

Community Workforce Program Registration of WDOs and WROs

Requirement for registration as a Workforce Development Organization (WDO) or Workforce Recruitment Organization (WRO)

WDOs/WROs interested in registering with Miami-Dade County Department of Small Business Development must complete and submit a registration package to:

Department of Small Business Development
c/o Project Review and Analysis Division
111 N. W. 1 Street, 19th Floor
Miami, FL 33128

Registration package must include the following:

- ☐ Registration Form
- ☐ Detailed letter of eligibility which contains at a minimum:
 - A detailed statement of the organization's current functions and service areas for the last three (3) years or the life of the business whichever is less.
 - Reference of at least one year's experience in the service area of training and/or recruitment/referral and placement.

NOTE: Letter must be on WDO's /WRO's letterhead.
- ☐ Proof that the business is located in Miami-Dade County or Broward County
- ☐ Acceptable proof: Occupational License
- ☐ Resumes and certification of all trainers must be included for WDOs along with a sample of training materials, schedules and notification of training provided by the organization. If training is provided at a location other than the location of the WDO site, the training site address must be included in the letter of eligibility.
- ☐ Brochures and any other organization program information to include but not limited to:
 - Operating procedures (if available);
 - Staff and services as well as organization's website (if applicable); and,
 - Email address

For questions pertaining to registration as a WDO/WRO, contact Mrs. Betty Alexander, Department of Small Business Development at (305) 375-3111.

COMMUNITY WORKFORCE PROGRAM (CWP) WDO/WRO REGISTRATION FORM

Organization: Workforce Development Organization (WDO) ☐ Workforce Recruitment Organization (WRO) ☐

Organization Name: _____ FEID No.: _____

Street Address: _____

City: _____ State: **Florida** Zip Code: _____ County: **Dade** ☐ **Broward** ☐

Contact Person: _____ Title: _____

Telephone No.: _____ Fax: _____ E-mail: _____

Website address: _____

Area(s) of expertise/services provided and years of experience in the service area:

☐ Training # _____ of years: _____ ☐ Referral/Recruitment # of years: _____
☐ Placement # of years: _____ ☐ Other: _____ # of years: _____

Authorized Signature: _____

Date: _____

Print Name: _____

Title: _____

The aforementioned party hereby agrees, if registered with DBD, as a WDO, to provide construction trades skills training or provide skill training that is recognized and accepted by all federation members of the respective trade, who are instrumental in its design and provide certification after participation or apprenticeship training or any construction related training. If registered as a WRO, the aforementioned party hereby agrees to provide qualified construction employment recruitment services and employability skills training, including application process, interviewing, and appropriate attire.

Executed by: _____
Signature of Affiant

Sworn before me: _____ Day of _____ 200 _____

Printed Name of Affiant

Notary Public

FOR SBD USE ONLY:

WDO/WRO Registration approved: Yes ☐ No ☐ **Effective Date:** _____ **Expiration Date:** _____

Signature: _____

IMPORTANT NOTE: Registration will be completed upon receipt of a completed registration package to include this form along with all required supporting documentation.