



Training Grant Application

WORKER TRAINING PROGRAM

Applicant Name:
 Nebraska UI Account Number:
 Federal Employment ID Number:
 Mailing Address:
 Contact Name and Title:
 Phone Number:
 Fax Number: _____
 Business Size: <100 >100

Signature

Project Name:
 Address of Project Site:
 Total Number of Workers to be Trained:
 Total Average Hourly Wage:
 Project Dates:
 Training Provider Name:

Summary of Project:

Need and Purpose of Training:

Proposed Training Plan:
 Services Provided by Training Provider:
 Services Provided by Training Provider Subcontractor(s) (if any):

Goals and Outcome Measures:

Total Project Funds Requested:	Budget Plan (Itemization)
Total Matching Contribution:	<u>Funds Requested</u> <u>Matching Contribution</u>

Attach a copy of documentation of the types of training, and the identity of the provider and subcontracting provider. Your application must include a signed copy of the provider contract, memorandum of agreement or letter of engagement. Failure to complete this application will result in a decrease in points awarded, and may result in no grant award.

550 South 16th Street • Lincoln, NE 68509-4600 • Telephone: (402) 471-9977 • Fax: (402) 471-3050
 Equal Opportunity Employer/Program
 Auxiliary aids and services are available upon request to individuals with disabilities.
 TDD: (800) 833-7352

Information received is subject to public records requirements of Neb. Rev. Stat. §84-712 et seq.