# Program Cost & Performance Data Worksheet – Attachment A

*Instructions:* *Complete one form for each training program you are applying for consideration. This form must be fully completed in order for it to be considered valid for processing.*

| PROGRAM DETAILS |
|---|

| Training Institution Name: |
|---|

| Program Name: | Course Number (if applicable): |
|---|---|

| Address of Training Program: | City: | State: | Zip: |
|---|---|---|---|

| Submitted By: | Job Title: |
|---|---|
| SOC Code: | CIP Code: |
| Clock Hours: | Credit Hours: |

Training Program Description: (Please provide a brief overview)

| Industry Recognized Degree or Certificate Awarded to Successful Completers? (Check all that apply) | □Certificate □Diploma □Degree |
|---|---|
| Can credential be stacked with other credentials for a career ladder? | □Yes □No |
| Is the training program pell eligible? | □ Yes □ No |
| Is the training program tied to Regional Targeted Occupational list? | □ Yes □ No |

 If yes, please specify the occupation as identified on our RTOL:_____

| TRAINING PROGRM COSTS |
|---|

List all costs necessary for enrollment and completion of the program: i.e. tuition, uniforms, books, testing fees, licensure, etc. that are available through the institution)

| | |
|---:|---|
| Tuition | $ |
| Books/Supplies | $ |
| Testing Fees | $ |
| Total Program Cost | $ |

*List all items (uniforms, physicals, supplies, tools) not available through the institution but required to complete the training program and/or to become employed in the industry.*

| Does the training program require any pre-requisites? | □ Yes  □ No |
|---|---|
| If yes, specify._____ | |

| Does the training program require any certifications or state licensures? | □ Yes  □ No |
|---|---|
| If yes, please specify and include costs: _____ | |

| Is the training available to the general public at this price? | □ Yes  □ No |
|---|---|
| Is there a fee schedule for this training published in a catalog or on the company website? | □ Yes  □ No |
| If yes, specify where this information can be located: _____ | |

| Is the cost of this training the same for CareerSource Tampa Bay/CareerSource Pinellas as for the general public or for any other local workforce development board in Florida? | □ Yes  □ No |
|---|---|
| Identify the total # of students trained in this training program during the following periods: | Last year:_____<br>Current year: _____ |

| **PROGRM OUTCOME INFORMATION** | |
|---|---|
| Anticipated time for completion: | Anticipated Hourly Wage at placement: $_____ |
| Anticipated employment prospects: | |
| Entered Employment Rate: | Retention Rate: |
| Please feel free to share any additional pertinent information:<br>_____<br>_____<br>_____<br>_____ | |

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Enrollment Data Questionnaire

| Program Title | Total Individuals | | Total CSTB/CSP Participants | | Total # Employed after Completing Program | | Total # Awarded a Recognized Post-Secondary Credential | |
|---|---|---|---|---|---|---|---|---|
| | Enrolled | Completed | Enrolled | Completed | Individual | CSTB/CSP | Individual | CSTB/CSP |
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| How will the provider ensure access to training services programs throughout the State, including in rural areas, and through the use of technology as applicable? | |
| How do these training service programs serve individuals who are unemployed and individuals with barriers to employment? | |

Summary of all Training Programs:

| Program – Course # - Type of Degree or Certificate | Books & Supplies | Tuition | Fees | Total Cost | Duration Of Training | Completion Rate | Average Wage At Placement |
|---|---|---|---|---|---|---|---|
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