



## 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)	<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree			
Can credential be stacked with other credentials for a career ladder?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the training program Pell eligible?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the training program tied to Regional Targeted Occupational list?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify the occupation as identified on our RTOL: _____				
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			
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.				



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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
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 Pinellas as for the general public or for any other local workforce development board in Florida?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identify the total # of students trained in this training program during the following periods:	Last year: _____ Current year: _____
<b>PROGRAM OUTCOME INFORMATION</b>	
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: _____ _____ _____ _____	



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### Enrollment Data Questionnaire

Program Title	Total Individuals		Total CSP Participants		Total # Employed after Completing Program		Total # Awarded a Recognized Post-Secondary Credential	
	Enrolled	Completed	Enrolled	Completed	Individual	CSP	Individual	CSP
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?								

