

<h1>W O R K F O R C E</h1> <h2>INVESTMENT ACT</h2> <h3>TRAINING PROGRAM</h3> <h3>APPLICATION</h3>		01. Provider Code (FEIN) FORMTEXT		For Internal Office Use Only	
		02. CIP Code FORMTEXT		Program Code FORMTEXT	
		COCCC ID FORMTEXT (Subgrantee Code FORMTEXT	
		Agency Code FORMTEXT		Date Received By LWIB FORMTEXT	
		Local Program Code FORMTEXT			
		Provider Name FORMTEXT			
Program Name FORMTEXT			Program Description FORMTEXT		
Training Site Address FORMTEXT		City, State FORMTEXT	ZIP FORMTEXT		County FORMTEXT
Listed On Other State's ETPL FORMCHECKBOX 1-Yes FORMCHECKBOX 2-No	ADA Compliant FORMCHECKBOX 1-Yes FORMCHECKBOX 2-No	Total Hours Of Instruction FORMTEXT	Credits FORMTEXT	Non-Credit FORMCHECKBOX 1-Yes FORMCHECKBOX 2-No	Credit Time FORMCHECKBOX 1-Semester FORMCHECKBOX 2-Quarter
Total Program Cost 19. Tuition \$ <u>FORMTEXT</u> 20. Fees \$ <u>FORMTEXT</u> 21. Expenses \$ <u>FORMTEXT</u> Total \$ <u>FORMTEXT</u>	22. Mode of Delivery FORMCHECKBOX 1-Classroom FORMCHECKBOX 2-Internet FORMCHECKBOX 3-Correspondence FORMCHECKBOX 4-Broadcast FORMCHECKBOX 5-Computer Based Instruction	When Program Is Offered 23. Days FORMCHECKBOX 1-Yes FORMCHECKBOX 2-No 24. Evenings FORMCHECKBOX 1-Yes FORMCHECKBOX 2-No 25. Weekends FORMCHECKBOX 1-Yes FORMCHECKBOX 2-No	Frequency of Offering FORMCHECKBOX 1-Weekly FORMCHECKBOX 2-Monthly FORMCHECKBOX 3-Quarter FORMCHECKBOX 4-Semester FORMCHECKBOX 5-Other	BPPVE Approval Status FORMCHECKBOX 1-Approved FORMCHECKBOX 2-Temporary Approval FORMCHECKBOX 3-Registered FORMCHECKBOX 4-Exempt FORMCHECKBOX 9-Not Applicable BPPVE Approval Expiration Date FORMTEXT	
Other BPPVE Approved Programs FORMCHECKBOX 1-Yes FORMCHECKBOX 2-No 2		Registered Apprenticeship FORMCHECKBOX 1-Yes FORMCHECKBOX 2-No	Registered Date FORMTEXT		Other List Criteria: CDE Approved FORMCHECKBOX 1-Yes FORMCHECKBOX 2-No COCCC Approved FORMCHECKBOX 1-Yes FORMCHECKBOX 2-No
Continuing Education Units (CEU) FORMTEXT			CEU Granting Institution FORMTEXT		

<p>Resources Required</p> <p>FORMCHECKBOX 1-Yes</p> <p>FORMCHECKBOX 2-No</p>	<p>Program Goal</p> <p>FORMCHECKBOX 1-Skill Attainment</p> <p>FORMCHECKBOX 5-Associate Degree</p> <p>FORMCHECKBOX 2-Certificate</p> <p>FORMCHECKBOX 6-Baccalaureate Degree</p> <p>FORMCHECKBOX 3-Registration</p> <p>FORMCHECKBOX 7-Other</p> <p>FORMCHECKBOX 4-License</p>	<p>Credentialing Body</p> <p>FORMTEXT</p> <hr/> <p>Projected Hourly Wage After Program Completion</p> <p>FORMTEXT</p>
<p>Prerequisites</p> <p>FORMTEXT</p>		
<p>Skills Sets</p> <p>FORMTEXT</p>		

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