WORKFORCESERVICES

TRAINING TRUST FUND APPLICATION

PROJECT NUMBER
(ASSIGNED BY DWS)

EMPLOYER'S FEDERAL ID NUMBER (9 DIGITS)			
NAME AND ADDRESS OF EMPLOYER	NAME AND ADDRESS OF TRAINING PROVIDER		
NAME:	NAME AND ADDRESS OF TRAINING PROVIDER NAME:		
ADDRESS:	ADDRESS:		
ADDRESS:	ADDRESS:		
CITY, STATE, ZIP CODE:	CITY, STATE, ZIP CODE:		
COUNTY:			
EMPLOYER CONTACT	TRAINING PROVIDER CONTACT		
☐ Mr. ☐ Ms. ☐ Dr.	☐ Mr. ☐ Ms. ☐ Dr.		
NAME:	NAME:		
TELEPHONE:	TELEPHONE:		
E-MAIL ADDRESS:	E-MAIL ADDRESS:		
MONITORING	G COORDINATOR		
NAME: TELEPHONE:	E-MAIL ADDRESS:		
(The coordinator will facilitate submission of the Fir	nal Report and is responsible for monitoring the training.)		
CURRENT NUMBER OF EMPLOYEES:	AVERAGE TRAINEE BASE WAGE:		
BRIEF DESCRIPTION OF EMPLOYER'S PRODUCTS/SERVICES ((For example: Aluminum die cast products and parts):		
COURSE NAME(S) IN THIS APPLICATION (For example: Aluminum	m spot welding applications):		

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	Provide answers to items 1, 2 and 3 listed below.
	State the specific goals of the employer and how the proposed training will meet those goals.
	Identify the specific skills and knowledge to be learned.
_	List in detail the expected outcomes this training will accomplish.

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PROJECT NUMBER TRAINING TRUST FUND (ASSIGNED BY DWS) **APPLICATION** TRAINING PERFORMANCE INDICATORS LIST THE DESIRED RESULTS THIS TRAINING WILL ACCOMPLISH:

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COURSE TITLE: STARTING DATE: ENDING DATE: a. Total cost of the training. (For external training, list the amount the employer is billed. For internal costs, calculate the cost by using the internal trainer's hourly rate, including fringe, and multiply this times the number of instructional hours, and then add the cost of consumable materials and/or the cost to purchase or develop and produce the training materials for the course.) b. Estimated number of trainees for this course. c. Number of hours for this course. Course Trainers: Name: Name: Internal Trainer External Trainer Exte	TRAINING COST OUTLINE						
COURSE TITLE: STARTING DATE: ENDING DATE: ENDING DATE: a. Total cost of the training. (For external training, list the amount the employer is billed. For internal costs, calculate the cost by using the internal trainer's hourly rate, including fringe, and multiply this times the number of instructional hours, and then add the cost of consumable materials and/or the cost to purchase or develop and produce the training materials for the course.) b. Estimated number of trainees for this course. c. Number of hours for this course. Course Trainers: Name: Name: Internal Trainer External	Complete this page for each course of training that will be provided.						
a. Total cost of the training. (For external training, list the amount the employer is billed. For internal costs, calculate the cost by using the internal trainer's hourly rate, including fringe, and multiply this times the number of instructional hours, and then add the cost of consumable materials and/or the cost to purchase or develop and produce the training materials for the course.) b. Estimated number of trainees for this course. c. Number of hours for this course. Course Trainers: Name: Name: Internal Trainer External Trai	Does state or federal law or regulation mandate this training? ☐ Yes ☐ No						
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Course Trainers: Name: Internal Trainer External T				Estimated number of trainees for this course			
Name: Na				Number of hours for this course			
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Name: Name: Internal Trainer External Trainer Name: Internal Trainer External Trainer Internal Trainer External Trainer External Trainer The reviewing agencies will approve the qualifications of external trainers.	Trainer	☐ External Trainer	☐ Internal Trainer ☐	me:			
Name: ☐ Internal Trainer ☐ External Trainer ☐ Exte	Trainer	☐ External Trainer	☐ Internal Trainer ☐	me:			
Name: ☐ Internal Trainer ☐ External T The reviewing agencies will approve the qualifications of external trainers.	Trainer	☐ External Trainer	☐ Internal Trainer ☐	me:			
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	Trainer	☐ External Trainer	☐ Internal Trainer ☐	me:			

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TOPICAL OUTLINE

Complete a detailed topical outline for each course. Provide the names of the topics to be addressed, the number of hours for each topic, and the total instructional hours for each course. The "Total Hours" for this page should be the same as line c. "Number of hours for this course," on the "Training Cost Outline" page.
COURSE TITLE:

TOPICS	CLASSROOM HOURS PER TOPIC
Total Hours:	

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ASSURANCES, CERTIFICATIONS AND SIGNATURES

- 1. The applicant assures that all the information contained in this application is correct and that the financial assistance will be used to cover only the costs directly associated with the training.
- 2. The applicant assures that the trainees do possess the prerequisite literacy skills necessary for them to enter this training program.
- 3. The applicant assures that records of expenditures of funds under this agreement shall be made available for inspection so that DWS will have access to a record of public funds spent for this training program.
- 4. The applicant assures that no person shall be excluded from training on the basis of race, color, national origin, age, religion, marital status, sex, or disability.
- 5. The applicant assures that in the event of a labor dispute or strike, DWS may postpone or cancel the program immediately.
- 6. The applicant understands that the director of DWS by written notification may cancel this agreement at least 14 days prior to the cancellation.
- 7. The applicant agrees that the terms of this agreement may be changed by common consent to adjust to varying conditions.
- 8. The applicant assures that provisions will be made for the submission of a Final Report, which will include a description of the program funded with quantifiable outcomes.
- 9. The applicant assures that, to the best of its knowledge, the proposed training is not provided at low or no cost under another state or federal program.
- 10. The applicant understands that the director of DWS shall receive the Final Report no later than one (1) month following the ending training date listed in the application in order to receive financial assistance.
- 11. The applicant understands that <u>to qualify</u> for the program, a completed application must be received by the director of DWS at least thirty (30) days before training begins. Applications not received thirty (30) business days before training begins will be returned.

EMPLOYER APPLICANT:	DATE:		
(The applicant signing this agrees to the above	ve listed assurance	3.)	
Reviewed by Monitoring Coordinator:	DATE:	Reviewed by DWS Director:	DATE:

Return completed application to: Arkansas Department of Workforce Services. Attention: Mike Kennedy, Two Capitol Mall, P.O. Box 2981, Little Rock, AR 72203

The completed application may also be faxed to 501-683-5915, or emailed to Mike.Kennedy@arkanasas.gov