TERMINATION REQUEST FOR TRAINING ACCELERATION GRANT (TAG)
State Form 52733 (R / 9-06)
INDIANA WORKFORCE DEVELOPMENT

Instructions: Grantees should complete this form to terminate their training grant for non-completion of the project prior to the contractual end date. Unused training funds will be de-obligated and the agency will not be liable for services performed after the effective date of the termination.

Grantee Information

Contract Number: _____

Applicant Name: _____

Street Address: _____

City, State, Zip: _____

Unused Grant Balance: _____ **Effective date of termination:** _____

Reason for Termination

Send to:

Attn: Market Development
Indiana Department of Workforce Development
10 North Senate Avenue SE205
Indianapolis, Indiana 46204

For any inquiries:

www.in.gov/dwd
Telephone: 1-800-465-4616
Fax: 317-232-1821

Applicant Authorization

_____ _____
Signature Date

_____
Printed Name and Title