**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.