**ATTACHMENT A**

**TRAINING COMPONENT# \_\_\_\_\_\_\_\_\_**

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| **Course Title**:  |
| Course Description and Objectives:  |
| Training Schedule (# hours of training): Estimated Training Dates:  |
| Number of Trainees for Component:  |
| Training Location:  |
| Component Cost:  | Component Cost Charged to Grant:  |
| **Please provide information for the training provider.**  |
| Name of Training Provider:  |
| Name of Training Provider Contact:  | Phone:  |
| Address:  |
| City:  | State:  | Zip:  |
| E-Mail Address:  |
| **Provide the following information for each Instructor of this Component.**  |
| Name of Trainer/Instructor:  |
| Qualifications of Trainer/Instructor to Teach Component:  |
| Please provide the information requested in questions 1-3.  |
| 1. Identify the skills gaps of the employees to be trained. |
| 2. Explain how the training will address the identified skills gap, improve employee retention, impact company stability, and increase the competitiveness of the employee and employer by either:Upgrading their skills and knowledge to retain their current job; ***OR***Gaining new skills and knowledge so they qualify for a different job with their employer.  |
| 3. How will this training component impact the employees’ opportunity for advancement in the company and/or wage increases? |

**NOTE**: This template is to be replicated for each Training Component. Duplicate information in additional components that appears in a prior component may be noted as “Same as Component #\_\_\_\_” in the appropriate subsection.