



**Summary of Needs Request for Customized Training
WIOA Grant Funding**

Complete and email to: CSSWFNY
ray.naylor@csswfnny.com

Business Name:

Address:

Who is approved to sign contracts for WIOA funding:

(Name / Title)

Type of Business:

Business History:

Name of Training:

Training Provider:

Training Dates:

Total Number of Hours/Sessions:

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)

Training Impact:

- Introduction of new technology:
- Introduction to a new production or service procedure:
- Upgrading to new jobs that require additional skills
- Workplace Literacy

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

Cost of Training: Cost per person:
Total Training Costs:

Attach for reference the training quote/invoice and proposed agenda if possible