Summary of Needs Request for Customized Training WIOA Grand Funding

Complete and email to: CSSWFNY raeann.widmermason@csswfny.com

americanjobcenter Summary of Needs Explanation:				
Company:	Address:			
Type of Business:				
Company History:				
Name of Training				
Training Dates:				
Total Number of Hours/Sessions:	Total Number of Trainees:	Total Number of Trainees:		

Overall Impact of Training: (Why is the training needed and what impact will it have on the company

and its employees)

Trainee Name	Job Title	Start Date	Wage/Hr.	Last 4 SS. #	O*Net (CSS will fill)

Training Impact:

Introduction of new technology:

Introduction to a new production or service procedure:

Upgrading to new jobs that require additional skills

Workplace Literacy

Other appropriate purposes identified by the Local Workforce Development Board

Cost of Training: Cost per person:

Materials per person:

Total Training Costs:

Who is approved to sign contracts for WIOA CT Funding: Name/Title

Attach for reference the training quote/invoice and propose agenda