

**COLORADO FIRST
CUSTOMIZED TRAINING PROGRAM
GRANT PROPOSAL FOR TRAINING ASSISTANCE
FISCAL YEAR 2010 - Period ____**

Submitted by:

Name of Institution	Institution Official (Please type)
Address	Signature
Telephone Number	Date

COMPANY TRAINING AGREEMENT

I have participated in the development of this proposal for a Colorado FIRST Customized Training grant. **[Name of Company]** is new to Colorado or is expanding in Colorado. I understand that, if this proposal is approved, the Colorado FIRST Customized Training Program will contribute up to **[\$[Total Grant Amount (including admin. fee)]**, including the institution's administration fee, to the cost of training as outlined in the attached grant proposal and budget.

I understand that, if this training proposal is approved by the State of Colorado, **[Name of Company]** accepts full responsibility for completing the training as outlined in the attached training plan. **[Name of Company]** will create and train **[# of jobs to be funded]** new permanent full-time jobs at an average wage of **[\$[New hire avg. hourly rate]** per hour or salary of **[\$[New hire avg. annual salary]** per annum, plus benefits. Any change from the approved training plan shall require written approval from the Colorado FIRST program administrators via the above named institution. I understand that **[Name of Company]** is subject to forfeiture and/or reimbursement of Colorado FIRST Customized Training Program monies if the job creation and/or training goals stated herein are not met, or if **[Name of Company]** does not comply with Colorado FIRST program policies and procedures. I further understand if the required close-out paperwork and documentation is not submitted by June 30, 2010, **[Name of Company]** may be required to forfeit the grant funds.

I certify that I am an employee of **[Name of Company]** and that I am authorized to enter into this agreement on behalf of **[Name of Company]**. The information contained in this grant proposal is true and complete to the best of my knowledge.

Signature of Company Representative	Company Name
Type Name	Date
Title	Telephone Number

I. COMPANY INFORMATION

Company Name	
Local Address (City, State, Zip)	
County	
Parent Company	
Parent Company Address (City, State, Zip)	
Company Grant Contact	
Grant Contact Title	
Phone	
E-mail	

II. COMPANY INFORMATION

Check all that apply:

- Start-up (in business fewer than 3 years)
- Existing Company
- Branch/Division operation
- Facility relocation to Colorado
- Expansion at new location
- Expansion at existing location
- Consolidation
- Other
- Minority-owned business or Woman-owned business
(Minority status is not a prerequisite for funding under the Colorado First program)

What products or services does your company produce?

Company Health Plan:

Does your company provide health insurance to its permanent, full-time employees? ___ Yes ___ No

What percentage of the cost of health care premiums does your company cover? ___%

If the percentage of coverage varies, please indicate the range:

III. TRAINING INFORMATION

This information is used to evaluate the company's training needs. Provide as much detail as you believe is necessary for OED and CCCS to understand your specific training needs, especially in relation to the business issues and challenges the company faces. If more space is needed to explain your answers, you may attach additional pages.

- **What business issues/challenges does your company face in order to enhance its competitiveness?**

- **What training needs exist in your incoming workforce?**

- **What training will these state grant funds support? Be sure to describe the actual training, as well as its general purpose and expected learning outcomes of the proposed training as you answer this question. Your answer must also include the anticipated number of hours of training per person and timeframe for completing all training, in order to meet the grant deliverables.**

- **How will this training be *customized* to meet the company's specific needs?**

- **How will training be delivered? (e.g. What training methods will be used? Who will deliver the training?)**

- **What outcomes do you expect to result from training? (e.g. How will the company's competitiveness be enhanced? How will employees' effectiveness be enhanced?)**

- **List other training that is provided by the Company for employees:**