion:

12. **PLACEMENT SERVICES**

Placement into employment is the ultimate goal for each individual referred to training through the Brevard Workforce System. Apart from training, it is important that clear responsibilities and working relationships be established with the Training Provider to ensure that the outcome of placement is met.

Please indicate whether or not placement services are available at your training institution and whether the services are sufficient to obtain the placement goal:

If placement services are not provided, what system do you propose to enhance the probability of meeting this goal?

13. PERFORMANCE INFORMATION

Percent Who Completed Program – Of all enrollments in this program, enter the percent that completed the program. Please provide most recent data.

Percent Who Obtained Employment Within Field of Training – Of all the people who completed this program, enter the percentage that obtained employment in an occupation related to this training program. Please provide most recent data.

14. REFUND POLICY: Please describe the refund policy including time frames and % reimbursed.

15. INFRASTRUCTURE - Describe the following:

Description of training facility site:

Technology and equipment:

Staff qualifications:

16. **Describe previous successful experience with Participant Programs:**

17. **Any other information you feel may be useful in the evaluation of this program as related to the attached Selection of ITA Training Providers Policy (PLN 02-03):**

18. **Attach one of the following (A) or (B) to each program application:**
 - A. One letter, dated within the past 12 months, from a local area employer specifically stating that they have hired one of the graduates for the proposed occupation and that the graduate's skills/training met their industry standards and were an integral part of obtaining employment
 - B. Two letters, dated within the past 12 months, from local businesses stating that they would employ a graduate with the certificate/diploma proposed

19. **The program offering being presented will be competitively evaluated. Please tell us why this program is important to the industry along with how a Brevard Workforce customer would benefit from taking this program through your institution.**

REVIEW SHEET FOR PROPOSED TRAINING PROGRAMS

VENDOR: _____ PROGRAM: _____

PROGRAM TYPE _____ POTENTIAL JOB: _____ TOL ENTRY WAGE: _____

Brief Program Description:

| Evaluation Criteria | Comments | Sources | Meets |
|--|---|--|-------------|
| 1. Training for Targeted Occupations | | | |
| Training in Demand for Local/Regional Market <ul style="list-style-type: none"> • 10 Open Job Orders/ Employer Documented Support (EDS) • Training for Occupations projected to recover (Example of No is: Negative projected growth, no job openings or no Employer Documented Support) | Analysis as Defined in Column 1 | Labor Market Information/ Help Wanted Online/EDS | Yes/No |
| 2. Quality of Training Facility | | | |
| Adequacy of Training Facility/Current Technology & Equipment <ul style="list-style-type: none"> • Facilities are conducive to a good learning environment • Up to Date audio/visual equipment • Meets ADA requirements • Instructor qualifications verified | Any comments will be provided from Site Visit | Site Visit Required for New Vendors Only | Yes/No/ N/A |
| 3. Online Program Offerings | | | |
| Industry typically requires Hands-On training, Clinical or Internship Component? If so, is this provided as part of the Program Curriculum and part of the cost? | Details will be provided | Industry Research by Staff | Yes/No/ N/A |
| Is online training from a Third Party Vendor? If yes, what institution is listed on the certificate or diploma? | Third Party Vendor Name/Certificate Issued By | Application | Yes/No/ NA |
| 4. Quality of Program Offering | | | |
| <ul style="list-style-type: none"> • Percentage of Students Who Complete Program • Upon completion of Program, Percentage of Students Who Obtain Jobs in Field of Study | Details will be provided | Application | Yes/No |
| All letters must be dated within the past 12 months <ul style="list-style-type: none"> • 1 letter from a local area employer specifically stating that they have hired one of the graduates for the proposed occupation and that the graduate's skills/training met their industry standards and were an integral part of obtaining employment OR • 2 letters from local businesses stating that they would employ a graduate with the certificate/diploma proposed | Employer Name from letter(s) and any other significant details will be provided | Application | Yes/No |
| Is there a nationally recognized industry certification test offered for this program? | Details will be provided | Application | Yes/No/ N/A |
| 5. Cost of Training | | | |
| Scholarships/Waivers Available <ul style="list-style-type: none"> • Special discounted pricing for Brevard Workforce enrollees and/or Vendor has defined waivers and scholarships. | Details will be provided | Application | Yes/No |
| If applicable, is a nationally recognized industry certification test included in tuition rates? | Details will be provided | Application | Yes/No/ N/A |
| 6. Cost Analysis | | | |
| Is Cost reasonable based on a high level staff analysis? i.e. Program Length, Cost Comparison of other similar programs, Entry Wage, Nationally Recognized Certificate, etc. | Details will be provided | Application and Staff Research | Yes/No |

Date: _____

OVERALL RECOMMENDATION _____

2011-12 Regional Targeted Occupations List

Sorted by Occupational Title

NOTE: Region 13 has been approved to use TOL's from contiguous regions (11,12 & 20). This list includes everything except SOC 433071 - "Tellers" from Reg. 11. Users of this list may check the TOL's from those regions to confirm a targeted occupation. Those lists can be accessed at: www.workforceflorida.com/Publications/TargetedOccupationsList/TargetedOccupationsList.php

Workforce Region 13 - Brevard County

Workforce Estimating Conference Selection Criteria:

- 1 FLDOE Training Codes 3 (PSAV Certificate) and 4 (Community College Credit/Degree)
- 2 10 annual openings and positive growth
- 3 Mean Wage of \$12.86/hour and Entry Wage of \$10.45/hour
- 4 High Skill/High Wage (HSHW) Occupations: Mean Wage of \$20.16/hour and Entry Wage of \$12.86/hour

| SOC Code† | HSHW†† | Occupational Title† | Annual | Annual | 2010 Hourly Wage | | FLDOE | In EFI | Data |
|--|--------|--|----------------|--------|------------------|-------|-------|--------|------|
| | | | Percent Growth | | Openings | Mean | | | |
| Occupations with titles in bold type and followed by an asterisk (*) may be found in declining industries and are not projected to return to their historical peak during the forecast period. These occupations may currently have an oversupply of trained workers, allowing the regional workforce boards the local option not to offer training for these occupations. | | | | | | | | | |
| 113011 | HSHW | Administrative Services Managers | 1.81 | 331 | 47.14 | 28.34 | 4 | Yes | S |
| 413011 | | Advertising Sales Agents* | 1.87 | 354 | 23.42 | 12.58 | 3 | Yes | S |
| 173021 | HSHW | Aerospace Engineering and Operations Technicians | | 65 | 21.38 | 14.25 | 4 | Yes | L |
| 493011 | HSHW | Aircraft Mechanics and Service Technicians | | 28 | 23.50 | 17.67 | 3 | Yes | L |
| 512011 | HSHW | Aircraft Structure, Surfaces, and Systems Assemblers | | 19 | 20.86 | 17.66 | 3 | Yes | L |
| 532022 | | Airfield Operations Specialists | | 10 | 15.00 | 15.00 | 4 | Yes | L |
| 173011 | HSHW | Architectural and Civil Drafters | | 64 | 20.92 | 13.04 | 3 | Yes | L |
| 274011 | | Audio and Video Equipment Technicians | 1.92 | 190 | 18.33 | 11.97 | 4 | Yes | S |
| 493021 | | Automotive Body and Related Repairers | | 10 | 17.00 | 11.74 | 3 | No | L |
| 493023 | | Automotive Service Technicians and Mechanics* | 1.24 | 33 | 17.50 | 11.28 | 3 | Yes | R |
| 492091 | HSHW | Avionics Technicians | | 36 | 20.99 | 17.46 | 3 | Yes | L |
| 194021 | | Biological Technicians | | 32 | 17.76 | 13.75 | 3 | Yes | L |
| 433031 | | Bookkeeping, Accounting, and Auditing Clerks* | 1.21 | 60 | 14.97 | 10.71 | 4 | Yes | R |
| 472021 | | Brickmasons and Blockmasons* | 3.05 | 276 | 18.42 | 12.79 | 3 | No | S |
| 493031 | HSHW | Bus and Truck Mechanics and Diesel Engine Specialists | | 56 | 20.28 | 15.30 | 3 | Yes | L |
| 533022 | | Bus Drivers, School | | 10 | 12.87 | 10.70 | 3 | No | L |
| 533021 | | Bus Drivers, Transit and Intercity | | 10 | 12.86 | 11.38 | 3 | Yes | L |
| 131199 | HSHW | Business Operations Specialists, All Other | 1.86 | 2,966 | 30.06 | 17.07 | 4 | Yes | S |
| 535021 | | Captains, Mates, and Pilots of Water Vessels | 2.82 | 246 | 37.28 | 12.64 | 3 | No | S |
| 292031 | | Cardiovascular Technologists and Technicians | 2.57 | 200 | 19.70 | 11.63 | 3 | Yes | S |
| 472031 | | Carpenters* | 2.24 | 52 | 18.13 | 10.46 | 3 | Yes | R |
| 472051 | | Cement Masons and Concrete Finishers* | 2.46 | 12 | 17.65 | 12.13 | 3 | No | R |
| 351011 | HSHW | Chefs and Head Cooks | | 95 | 25.62 | 13.04 | 3 | Yes | L |
| 131031 | HSHW | Claims Adjusters, Examiners, and Investigators* | 1.24 | 603 | 26.79 | 17.39 | 3 | Yes | S |
| 532012 | HSHW | Commercial Pilots | 2.76 | 13 | 32.89 | 15.59 | 4 | Yes | R |
| 131072 | HSHW | Compensation, Benefits, and Job Analysis Specialists* | 2.93 | 224 | 25.44 | 17.05 | 4 | Yes | S |
| 131041 | HSHW | Compliance Officers, Exc. Safety, Agri, Constr & Transp. | 2.07 | 10 | 27.20 | 16.87 | 3 | Yes | R |
| 151021 | HSHW | Computer Programmers | | 10 | 26.13 | 20.13 | 3 | Yes | L |
| 151031 | HSHW | Computer Software Engineers, Applications | 0.53 | 25 | 44.10 | 30.40 | 4 | Yes | R |
| 151041 | HSHW | Computer Support Specialists* | 0.03 | 24 | 20.63 | 15.34 | 3 | Yes | R |
| 151051 | HSHW | Computer Systems Analysts* | 2.26 | 953 | 34.42 | 22.91 | 4 | Yes | S |
| 492011 | | Computer, ATM, and Office Machine Repairers | | 33 | 18.69 | 13.50 | 3 | Yes | L |
| 474011 | HSHW | Construction and Building Inspectors | 2.03 | 264 | 26.03 | 18.70 | 3 | Yes | S |
| 119021 | HSHW | Construction Managers* | 1.67 | 16 | 42.22 | 23.23 | 4 | Yes | R |
| 333012 | | Correctional Officers and Jailers* | 0.05 | 774 | 19.03 | 15.41 | 3 | No | S |
| 131051 | HSHW | Cost Estimators* | 4.08 | 29 | 27.00 | 15.81 | 4 | Yes | R |
| 434051 | | Customer Service Representatives | | 10 | 13.00 | 10.00 | 3 | Yes | L |
| 151061 | HSHW | Database Administrators* | 2.19 | 192 | 33.90 | 22.39 | 4 | Yes | S |
| 319091 | | Dental Assistants | 3.63 | 832 | 16.49 | 12.47 | 3 | Yes | S |
| 292021 | HSHW | Dental Hygienists | 2.92 | 15 | 31.87 | 19.77 | 4 | Yes | R |
| 292032 | HSHW | Diagnostic Medical Sonographers | 2.09 | 167 | 27.28 | 21.01 | 4 | Yes | S |
| 472081 | | Drywall and Ceiling Tile Installers* | 3.22 | 259 | 16.06 | 12.18 | 3 | No | S |
| 173023 | HSHW | Electrical and Electronic Engineering Technicians | | 21 | 21.83 | 14.60 | 4 | Yes | L |
| 499051 | HSHW | Electrical Power-Line Installers and Repairers | | 40 | 26.06 | 18.54 | 3 | Yes | L |
| 492095 | HSHW | Electrical Repairers, Powerhouse, Substation, and Relay | | 26 | 26.44 | 22.00 | 3 | Yes | L |

2011-12 Regional Targeted Occupations List

Sorted by Occupational Title

Workforce Region 13 - Brevard County

Workforce Estimating Conference Selection Criteria:

- 1 FLDOE Training Codes 3 (PSAV Certificate) and 4 (Community College Credit/Degree)
- 2 10 annual openings and positive growth
- 3 Mean Wage of \$12.86/hour and Entry Wage of \$10.45/hour
- 4 High Skill/High Wage (HSHW) Occupations: Mean Wage of \$20.16/hour and Entry Wage of \$12.86/hour

| SOC Code† | HSHW†† | Occupational Title† | Annual | Annual | 2010 Hourly Wage | | FLDOE | In EFI | Data |
|--|--------|--|----------------|--------|------------------|-------|-------|--------|------|
| | | | Percent Growth | | Openings | Mean | | | |
| Occupations with titles in bold type and followed by an asterisk (*) may be found in declining industries and are not projected to return to their historical peak during the forecast period. These occupations may currently have an oversupply of trained workers, allowing the regional workforce boards the local option not to offer training for these occupations. | | | | | | | | | |
| 472111 | HSHW | Electricians* | 0.23 | 30 | 22.11 | 15.18 | 3 | Yes | R |
| 173024 | | Electro-Mechanical Technicians | | 11 | 18.29 | 13.61 | 4 | Yes | L |
| 492094 | | Electronics Repairers, Commercial and Industrial Equip. | | 10 | 12.99 | 11.05 | 3 | Yes | L |
| 292041 | | Emergency Medical Technicians and Paramedics | | 38 | 17.06 | 12.50 | 3 | Yes | L |
| 131071 | HSHW | Employment, Recruitment, and Placement Specialists* | 2.94 | 12 | 24.73 | 14.14 | 4 | Yes | R |
| 436011 | | Executive Secretaries and Administrative Assistants* | 0.52 | 40 | 18.94 | 13.64 | 3 | Yes | R |
| 119011 | HSHW | Farm, Ranch, and Other Agricultural Managers | | 16 | 34.23 | 26.62 | 4 | No | L |
| 512091 | | Fiberglass Laminators and Fabricators | | 11 | 15.30 | 11.34 | 3 | Yes | L |
| 332011 | | Fire Fighters* | 1.14 | 33 | 18.26 | 13.22 | 3 | No | R |
| 471011 | HSHW | First-Line Superv. of Construction and Extraction Workers* | 1.62 | 36 | 30.26 | 20.65 | 4 | Yes | R |
| 351012 | | First-Line Superv. of Food Preparation & Serving Workers* | 0.68 | 17 | 16.39 | 12.24 | 3 | Yes | R |
| 371011 | | First-Line Superv. of Housekeeping & Janitorial Workers | | 48 | 17.17 | 11.08 | 3 | Yes | L |
| 371012 | HSHW | First-Line Superv. of Landscaping and Groundskeeping | 2.07 | 432 | 21.24 | 14.18 | 3 | No | S |
| 531031 | HSHW | First-Line Superv. of Material-Moving Vehicle Operators | | 49 | 27.32 | 17.63 | 3 | Yes | L |
| 491011 | HSHW | First-Line Superv. of Mechanics, Installers, and Repairers* | 0.97 | 22 | 30.77 | 22.38 | 3 | Yes | R |
| 431011 | HSHW | First-Line Superv. of Office and Admin. Support Workers | 1.43 | 68 | 21.89 | 13.82 | 4 | Yes | R |
| 511011 | HSHW | First-Line Superv. of Production and Operating Workers* | 1.00 | 439 | 26.62 | 17.11 | 3 | Yes | S |
| 411012 | HSHW | First-Line Supervisors of Non-Retail Sales Workers* | 1.09 | 15 | 38.51 | 22.71 | 4 | Yes | R |
| 391021 | | First-Line Supervisors of Personal Service Workers* | 1.77 | 623 | 20.14 | 12.22 | 3 | Yes | S |
| 411011 | | First-Line Supervisors of Retail Sales Workers* | 0.69 | 75 | 20.61 | 12.08 | 3 | Yes | R |
| 119051 | HSHW | Food Service Managers | 1.21 | 534 | 26.55 | 17.29 | 4 | Yes | S |
| 111021 | HSHW | General and Operations Managers | | 29 | 45.63 | 22.72 | 4 | Yes | L |
| 472121 | | Glaziers* | 2.73 | 211 | 16.66 | 11.60 | 3 | Yes | S |
| 271024 | HSHW | Graphic Designers* | 0.82 | 14 | 21.67 | 15.12 | 4 | Yes | R |
| 292099 | | Health Technologists and Technicians, All Other | 2.01 | 191 | 18.71 | 12.69 | 3 | Yes | S |
| 319099 | | Healthcare Support Workers, All Other | | 26 | 14.55 | 10.69 | 3 | Yes | L |
| 499021 | | Heating, A.C., and Refrigeration Mechanics and Installers* | | 10 | 27.91 | 12.80 | 3 | Yes | L |
| 492097 | | Home Entertainment Electronics Installers and Repairers | | 13 | 13.94 | 11.45 | 3 | Yes | L |
| 434161 | | Human Resources Assistants, Exc. Payroll | 0.47 | 362 | 17.15 | 12.61 | 3 | Yes | S |
| 499041 | HSHW | Industrial Machinery Mechanics | 2.65 | 430 | 21.19 | 14.87 | 3 | Yes | S |
| 537051 | | Industrial Truck and Tractor Operators | | 27 | 12.62 | 10.17 | 3 | Yes | L |
| 413021 | HSHW | Insurance Sales Agents* | 1.06 | 29 | 33.23 | 17.69 | 3 | Yes | R |
| 271025 | HSHW | Interior Designers* | 2.29 | 210 | 23.96 | 13.27 | 4 | Yes | S |
| 436012 | | Legal Secretaries* | 1.79 | 484 | 19.50 | 13.71 | 3 | Yes | S |
| 434121 | | Library Assistants, Clerical | | 10 | 12.49 | 10.77 | 3 | No | L |
| 292061 | | Licensed Practical and Licensed Vocational Nurses* | 2.41 | 62 | 18.68 | 14.55 | 3 | Yes | R |
| 434131 | | Loan Interviewers and Clerks* | 1.38 | 10 | 15.08 | 10.79 | 3 | Yes | R |
| 132072 | HSHW | Loan Officers* | 2.13 | 12 | 27.61 | 18.41 | 4 | Yes | R |
| 514041 | | Machinists | | 51 | 15.08 | 11.92 | 3 | Yes | L |
| 499042 | | Maintenance and Repair Workers, General* | 0.10 | 37 | 17.83 | 10.95 | 3 | Yes | R |
| 319011 | | Massage Therapists | | 72 | 19.54 | 12.31 | 3 | Yes | L |
| 292012 | HSHW | Medical and Clinical Laboratory Technicians | | 13 | 25.00 | 20.00 | 4 | Yes | L |
| 292011 | HSHW | Medical and Clinical Laboratory Technologists | | 60 | 24.95 | 20.88 | 4 | Yes | L |
| 319092 | | Medical Assistants | 2.60 | 52 | 13.76 | 10.91 | 3 | Yes | R |
| 499062 | | Medical Equipment Repairers | 4.03 | 203 | 19.37 | 11.63 | 3 | Yes | S |

2011-12 Regional Targeted Occupations List

Sorted by Occupational Title

Workforce Region 13 - Brevard County

Workforce Estimating Conference Selection Criteria:

- 1 FLDOE Training Codes 3 (PSAV Certificate) and 4 (Community College Credit/Degree)
- 2 10 annual openings and positive growth
- 3 Mean Wage of \$12.86/hour and Entry Wage of \$10.45/hour
- 4 High Skill/High Wage (HSHW) Occupations: Mean Wage of \$20.16/hour and Entry Wage of \$12.86/hour

| SOC Code† | HSHW†† | Occupational Title† | Annual | | 2010 Hourly Wage | | FLDOE Training Code | In EFI Targeted Industry? | Data Source††† |
|--|--------|---|----------------|-----------------|------------------|-------|---------------------|---------------------------|----------------|
| | | | Percent Growth | Annual Openings | Mean | Entry | | | |
| Occupations with titles in bold type and followed by an asterisk (*) may be found in declining industries and are not projected to return to their historical peak during the forecast period. These occupations may currently have an oversupply of trained workers, allowing the regional workforce boards the local option not to offer training for these occupations. | | | | | | | | | |
| 292071 | | Medical Records and Health Information Technicians | | 54 | 15.72 | 12.95 | 4 | Yes | L |
| 436013 | | Medical Secretaries* | 2.01 | 28 | 13.26 | 10.72 | 3 | Yes | R |
| 131121 | HSHW | Meeting and Convention Planners | 2.71 | 180 | 20.73 | 13.80 | 4 | Yes | S |
| 493042 | HSHW | Mobile Heavy Equipment Mechanics, Except Engines* | 2.71 | 187 | 20.70 | 14.56 | 3 | No | S |
| 271014 | | Multi-Media Artists and Animators | | 90 | 16.00 | 12.00 | 3 | Yes | L |
| 151071 | HSHW | Network and Computer Systems Administrators* | 1.19 | 11 | 32.81 | 23.15 | 4 | Yes | R |
| 151081 | HSHW | Network Systems and Data Communications Analysts | 3.11 | 36 | 31.10 | 21.17 | 3 | Yes | R |
| 434141 | | New Account Clerks | | 12 | 14.56 | 11.61 | 3 | Yes | L |
| 311012 | | Nursing Aides, Orderlies, and Attendants | | 78 | 12.86 | 10.46 | 3 | Yes | L |
| 472073 | | Operating Engineers/Construction Equipment Operators* | | 10 | 25.31 | 12.79 | 3 | Yes | L |
| 472141 | | Painters, Construction and Maintenance* | 1.44 | 13 | 15.16 | 11.20 | 3 | Yes | R |
| 232011 | | Paralegals and Legal Assistants* | 1.42 | 11 | 18.87 | 12.98 | 3 | Yes | R |
| 372021 | | Pest Control Workers | | 16 | 15.51 | 11.42 | 3 | No | L |
| 292052 | | Pharmacy Technicians | | 17 | 12.86 | 12.00 | 3 | Yes | L |
| 312021 | HSHW | Physical Therapist Assistants | 3.22 | 169 | 25.86 | 18.79 | 4 | Yes | S |
| 472151 | | Pipelayers* | 2.65 | 11 | 16.27 | 12.20 | 3 | No | R |
| 472161 | | Plasterers and Stucco Masons | | 41 | 18.75 | 13.62 | 3 | No | L |
| 472152 | | Plumbers, Pipefitters, and Steamfitters* | 1.66 | 26 | 18.31 | 13.21 | 3 | Yes | R |
| 333051 | HSHW | Police and Sheriff's Patrol Officers* | 0.88 | 27 | 22.50 | 17.78 | 3 | No | R |
| 435031 | | Police, Fire, and Ambulance Dispatchers | 2.01 | 251 | 18.28 | 13.01 | 3 | Yes | S |
| 252011 | | Preschool Teachers, Except Special Education | | 122 | 9.50 | 9.29 | 3 | No | L |
| 515023 | | Printing Machine Operators | | 31 | 16.80 | 11.98 | 3 | Yes | L |
| 339021 | HSHW | Private Detectives and Investigators | 2.35 | 169 | 22.65 | 13.19 | 3 | Yes | S |
| 119141 | HSHW | Property, Real Estate & Community Association Managers | 1.39 | 603 | 30.01 | 17.12 | 4 | Yes | S |
| 131023 | HSHW | Purchasing Agents, Except Farm Products & Trade | 0.39 | 27 | 28.59 | 18.65 | 4 | Yes | R |
| 292034 | HSHW | Radiologic Technologists and Technicians | 1.61 | 14 | 24.49 | 19.60 | 3 | Yes | R |
| 419021 | HSHW | Real Estate Brokers | 1.74 | 506 | 34.23 | 14.70 | 3 | Yes | S |
| 419022 | | Real Estate Sales Agents* | 1.37 | 16 | 19.19 | 11.85 | 3 | Yes | R |
| 291111 | HSHW | Registered Nurses | 2.42 | 186 | 30.25 | 21.82 | 4 | Yes | R |
| 291126 | HSHW | Respiratory Therapists | 2.48 | 271 | 24.32 | 20.12 | 4 | Yes | S |
| 472181 | | Roofers* | 2.33 | 447 | 15.92 | 12.00 | 3 | No | S |
| 535011 | | Sailors and Marine Oilers* | 2.10 | 188 | 18.07 | 11.74 | 3 | No | S |
| 414011 | HSHW | Sales Reps., Wholesale & Mfg, Tech. & Sci. Products | 1.80 | 25 | 37.37 | 20.87 | 3 | Yes | R |
| 414012 | HSHW | Sales Reps., Wholesale and Manufacturing, Other* | 2.34 | 63 | 24.46 | 13.21 | 3 | Yes | R |
| 492098 | | Security and Fire Alarm Systems Installers | 3.08 | 348 | 17.57 | 13.13 | 3 | No | S |
| 253021 | | Self-Enrichment Education Teachers* | 2.19 | 424 | 18.64 | 10.75 | 3 | No | S |
| 472211 | | Sheet Metal Workers* | 2.40 | 264 | 18.02 | 12.94 | 3 | Yes | S |
| 211093 | | Social and Human Service Assistants | 1.75 | 13 | 14.52 | 12.00 | 3 | Yes | R |
| 292055 | | Surgical Technologists | | 19 | 19.11 | 15.18 | 3 | Yes | L |
| 173031 | | Surveying and Mapping Technicians* | 2.70 | 326 | 17.88 | 11.97 | 3 | Yes | S |
| 259041 | | Teacher Assistants* | NA | NA | NA | NA | 3 | No | R |
| 492022 | | Telecommunications Equipment Installers and Repairers* | 0.99 | 11 | 19.46 | 11.20 | 3 | Yes | R |
| 499052 | HSHW | Telecommunications Line Installers and Repairers | | 41 | 21.24 | 13.06 | 3 | Yes | L |
| 472044 | | Tile and Marble Setters* | NA | NA | 15.75 | 11.67 | 3 | No | R |
| 533032 | | Truck Drivers, Heavy and Tractor-Trailer* | 2.25 | 49 | 15.63 | 11.54 | 3 | Yes | R |

2011-12 Regional Targeted Occupations List

Sorted by Occupational Title

Workforce Region 13 - Brevard County

Workforce Estimating Conference Selection Criteria:

- 1 FLDOE Training Codes 3 (PSAV Certificate) and 4 (Community College Credit/Degree)
- 2 10 annual openings and positive growth
- 3 Mean Wage of \$12.86/hour and Entry Wage of \$10.45/hour
- 4 High Skill/High Wage (HSHW) Occupations: Mean Wage of \$20.16/hour and Entry Wage of \$12.86/hour

| SOC Code† | HSHW†† | Occupational Title† | Annual | 2010 Hourly Wage | | FLDOE Training Code | In EFI Targeted Industry? | Data Source††† | |
|--|--------|--|----------------|------------------|-------|---------------------|---------------------------|----------------|-------|
| | | | Percent Growth | Annual Openings | Mean | | | | Entry |
| Occupations with titles in bold type and followed by an asterisk (*) may be found in declining industries and are not projected to return to their historical peak during the forecast period. These occupations may currently have an oversupply of trained workers, allowing the regional workforce boards the local option not to offer training for these occupations. | | | | | | | | | |
| 292056 | | Veterinary Technologists and Technicians | | 14 | 13.86 | 13.50 | 4 | Yes | L |
| 251194 | HSHW | Vocational Education Teachers, Postsecondary | | 53 | 21.32 | 15.11 | 4 | No | L |
| 518031 | | Water and Liquid Waste Treatment Plant Operators | | 19 | 15.00 | 12.82 | 3 | Yes | L |
| 514121 | | Welders, Cutters, Solderers, and Brazers* | | 40 | 13.00 | 11.50 | 3 | Yes | L |

†SOC Code and Occupational Title refer to Standard Occupational Classification codes and titles.

††HSHW = High Skill/High Wage.

†††Data Source:

L = Requested by the Regional Workforce Board and approved by WFI. Local data are shown.

R = Meets regional wage and openings criteria based on state Labor Market Statistics employer survey data. Regional data are shown.

S = Meets statewide wage and openings criteria based on state Labor Market Statistics employer survey data. Statewide data are shown.

EFI - Enterprise Florida, Inc.



REGION 13 *CLEAN ENERGY* SUPPLEMENTAL 2011-12 Regional Targeted Occupations Lists

Approved Supplemental Occupations Approved June 30, 2011 WFI Executive Committee

| <i>Locally Submitted Labor Market Data</i> | | | | | | | <i>Regional Wage Criteria *</i> | | | | | |
|--|------------|---|---------------------------|--------------|-------|---------------|---|-----------------|-------------------|---------|---------------------|---------|
| Workforce Region | SOC Code | Occupational Title (^ denotes HS/HW) | Projected Annual Openings | Hourly Wages | | Training Code | Source | Annual Openings | Hourly Wages, ITA | | Hourly Wages, HS/HW | |
| | | | | Mean | Entry | | | | Mean | Entry | Mean | Entry |
| Region 13 (Brevard County) | 13-1199.01 | <i>Energy Auditors</i> Coded as Business Operations Specialists, All Other (SOC Code 13-1199) | 10+ | 28.27 | 16.04 | 4 | Space Coast Energy Consortium | 10 | \$12.86 | \$10.45 | \$20.16 | \$12.86 |
| Region 13 (Brevard County) | 17-3029.08 | <i>Photonics Technicians</i> - Coded as Engineering Technicians, Except Drafters, All Other (SOC Code 17-3029) | 10+ | 24.65 | 14.95 | 4 | Space Coast Energy Consortium | 10 | \$12.86 | \$10.45 | \$20.16 | \$12.86 |
| Region 13 (Brevard County) | 43-5061.00 | Production, Planning & Expediting Clerks (SOC Code 43-5061) | 10+ | 18.92 | 12.47 | 2 | Space Coast Energy Consortium | 10 | \$12.86 | \$10.45 | \$20.16 | \$12.86 |
| Region 13 (Brevard County) | 47-1011.03 | <i>Solar Energy Installation Managers</i> - Coded as First Line Superv. Or Construction & Extraction | 10+ | 27.86 | 18.33 | 4 | Space Coast Energy Consortium & Banner Center for Clean | 10 | \$12.86 | \$10.45 | \$20.16 | \$12.86 |



REGION 13 *CLEAN ENERGY* SUPPLEMENTAL 2011-12 Regional Targeted Occupations Lists

Approved Supplemental Occupations Approved June 30, 2011 WFI Executive Committee

| <i>Locally Submitted Labor Market Data</i> | | | | | | | <i>Regional Wage Criteria *</i> | | | | | |
|--|------------|---|---------------------------|--------------|-------|---------------|--|-----------------|-------------------|---------|---------------------|---------|
| Workforce Region | SOC Code | Occupational Title (^ denotes HS/HW) | Projected Annual Openings | Hourly Wages | | Training Code | Source | Annual Openings | Hourly Wages, ITA | | Hourly Wages, HS/HW | |
| | | | | Mean | Entry | | | | Mean | Entry | Mean | Entry |
| | | Workers (SOC Code 47-1011) | | | | | Energy | | | | | |
| Region 13 (Brevard County) | 47-4099.01 | <i>Solar Photovoltaic Installers</i> - Coded as Construction & Related Workers, All Other (SOC Code 47-4099) | 10+ | 16.89 | 11.72 | 1 | Space Coast Energy Consortium & Banner Center for Clean Energy | 10 | \$12.86 | \$10.45 | \$20.16 | \$12.86 |
| Region 13 (Brevard County) | 41-4011.07 | <i>Solar Sales Representatives & Assessors</i> - Coded as Sales Representatives, Wholesale & Mfg. Tech & Sci. Products (SOC Code 41-4011) | 10+ | 32.33 | 17.83 | 3 | Banner Center for Clean Energy | 10 | \$12.86 | \$10.45 | \$20.16 | \$12.86 |
| Region 13 (Brevard County) | 47-4099.02 | <i>Solar Thermal Installers & Technicians</i> - Coded as Construction & | 10+ | 16.79 | 11.52 | 1 | Space Coast Energy Consortium & Banner | 10 | \$12.86 | \$10.45 | \$20.16 | \$12.86 |



REGION 13 *CLEAN ENERGY* SUPPLEMENTAL 2011-12 Regional Targeted Occupations Lists

Approved Supplemental Occupations Approved June 30, 2011 WFI Executive Committee

| <i>Locally Submitted Labor Market Data</i> | | | | | | | <i>Regional Wage Criteria *</i> | | | | | |
|--|------------|--|---------------------------|--------------|-------|---------------|---------------------------------|-----------------|-------------------|---------|---------------------|---------|
| Workforce Region | SOC Code | Occupational Title <i>(^ denotes HS/HW)</i> | Projected Annual Openings | Hourly Wages | | Training Code | Source | Annual Openings | Hourly Wages, ITA | | Hourly Wages, HS/HW | |
| | | | | Mean | Entry | | | | Mean | Entry | Mean | Entry |
| | | Related Workers, All Other (SOC Code 47-4099) | | | | | Center for Clean Energy | | | | | |
| Region 13 (Brevard County) | 47-4099.03 | <i>Weatherization Installers & Technicians - Coded As Construction & Related Workers, All Other (SOC Code 47-4099)</i> | 10 | 17.19 | 11.42 | 1 | Space Coast Energy Consortium | 10 | \$12.86 | \$10.45 | \$20.16 | \$12.86 |

Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

| | | |
|---|--|---|
| Print or type See Specific Instructions on page 2. | Name (as shown on your income tax return) | |
| | Business name, if different from above | |
| | Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ | |
| | Address (number, street, and apt. or suite no.) | Requester's name and address (optional) |
| | City, state, and ZIP code | |
| | List account number(s) here (optional) | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

| |
|--------------------------------|
| Social security number |
| or |
| Employer identification number |

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name” line.

Limited liability company (LLC). Check the “Limited liability company” box only and enter the appropriate code for the tax classification (“D” for disregarded entity, “C” for corporation, “P” for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner’s name on the “Name” line. Enter the LLC’s name on the “Business name” line.

For an LLC classified as a partnership or a corporation, enter the LLC’s name on the “Name” line and any business, trade, or DBA name on the “Business name” line.

Other entities. Enter your business name as shown on required federal tax documents on the “Name” line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the “Business name” line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the “Exempt payee” box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

| IF the payment is for . . . | THEN the payment is exempt for . . . |
|--|--|
| Interest and dividend payments | All exempt payees except for 9 |
| Broker transactions | Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker |
| Barter exchange transactions and patronage dividends | Exempt payees 1 through 5 |
| Payments over \$600 required to be reported and direct sales over \$5,000 ¹ | Generally, exempt payees 1 through 7 |

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.consumer.gov/idtheft or 1-877-IDTHEFT(438-4338).

Visit the IRS website at www.irs.gov to learn more about identity theft and how to reduce your risk.

What Name and Number To Give the Requester

| For this type of account: | Give name and SSN of: |
|---|---|
| 1. Individual | The individual |
| 2. Two or more individuals (joint account) | The actual owner of the account or, if combined funds, the first individual on the account ¹ |
| 3. Custodian account of a minor (Uniform Gift to Minors Act) | The minor ² |
| 4. a. The usual revocable savings trust (grantor is also trustee) | The grantor-trustee ¹ |
| b. So-called trust account that is not a legal or valid trust under state law | The actual owner ¹ |
| 5. Sole proprietorship or disregarded entity owned by an individual | The owner ³ |
| For this type of account: | Give name and EIN of: |
| 6. Disregarded entity not owned by an individual | The owner |
| 7. A valid trust, estate, or pension trust | Legal entity ⁴ |
| 8. Corporate or LLC electing corporate status on Form 8832 | The corporation |
| 9. Association, club, religious, charitable, educational, or other tax-exempt organization | The organization |
| 10. Partnership or multi-member LLC | The partnership |
| 11. A broker or registered nominee | The broker or nominee |
| 12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity |

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.