

**A SEPARATE STATEMENT OF WORK MUST BE COMPLETED FOR EACH PROPOSED  
TRAINING COURSE**

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**2009-2010  
APPENDIX A: PROGRAM DESCRIPTION  
STATEMENT OF WORK**

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NAME OF TRAINING VENDOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(*Street Address Where Training is Provided*) (City) (State) (Zip)

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE : (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

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**1. PROGRAM INFORMATION:**

PROGRAM NAME: \_\_\_\_\_

TOTAL CLOCK HOURS: \_\_\_\_\_

PROGRAM LENGTH (weeks): \_\_\_\_\_

DAYS EACH WEEK:  M  T  W  TH  F  S  S

HOURS PER WEEK: \_\_\_\_\_

WHAT IS THE MINIMUM AND MAXIMUM RATIO OF INSTRUCTIONAL STAFF TO STUDENTS?

MINIMUM RATIO: \_\_\_\_/\_\_\_\_ MAXIMUM RATIO: \_\_\_\_/\_\_\_\_

COMPETENCY BASED CURRICULUM (Check One)  YES  NO

**2. OCCUPATIONAL PLACEMENT INFORMATION**

Please provide the specific name of the occupation(s) for which trainees will be qualified, with corresponding C.I.P. (classification of instructional programs) Code and minimum entry- level wage for the occupation(s).

OCCUPATION (s)	C.I.P. CODE	ENTRY WAGE

Above occupations are on the Region 18 Targeted Occupations List:  Yes  No

**3. CRITERIA FOR ADMISSION (INCLUDING ENTRY SKILLS)**

A. HIGH SCHOOL DIPLOMA OR GED REQUIRED (check one)  Yes  No

B. BASIC SKILLS - Indicate a desired total: Total Reading \_\_\_\_\_  
 Total Math \_\_\_\_\_  
 Total Language \_\_\_\_\_

C. WORK INTEREST - For each area rate as follows:

3=Extremely Important    2=Important    1=Helpful    0=Not Important

\_\_\_\_\_ Clerical                  \_\_\_\_\_ Physical                  \_\_\_\_\_ Mechanical/Repairing  
 \_\_\_\_\_ Sales                          \_\_\_\_\_ Creative                  \_\_\_\_\_ Driving/Operating  
 \_\_\_\_\_ Service                          \_\_\_\_\_ Caring/Helpful

D. PHYSICAL ABILITIES: Specify any information that may be useful in assessing the student's appropriateness for this occupation.

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**4. LIST OF CLASSES REQUIRED**

Name	Catalog #	Name	Catalog #

**5. EXIT POINT AND OCCUPATIONAL SPECIFIC SKILLS**

Training programs may require a student to complete 100% of the training activity to be considered a successful completer, or the program may specify exit points prior to completion where the student may possess skills that will qualify him/her to receive a certificate and obtain training related employment.

Specify all exit points and the skill levels appropriate for those exits (use additional paper as necessary). Attachments may be used for clarity.

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**6. ESTIMATED COSTS OF TOTAL PROGRAM**

TUITION	\$ _____ per hour x _____ (clock hours)	\$ _____
FEES		\$ _____
BOOKS		\$ _____
SUPPLIES		\$ _____
TOOLS REQUIRED IN THE CLASSROOM		\$ _____
UNIFORMS		\$ _____
CERTIFICATION/TESTING		\$ _____
OTHER (specify) _____		\$ _____
_____		\$ _____

TOTAL ESTIMATED COSTS: \$ \_\_\_\_\_

**7. IS THIS PROGRAM ELIGIBLE FOR PELL AWARDS** (check one)  Yes  No  
Pell Award Amount: \$ \_\_\_\_\_

Specify any other Financial Aid available for this program below:

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**8. PROGRAM COMPLETION AND PLACEMENT SERVICES**

The Suncoast Workforce Board will require performance reporting through F.E.T.P.I.P as stated in this application. Program completion rates, percentage placed in unsubsidized employment and wages at placement will be tracked.

Placement into unsubsidized training-related employment is the ultimate goal for each individual referred to training by the Suncoast Workforce Board. Please describe what placement services are available at your school: \_\_\_\_\_

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Current Completion Rate for this Program: \_\_\_\_\_%

Current Placement Rate (unsubsidized, training-related employment: \_\_\_\_\_%

Average wage at placement: \_\_\_\_\_%