

TRAINING TRUST FUND APPLICATION

PROJECT NUMBER
(ASSIGNED BY DWS)

TRAINING COST OUTLINE

Complete this page for each course of training that will be provided.

Does state or federal law or regulation mandate this training? Yes No

COURSE TITLE:	COURSE CODE:
STARTING DATE:	ENDING DATE:

- a. Total cost of the training. (For external training, list the amount the employer is billed. For internal costs, calculate the cost by using the internal trainer's hourly rate, including fringe, and multiply this times the number of instructional hours, and then add the cost of consumable materials and/or the cost to purchase or develop and produce the training materials for the course.) _____
- b. Estimated number of trainees for this course. _____
- c. Number of hours for this course..... _____

Course Trainers:

Name:	<input type="checkbox"/> Internal Trainer	<input type="checkbox"/> External Trainer
Name:	<input type="checkbox"/> Internal Trainer	<input type="checkbox"/> External Trainer
Name:	<input type="checkbox"/> Internal Trainer	<input type="checkbox"/> External Trainer
Name:	<input type="checkbox"/> Internal Trainer	<input type="checkbox"/> External Trainer
Name:	<input type="checkbox"/> Internal Trainer	<input type="checkbox"/> External Trainer
Name:	<input type="checkbox"/> Internal Trainer	<input type="checkbox"/> External Trainer
Name:	<input type="checkbox"/> Internal Trainer	<input type="checkbox"/> External Trainer
Name:	<input type="checkbox"/> Internal Trainer	<input type="checkbox"/> External Trainer

The reviewing agencies will approve the qualifications of external trainers. Qualifications should be submitted as an attachment to the application.