



Sector Partnership National Dislocated Worker Grant
Training Program Description

Name of training provider:

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Name of training program:

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Location of training program:

Street address:			
City:		State:	
Zip:			

Start Date:		End Date:	
Total Weeks:		Total Hours:	
Amount Requested:		Amount leveraged/Matched:	
Source of leverage/Match:			

Total Students:		Requested cost per student:	
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1. What textbooks, manuals or supplies will be needed?
2. What tools or equipment will be needed?
3. Will students be paid wages, stipends or travel reimbursement while in training? If yes, please detail source and amounts.