



## State Workforce Pell Program Certification

This form outlines the process and criteria for a governor's approval and certification of workforce programs for Federal Pell Grant eligibility at federal title IV eligible institutions of higher education. It details the institution and program information required, the eligibility criteria, and the governor's responsibilities in certifying these programs. Institutions may assist the governor by providing relevant institution and program information requested in Section A. The governor confirms that each workforce program meets eligibility requirements under federal regulations, commits to certain review and reporting requirements, and certifies workforce programs as eligible providing their determination to the institution. The institution provides a copy of the governor's approval with their Application to Participate in the Federal Student Financial Aid Programs (E-App) to the U.S. Department of Education (Department) for eligible workforce programs.

### SECTION A: Institution and Program Information

#### A.1.: Institution Information

- a. Name of institution:
- b. OPE ID:
- c. Address:

#### A.2.: Workforce Program(s) Information

| Program Name<br>(a.) | CIP Code<br>(b.) | SOC Code<br>(c.) | Date Program<br>Met Eligibility<br>Req.<br>(d.) | Completion<br>Rate<br>Percent (%)<br>(e.) | Job<br>Placement<br>Rate (%)<br>(f.) | Governor<br>Certification<br>of Eligibility<br>(g.)      |
|----------------------|------------------|------------------|-------------------------------------------------|-------------------------------------------|--------------------------------------|----------------------------------------------------------|
|                      |                  |                  |                                                 |                                           |                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                      |                  |                  |                                                 |                                           |                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                      |                  |                  |                                                 |                                           |                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                      |                  |                  |                                                 |                                           |                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                      |                  |                  |                                                 |                                           |                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## A.2.: Workforce Program(s) Information (continued)

- a. Name of program
- b. 6-Digit Classification of Instructional Programs (CIP) code for which the program is classified as a postsecondary instructional program.
- c. Standard Occupational Classification (SOC) code for which the program prepares individuals for employment
- d. Date the program met eligibility requirements: This date must include at least 12 months immediately preceding the date the governor certifies the program meets the requirements under 34 CFR 690.93(a) and 690.94(a)(2)(i) as noted in Section B.2.g. below.
- e. Program completion rate: The program completion rate must be at least 70 percent, within 150 percent of the normal time for student completion.
- f. Program job placement rate: The program job placement rate must be at least 70 percent, measured 180 days after student's completion.
- g. Governor certification that the program meets the eligibility requirements of 34 CFR 690.93(a) and 690.94(a)(2)(i).

## SECTION B: Governor Determination and Certification of Workforce Program(s)

### B.1.: Governor Determination

I have determined that each eligible workforce program, denoted with a check mark indicating "yes," meets the following eligibility requirements under 34 CFR 690.93(a) and 690.94(a)(2)(i):

- ☐ All requirements in the approval process were published and are publicly available at the following link: \_\_\_\_\_
- ☐ The program(s) was approved **after** consultation with the State Board.
- ☐ The program(s) provides an education aligned with the requirements of high-skill, high-wage (as identified by the State pursuant to section 112 of the Carl D. Perkins Career and Technical Education Act (20 U.S.C. 2342)), or in-demand industry sectors or occupations (29 U.S.C. 3112); this condition is automatically met if the program serves as the related instruction component of a Registered Apprenticeship Program.
- ☐ The program(s) meets the hiring requirements of potential employers in the applicable sectors or occupations for which the program was designed (this condition is automatically met if the program serves as the related instruction component of a Registered Apprenticeship Program).

The program(s) leads to a recognized postsecondary credential that:

- ☐ is stackable and portable across more than one employer **OR**
- ☐ with respect to students enrolled in the program, prepares such students for employment in an occupation for which there is only one recognized postsecondary credential and provides students with that credential upon completion of the program.

## **B.1.: Governor Determination (continued)**

- ☐ The program(s) prepares students to pursue one or more certificate or degree programs at one or more institutions of higher education (which may include the eligible institution providing the program) including by ensuring that a student, upon completion of the program and enrollment in such a related certificate or degree program, will receive academic credit for the program that will be accepted toward meeting such certificate or degree program requirements and the academic credit will be acceptable toward meeting such certificate or degree program requirements.

I further commit to:

- ☐ Providing completion and placement rate data on each eligible workforce program to the Department on an annual basis. (*Note: This will apply until the end of the 2028-29 award year, after which the governor would only be certifying placement rates.*) This information may be provided to the institution for submission with their application to the Department.
- ☐ Making available, upon request of the Secretary of Education and Secretary of Labor, documentation of my State's approval process established under 34 CFR 690.93(b) for determining that all requirements under 34 CFR 690.93(a) have been met.
- ☐ Informing the Department of Education, the Department of Labor, and the institution of any final decisions to revoke approval of a program within 15 calendar days.
- ☐ Taking into consideration the cost of the program and the anticipated wages of the industry or occupation prior to the Department's determination of the program's value-added earnings under 34 CFR 690.95.
- ☐ Reassessing the eligible workforce program prior to the expiration of the eligible institution's Program Participation Agreement.

## **B.2.: Governor Certification**

*I certify that the information in Sections A and B of this Pell Eligible Workforce Program State Certification Form is true and correct to the best of my knowledge and belief. I acknowledge that failure to submit true and correct information, or failure to remain in compliance with the workforce program requirements or maintain multiple determinations, as applicable, may result in liability under the False Claims Act, 31 U.S.C 3729, et seq.; OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement) in 2 C.F.R., part 180, as adopted and amended as regulations of the Department in 2 F.R., part 3485; and 18 U.S.C. 1001, as appropriate, and/or other enforcement actions.*

- a. Signature of governor (or designated Statewide public official):
- b. Name of governor (or designated Statewide public official):
- c. Title of designated Statewide public official (if applicable):
- d. State:
- e. Email:
- f. Phone:
- g. Date of certification: