



**APPLICATION FOR TRAINING ACCELERATION GRANT**

State Form 52728 (R / 9-06)  
INDIANA WORKFORCE DEVELOPMENT

**APPLICATION for Training Acceleration Grant**

**GENERAL INFORMATION**

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **County:** \_\_\_\_\_

**FEIN:** \_\_\_\_\_ **\* NAICS:** \_\_\_\_\_

\*NAICS stands for North American Industry Classification System. A complete list of the 3-digit codes can be found on the [3-Digit NAICS Codes](#) reference page.

Please provide a brief description about the company and products/services performed.

**Employment Information**

Current Employment Level   Employment Level 12 months ago

Has your company experienced any non-seasonal layoffs in the past 12 months? Briefly explain the layoffs.

**Average Hourly Wages**

Professional Managerial \_\_\_\_\_ (\$ per hour)      Semi-skilled/Production/Administration \_\_\_\_\_ (\$ per hour)

Skilled Trades \_\_\_\_\_ (\$ per hour)      Total Annual Payroll for Business Location \_\_\_\_\_

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**APPLICATION FOR Training Acceleration Grant (TAG) - continued**

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**Contact Information**

Primary Contact Name: _____	Secondary Contact Name: _____
Primary Contact Title: _____	Secondary Contact Title: _____
Phone Number: _____	Phone Number: _____
Phone Extension: _____	Phone Extension: _____
Fax Number: _____	Fax Number: _____
E-mail address: _____	E-mail address: _____

**Project Description**

Briefly describe the proposed training plans and credentials.

Start Date

End Date

APPLICATION FOR Training Acceleration Grant (TAG) - continued

TAG Core Objectives

Select the TAG fund core objective that you are addressing.

- Increasing personal income for Hoosier workers
- Promoting small business
- Fostering job retention and expansion
- Skill gap training

Justify selected core objective.

Return on Investment

INSTRUCTIONS: Please choose one of the following categories that describe how the training being sought will benefit the company. For a complete list of subcategories, reference the Returns on Investment page.

- Accelerate Development of the next generation of workers
- Better inventory management/maintenance  
(largest controllable expenditure)
- Better personnel performance
- Better planning and developing
- Bring in new business
- Close an additional skill gap
- Costs (Reduction/Savings)
- Customer satisfaction
- Wage increases
- Improved quality or output
- Longer asset life  
(equipment lasts longer with better maintenance)
- Productivity
- Profits
- Revenue (Increase)
- Sales (Increase)
- Solution to regional employment challenge
- Time savings
- Other

Please justify the requested training and, in concrete terms, define a measurement that will be used to quantify the effectiveness of the training. i.e. credentials, increased productivity, increased sales, increased staffing capacity, etc.

**APPLICATION FOR Training Acceleration Grant (TAG) - continued**

Please provide a brief description of how the training will benefit the employees including career paths for those who successfully complete the training. i.e. wage increases, employee promotion/increased responsibility, etc.

**Project Metrics**

Total Number of people to be trained



Total Number of credentials to be issued

**Currently Used Services**

Do you currently use IDWD or Work One services?  YES  NO If yes, please check all that apply.

WorkOne Job Orders

WorkOne Employer Seminars

WorkOne Job Fairs

Surveys (OES, CES)

DWD Training Grants

Other

WorkKeys Profiles/Assessments

\_\_\_\_\_

\_\_\_\_\_

**Credentials**

<u>Type</u>	<u>How Many</u>	<u>Title of Training</u>
<input type="checkbox"/> Apprenticeships	_____	_____
<input type="checkbox"/> Journey Level Upgrade	_____	_____
<input type="checkbox"/> Associate Degrees	_____	_____
<input type="checkbox"/> Other Degrees	_____	_____
<input type="checkbox"/> Certificate of Technical Achievement (CTA)	_____	_____
<input type="checkbox"/> Other/Customized certificates	_____	_____
<input type="checkbox"/> Other Credentials	_____	_____
_____	_____	_____
_____	_____	_____

**Consortium Agreement**

Is your organization applying on behalf of a consortium of three (3) or more companies?  YES  NO

If yes, please attach Consortium List and Consortium Summary

APPLICATION for Training Accelerated Grant (TAG) - continued

CONSORTIUM LIST

INSTRUCTIONS: Please give complete information for each company planning to participate in this training consortium.

Applicant Name: \_\_\_\_\_

B1 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B2 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B3 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B4 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B5 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B6 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B7 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B8 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B9 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B10 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B11 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B12 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B13 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

APPLICATION for Training Accelerated Grant (TAG) - continued

CONSORTIUM LIST

INSTRUCTIONS: Please give complete information for each company planning to participate in this training consortium.

Applicant Name: \_\_\_\_\_

B14 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B15 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B16 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B17 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B18 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B19 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B20 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B21 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B22 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B23 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B24 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B25 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B26 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

APPLICATION for Training Accelerated Grant (TAG) - continued

CONSORTIUM LIST

INSTRUCTIONS: Please give complete information for each company planning to participate in this training consortium.

Applicant Name: \_\_\_\_\_

B27 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B28 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B29 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B30 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B31 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B32 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B33 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B34 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B35 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

B36 Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FEIN: \_\_\_\_\_ NAICS: \_\_\_\_\_

CONSORTIUM SUMMARY

Applicant Name: \_\_\_\_\_

		TOTAL				\$ -	\$ -
Company Name		Number of Employees	Employment Level 12 months ago	Number of Trainees	Number of Credentials	Match	Training Funds Requested
B1							
B2							
B3							
B4							
B5							
B6							
B7							
B8							
B9							
B10							
B11							
B12							
B13							
B14							
B15							
B16							
B17							
B18							
B19							
B20							
B21							
B22							
B23							
B24							
B25							
B26							
B27							
B28							
B29							
B30							
B31							
B32							
B33							
B34							
B35							
B36							

**APPLICATION FOR Training Acceleration Grant (TAG) - continued**

**BUDGET SUMMARY**

**Applicant Name:** \_\_\_\_\_

**Total Number to be trained:** \_\_\_\_\_ *Participants may earn multiple credentials. Count each person once. This is the "Total Number to be Trained" as stated in the "Project Metrics".*

**Average cost per student:** \_\_\_\_\_ *The "Average Cost per Student" equals the total grant amount divided by the "Total Number to be Trained". Count each person once.*

*ALL AMOUNTS ROUNDED TO THE NEAREST DOLLAR*

*INSTRUCTIONS: The table below along with the average cost per student will calculate automatically as each Budget Narrative is completed.*

*(For Consortiums only: Please enter the requested Administrative fees and match, if applicable)*

		<b>Match</b>	<b>Total</b>
<b>Book Costs</b>	\$ -	\$ -	\$ -
<b>Lab Fees</b>	\$ -	\$ -	\$ -
<b>Tuition</b>	\$ -	\$ -	\$ -
<b>Consultant/Contract Services</b>	\$ -	\$ -	\$ -
<b>Salaries</b>	\$ -	\$ -	\$ -
<b>Fringe Benefits</b>	\$ -	\$ -	\$ -
<b>Travel</b>	\$ -	\$ -	\$ -
<b>Equipment</b>	\$ -	\$ -	\$ -
<b>Training Supplies</b>	\$ -	\$ -	\$ -
<b>Other</b>	\$ -	\$ -	\$ -
<b>Administrative fees (for Consortiums only)</b>			\$ -
<b>Total</b>	\$ -	\$ -	\$ -

**APPLICATION FOR Training Acceleration Grant (TAG) - continued**

*INSTRUCTIONS: When applying for a consortium, please include Consortium Participant name with applicant company name. Complete separate narratives for each credential and/or training provider.*

**BUDGET NARRATIVE**

**Applicant Name:** \_\_\_\_\_

*If Applicable - Consortium*

**Participant Name:** \_\_\_\_\_

**Credential Name:** \_\_\_\_\_

**Training Provider Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

*Attach curriculum and quote on training provider's letterhead. Be sure to include the number of students, units of training and associated cost(s). Record the information from the quote in the spaces provided below.*

*ENTER TOTAL AMOUNTS FOR THIS CREDENTIAL ~ ROUND ALL AMOUNTS TO THE NEAREST DOLLAR*

<b>Number of Students:</b> _____ (1)	<b>Book Costs:</b> _____ (4)
<b>Number of Credit/Unit per student:</b> _____ (2)	<b>Lab Fees:</b> _____ (5)
<b>Cost per Unit/Credit:</b> _____ (3)	<b>Contracted Services:</b> _____ (6)

*In the "Proposed Training Budget" provided below, record the cost(s) associated with this training. These costs will include funds being requested for the grant and the match amount which will be contributed by the company. All Proposed Training Budget in the narratives will be compiled to create the Budget Summary.*

**Proposed Training Budget**

*ENTER AMOUNTS FOR THIS CREDENTIAL ~ ROUND ALL AMOUNTS TO THE NEAREST DOLLAR ~ "TOTAL" WILL BE CALCULATED*

	Requested	Match	Total
<b>Book Costs</b> (4)	\$ -	\$ -	\$ -
<b>Lab Fees</b> (5)	\$ -	\$ -	\$ -
<b>Tuition</b> (1) x (2) x (3)	\$ -	\$ -	\$ -
<b>Consultant/Contract Services</b> (6)	\$ -	\$ -	\$ -
<b>Salaries</b>	\$ -	\$ -	\$ -
<b>Fringe Benefits</b>	\$ -	\$ -	\$ -
<b>Travel</b>	\$ -	\$ -	\$ -
<b>Equipment</b>	\$ -	\$ -	\$ -
<b>Training Supplies</b>	\$ -	\$ -	\$ -
<b>Other</b>	\$ -	\$ -	\$ -
<b>Total \$</b>	\$ -	\$ -	\$ -

**APPLICATION FOR Training Acceleration Grant (TAG) - continued**

*INSTRUCTIONS: When applying for a consortium, please include Consortium Participant name with applicant company name. Complete separate narratives for each credential and/or training provider.*

**BUDGET NARRATIVE**

**Applicant Name:** \_\_\_\_\_

*If Applicable* - Consortium Participant Name: \_\_\_\_\_

**Credential Name:** \_\_\_\_\_

**Training Provider Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

*Attach curriculum and quote on training provider's letterhead. Be sure to include the number of students, units of training and associated cost(s). Record the information from the quote in the spaces provided below.*

*ENTER TOTAL AMOUNTS FOR THIS CREDENTIAL - ROUND ALL AMOUNTS TO THE NEAREST DOLLAR*

<b>Number of Students:</b> _____ (1)	<b>Book Costs:</b> _____ (4)
<b>Number of Credit/Unit per student:</b> _____ (2)	<b>Lab Fees:</b> _____ (5)
<b>Cost per Unit/Credit:</b> _____ (3)	<b>Consultant/Contracted Services:</b> _____ (6)

*In the "Proposed Training Budget" provided below, record the cost(s) associated with this training. These costs will include funds being requested for the grant and the match amount which will be contributed by the company. All Proposed Training Budget in the narratives will be compiled to create the Budget Summary.*

**Proposed Training Budget**

*ENTER AMOUNTS FOR THIS CREDENTIAL - ROUND ALL AMOUNTS TO THE NEAREST DOLLAR - "TOTAL" WILL BE CALCULATED*

	Requested	Match	Total
<b>Book Costs</b> (4)	\$ -	\$ -	\$ -
<b>Lab Fees</b> (5)	\$ -	\$ -	\$ -
<b>Tuition</b> (1) x (2) x (3)	\$ -	\$ -	\$ -
<b>Consultant/Contract Services</b> (6)	\$ -	\$ -	\$ -
<b>Salaries</b>	\$ -	\$ -	\$ -
<b>Fringe Benefits</b>	\$ -	\$ -	\$ -
<b>Travel</b>	\$ -	\$ -	\$ -
<b>Equipment</b>	\$ -	\$ -	\$ -
<b>Training Supplies</b>	\$ -	\$ -	\$ -
<b>Other</b>	\$ -	\$ -	\$ -
<b>Total \$</b>	\$ -	\$ -	\$ -

**APPLICATION FOR Training Acceleration Grant (TAG) - continued**

*INSTRUCTIONS: When applying for a consortium, please include Consortium Participant name with applicant company name. Complete separate narratives for each credential and/or training provider.*

**BUDGET NARRATIVE**

**Applicant Name:** \_\_\_\_\_

*If Applicable* - Consortium Participant Name: \_\_\_\_\_

**Credential Name:** \_\_\_\_\_

**Training Provider Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

*Attach curriculum and quote on training provider's letterhead. Be sure to include the number of students, units of training and associated cost(s). Record the information from the quote in the spaces provided below.*

*ENTER TOTAL AMOUNTS FOR THIS CREDENTIAL - ROUND ALL AMOUNTS TO THE NEAREST DOLLAR*

<b>Number of Students:</b> _____ (1)	<b>Book Costs:</b> _____ (4)
<b>Number of Credit/Unit per student:</b> _____ (2)	<b>Lab Fees:</b> _____ (5)
<b>Cost per Unit/Credit:</b> _____ (3)	<b>Contracted Services:</b> _____ (6)

*In the "Proposed Training Budget" provided below, record the cost(s) associated with this training. These costs will include funds being requested for the grant and the match amount which will be contributed by the company. All Proposed Training Budget in the narratives will be compiled to create the Budget Summary.*

**Proposed Training Budget**

*ENTER AMOUNTS FOR THIS CREDENTIAL - ROUND ALL AMOUNTS TO THE NEAREST DOLLAR - "TOTAL" WILL BE CALCULATED*

	Requested	Match	Total
<b>Book Costs</b> (4)	\$ -	\$ -	\$ -
<b>Lab Fees</b> (5)	\$ -	\$ -	\$ -
<b>Tuition</b> (1) x (2) x (3)	\$ -	\$ -	\$ -
<b>Consultant/Contract Services</b> (6)	\$ -	\$ -	\$ -
<b>Salaries</b>	\$ -	\$ -	\$ -
<b>Fringe Benefits</b>	\$ -	\$ -	\$ -
<b>Travel</b>	\$ -	\$ -	\$ -
<b>Equipment</b>	\$ -	\$ -	\$ -
<b>Training Supplies</b>	\$ -	\$ -	\$ -
<b>Other</b>	\$ -	\$ -	\$ -
<b>Total \$</b>	\$ -	\$ -	\$ -

**APPLICATION FOR Training Acceleration Grant (TAG) - continued**

*INSTRUCTIONS: When applying for a consortium, please include Consortium Participant name with applicant company name. Complete separate narratives for each credential and/or training provider.*

**BUDGET NARRATIVE**

**Applicant Name:** \_\_\_\_\_

*If Applicable* - Consortium Participant Name: \_\_\_\_\_

**Credential Name:** \_\_\_\_\_

**Training Provider Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

*Attach curriculum and quote on training provider's letterhead. Be sure to include the number of students, units of training and associated cost(s). Record the information from the quote in the spaces provided below.*

*ENTER TOTAL AMOUNTS FOR THIS CREDENTIAL - ROUND ALL AMOUNTS TO THE NEAREST DOLLAR*

<b>Number of Students:</b> _____ (1)	<b>Book Costs:</b> _____ (4)
<b>Number of Credit/Unit per student:</b> _____ (2)	<b>Lab Fees:</b> _____ (5)
<b>Cost per Unit/Credit:</b> _____ (3)	<b>Consultant/Contracted Services:</b> _____ (6)

*In the "Proposed Training Budget" provided below, record the cost(s) associated with this training. These costs will include funds being requested for the grant and the match amount which will be contributed by the company. All Proposed Training Budget in the narratives will be compiled to create the Budget Summary.*

**Proposed Training Budget**

*ENTER AMOUNTS FOR THIS CREDENTIAL - ROUND ALL AMOUNTS TO THE NEAREST DOLLAR - "TOTAL" WILL BE CALCULATED*

	Requested	Match	Total
<b>Book Costs</b> (4)	\$ -	\$ -	\$ -
<b>Lab Fees</b> (5)	\$ -	\$ -	\$ -
<b>Tuition</b> (1) x (2) x (3)	\$ -	\$ -	\$ -
<b>Consultant/Contract Services</b> (6)	\$ -	\$ -	\$ -
<b>Salaries</b>	\$ -	\$ -	\$ -
<b>Fringe Benefits</b>	\$ -	\$ -	\$ -
<b>Travel</b>	\$ -	\$ -	\$ -
<b>Equipment</b>	\$ -	\$ -	\$ -
<b>Training Supplies</b>	\$ -	\$ -	\$ -
<b>Other</b>	\$ -	\$ -	\$ -
<b>Total \$</b>	\$ -	\$ -	\$ -

**APPLICATION FOR Training Acceleration Grant (TAG) - continued**

*INSTRUCTIONS: When applying for a consortium, please include Consortium Participant name with applicant company name. Complete separate narratives for each credential and/or training provider.*

**BUDGET NARRATIVE**

**Applicant Name:** \_\_\_\_\_

*If Applicable* - Consortium Participant Name: \_\_\_\_\_

**Credential Name:** \_\_\_\_\_

**Training Provider Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

*Attach curriculum and quote on training provider's letterhead. Be sure to include the number of students, units of training and associated cost(s). Record the information from the quote in the spaces provided below.*

*ENTER TOTAL AMOUNTS FOR THIS CREDENTIAL - ROUND ALL AMOUNTS TO THE NEAREST DOLLAR*

<b>Number of Students:</b> _____ (1)	<b>Book Costs:</b> _____ (4)
<b>Number of Credit/Unit per student:</b> _____ (2)	<b>Lab Fees:</b> _____ (5)
<b>Cost per Unit/Credit:</b> _____ (3)	<b>Consultant/Contracted Services:</b> _____ (6)

*In the "Proposed Training Budget" provided below, record the cost(s) associated with this training. These costs will include funds being requested for the grant and the match amount which will be contributed by the company. All Proposed Training Budget in the narratives will be compiled to create the Budget Summary.*

**Proposed Training Budget**

*ENTER AMOUNTS FOR THIS CREDENTIAL - ROUND ALL AMOUNTS TO THE NEAREST DOLLAR - "TOTAL" WILL BE CALCULATED*

	Requested	Match	Total
<b>Book Costs</b> (4)	\$ -	\$ -	\$ -
<b>Lab Fees</b> (5)	\$ -	\$ -	\$ -
<b>Tuition</b> (1) x (2) x (3)	\$ -	\$ -	\$ -
<b>Consultant/Contract Services</b> (6)	\$ -	\$ -	\$ -
<b>Salaries</b>	\$ -	\$ -	\$ -
<b>Fringe Benefits</b>	\$ -	\$ -	\$ -
<b>Travel</b>	\$ -	\$ -	\$ -
<b>Equipment</b>	\$ -	\$ -	\$ -
<b>Training Supplies</b>	\$ -	\$ -	\$ -
<b>Other</b>	\$ -	\$ -	\$ -
<b>Total \$</b>	\$ -	\$ -	\$ -

**APPLICATION FOR Training Acceleration Grant (TAG) - continued**

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<b>Lab Fees</b> (5)	\$ -	\$ -	\$ -
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3-Digit NAICS CODE  
North American Classification System

111 (Crop Production)	511 (Publishing Industries (except Internet))
112 (Animal Production)	512 (Motion Picture and Sound Recording Industries)
115 (Support Activities for Agriculture and Forestry)	515 (Broadcasting (except internet))
211 (Oil and Gas Extraction)	516 (Internet Publishing and Broadcasting)
212 (Mining (except Oil and Gas))	517 (Telecommunications)
213 (Support Activities for Mining)	518 (Internet Service Providers, Web Search Portals, and Data Processing)
221 (Utilities)	519 (Other Information Services)
236 (Construction of Buildings)	521 (Monetary Authorities - Central Bank)
237 (Heavy and Civil Engineering Construction)	522 (Credit Intermediation and Related Activities)
238 (Specialty Trade Contractors)	523 (Securities, Commodity Contracts, Other Financial Investments and Related Activities)
311 (Food Manufacturing)	524 (Insurance Carriers and Related Activities)
312 (Beverage and Tobacco Product Manufacturing)	525 (Funds, Trusts, and Other Financial Vehicles)
313 (Textile Mills)	531 (Real Estate)
314 (Textile Product Mills)	532 (Rental and Leasing Services)
315 (Apparel Manufacturing)	533 (Lessors of Nonfinancial Intangible Assets (except Copyrighted Works))
316 (Leather and Allied Product Manufacturing)	541 (Professional, Scientific, and Technical Services)
321 (Wood Product Manufacturing)	551 (Management of Companies and Enterprises)
322 (Paper Manufacturing)	561 (Administrative and Support Services)
323 (Printing and Related Support Activities)	562 (Waste Management and Remediation Services)
324 (Petroleum and Coal Products Manufacturing)	611 (Educational Services)
325 (Chemical Manufacturing)	621 (Ambulatory Health Care Services)
326 (Plastics and Rubber Products Manufacturing)	622 (Hospitals)
327 (Nonmetallic Mineral Product Manufacturing)	623 (Nursing and Residential Care Facilities)
331 (Primary Metal Manufacturing)	624 (Social Assistance)
332 (Fabricated Metal Product Manufacturing)	711 (Performing Arts, Spectator Sports and Related Industries)
333 (Machinery Manufacturing)	712 (Museums, Historical Sites, and Similar Institutions)
334 (Computer and Electronic Product Manufacturing)	713 (Amusement, Gambling, and Recreation Industries)
335 (Electrical Equipment, Appliance, and Component Manufacturing)	721 (Accommodation)
336 (Transportation Equipment Manufacturing)	722 (Food Services and Drinking Places)
337 (Furniture and Related Product Manufacturing)	811 (Repair and Maintenance)
338 (Miscellaneous Manufacturing)	812 (Personal and Laundry Services)
423 (Merchant Wholesalers, Durable Goods)	813 (Religious, Grantmaking, Civic, Professional and Similar Organizations)
424 (Merchant Wholesalers, Nondurable Goods)	814 (Private Households)
425 (Wholesale Electronic Markets and Agents and Brokers)	921 (Executive, Legislative, and Other General Government Support)
441 (Motor Vehicle and Parts Dealers)	922 (Justice, Public Order, and Safety Activities)
442 (Furniture and Home Furnishings Stores)	923 (Administration of Human Resource Programs)
443 (Electronics and Appliance Stores)	924 (Administration of Environmental Quality Programs)
444 (Building Material and Garden Equipment and Supplies Dealers)	925 (Administration of Housing Programs, Urban Planning and Community Development)
445 (Food and Beverage Stores)	926 (Administration of Economic Programs)
446 (Health and Personal Care Stores)	927 (Space Research and Technology)
447 (Gasoline Stations)	928 (National Security and International Affairs)
448 (Clothing and Clothing Accessories Stores)	
451 (Sporting Goods, Hobby, Book and Music Stores)	
452 (General Merchandise Stores)	
453 (Miscellaneous Store Retailers)	
454 (Nonstore Retailers)	
481 (Air Transportation)	
422 (Rail Transportation)	
483 (Water Transportation)	
424 (Truck Transportation)	
485 (Transit and Ground Passenger Transportation)	
486 (Pipeline Transportation)	
487 (Scenic and Sightseeing Transportation)	
488 (Support Activities for Transportation)	
491 (Postal Service)	
492 (Couriers and Messengers)	
493 (Warehousing and Storage)	

## RETURNS ON INVESTMENT

Accelerate development of the next generation of workers

- Knowledge transfer
- Retirements looming
- Skills (Increase)

Better inventory management/maintenance (largest controllable expenditure)

Better personnel performance

- Absenteeism
- Grievances
- Retention (Improve)
- Staff Identification with company objectives
- Better team of individual behavior
- Career path to a better job (Credentials)
- Employee satisfaction/Morale

Better planning and developing

- Improved cycle time on projects/products

Bring in new business

- Job growth (More jobs)
- Product line (New)

Close an additional skill gap

- Skill gap training

Costs (Reduction/Savings)

- Labor costs
- Maintenance costs
- Operation costs
- Overtime costs
- Transaction costs

Customer satisfaction

Improved quality or output

- Improved or maintain competitiveness
- Less defects
- Reduced accidents
- Reduced legal costs
- Reduced rework
- Reduced scrap
- Value added output

Longer asset life (equipment lasts longer with better maintenance)

- Determine the life of the equipment and place a value on the operator

Productivity

- Faster work rate
- Less downtime
- Reduction in cycle time
- Reduction in duplication of effort
- Reduction in equipment breakdowns
- Time saved for not having to wait for help

Profits

- Bottom line
- Higher gross profit margin

Revenue (Increase)

Sales (Increase)

Solution to regional employment challenge

- Increase education attainment (Less than state or national average)
- Strategic Skills Initiative

Time savings

- Better time management
- Less time required to perform operations
- Less supervision
- Shorter lead time to reach proficiency

Wage increases

Other