

Supplemental Local Economic Development Training Fund Application

Information & Inquiries
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Employer Information
Company / Association Name:
Address:
Contact Person:
Title:
Phone:
Fax:
E-mail:
Brief description of business/ association:

Customized Training Information
Description of Proposed Training Program: (Please attach training outline & time frames.)
Purpose of Training and Desired Results:
Proposed Training Vendor / Instructor:
Number of Participants:
Start and End Date of Training Program:
Number of Training Hours:
Explanation of Company Tuition Reimbursement Policy: (Please attach policy.)

Customized Training Fees & Request
Total Training Costs:
Total Amount of Requested Funds:
Company Match: Cash- In-Kind-

My signature certifies that the above information is accurate.

Name/ Title Date