

**EXISTING INDUSTRY
CUSTOMIZED TRAINING PROGRAM
PROPOSAL FOR TRAINING ASSISTANCE
FISCAL YEAR 2010 – Period ____**

Submitted by:

Name of Institution	Institution Official (Type)
Address	Signature
Telephone Number	Date

COMPANY TRAINING AGREEMENT

I have participated in the development of this proposal for an Existing Industry Training Program grant. I certify that **[Name of Company]** will be re-training **[# of existing employees]** existing employees at an average wage of **[\$[Company avg. hourly wage]** per hour or salary of **[\$[Company avg. annual salary]** per annum, plus benefits. I further certify that **[Name of Company]** is being affected by a major technological change and/or this training is deemed crucial for the company’s competitiveness and for worker retention. I understand that, if approved, the Colorado Existing Industry Training Program will contribute up to **[\$[Total grant amount (including admin. fee)]**, including the institution’s administration fee, toward the cost of training as outlined in the attached grant proposal and budget.

I understand that, in submitting this proposal, **[Name of Company]** accepts responsibility for completing the training as outlined in the attached grant proposal. Any change from the approved training plan shall require written approval from the Existing Industry Program administrators via the above named institution. I further understand that **[Name of company]** is subject to forfeiture and/or reimbursement of Colorado Existing Industry Training Program monies if target numbers for training are not met or in case of non-compliance with the Existing Industry Program policies and procedures, including deadlines for submission of final close-out paperwork.

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	
Contact Title	
Phone	
Email	

II. COMPANY INFORMATION

Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Start-up (in business fewer than 3 years) | <input type="checkbox"/> Minority-owned business or
Woman-owned business
(Minority status is not a prerequisite for
funding under the Colorado First program) |
| <input type="checkbox"/> Existing Company | |
| <input type="checkbox"/> Branch/division operation | |
| <input type="checkbox"/> Facility relocation to Colorado | |
| <input type="checkbox"/> Expansion at new location | |
| <input type="checkbox"/> Expansion at existing location | |
| <input type="checkbox"/> Consolidation | |
| <input type="checkbox"/> Other (Explain) | |

What products or services does your company produce?

Company Health Plan:

Does your company provide health insurance to all 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 specific re-training needs. Provide as much detail as you believe is necessary for OED and CCCS to understand your training needs, especially as those needs relate to the company's business challenges. You may attach extra pages if you need more space to explain your answers.

- What issues does your company face in maintaining its competitive edge? Be sure to describe specific technological changes and/or other business challenges your company faces that are deemed crucial for the company and worker retention, and provide supporting data if available.

- 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 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. Who will deliver training? What methods will be used?)

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

- Have you received Colorado First or Existing Industry Program funding in the last three years? If YES:
Which program funding did your company receive? _____ What year? _____

- What training needs remain unmet and/or what new needs emerged as a direct result of previous grant-funded training?

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