



R3 Short-Term Training: Program Cost & Performance Data Worksheet – Attachment A

Instructions: Complete one form for each short-term training program (120 days or less) you are applying for consideration. This form must be fully completed 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:	# of Training Days:	
Training Program Description: (Please provide a brief overview)			
Industry Recognized Degree or Certificate Awarded to Successful Completers? (Check all that apply)	<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree		
TRAINING PROGRAM 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	\$		
<i>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.</i>			

Does the training program require any pre-requisites?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify:		
Does the training program require any certifications or state licensures?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify and include costs:		
Is the training available to the general public at this price?		<input type="checkbox"/> Yes <input type="checkbox"/> No



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If no, please explain:		
Is there a fee schedule for this training published in a catalog or on the company website?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify where this information can be located:		
Is the cost of this training the same for CareerSource Tampa Bay as for the general public or for any other local workforce development board in Florida?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please provide explanation:		
Identify the total # of students trained in this training program during the following periods:		Last year <u>(2018)</u> : _____ Current Year <u>(2019)</u> : _____
PROGRAM OUTCOME INFORMATION		
<i>**Please provide program performance for the period of July 2019-June 2020</i>		
Anticipated time for completion:	Anticipated Hourly Wage at placement: \$_____	
Anticipated employment prospects:		
Entered Employment Rate:	Retention Rate:	Completion Rate:
Please feel free to share any additional pertinent information:		