



Arkansas Department of Commerce

Office of Skills Development (OSD) Grants Application

Completed grant applications should be submitted to aceosdgrants@arkansas.gov



Project Title / Name:

Summary Information Related to Dates, Costs, and Names of Organization(s) having Employees or Students Trained, maximum of four per application. Note that organization names and dates will auto-fill other Tables in this application, particularly Table 3:

Organization	City	County	Company Headquarters	Industry Sector	Primary Product or Service	Total Employees	Project Cost (\$)	Project Start Date	Project End Date
								<-- Cumulative Total Cost (must be identical to 'Cumulative Total' in Table 3)	

How many trainees are enrolled in these courses at the time of submittal of this application?How many trainees are projected to be enrolled in these courses?

Provide narrative that highlights and **quantifies** the education / training need, demand, or opportunity; the proposed education / training solution; and benefits of the proposed education / training program to students / trainees and to employers. Quantification should minimally include quantifying at least one of the following, as applicable: job market demand in the region with a reference to the information source; the relative priority in the job market of the skill/training among other types of jobs, skills, and training in the region, with a reference to the information source; the number of new jobs being created; or the number of jobs being conserved (versus jobs being lost due to critical circumstances at a company). Other quantification of the need, demand, or opportunity is encouraged. To the extent the need for this training project involves critical circumstances, such as retention of jobs, such should also be described here.

The following is related to the organization acting as primary contact related to the proposed education/training grant

Organization name:	<div></div>	Email:	<div></div>
Primary contact:	<div></div>	Phone:	<div></div>
Street Address:	<div></div>		
P.O. Box:	<div></div>	<input type="checkbox"/>	Is the organization a women-owned business?
City, State, and Zip Code:	<div></div>	<input type="checkbox"/>	Is the organization a minority-owned business?

Fiscal agent, if different from primary contact, above (fiscal agent is the entity responsible for OSD Grant funds on behalf of the organizations involved in this project)

Organization name:	<div></div>	Email:	<div></div>
Primary contact:	<div></div>	Phone:	<div></div>
Street Address:	<div></div>		
P.O. Box:	<div></div>	<input type="checkbox"/>	Is the organization a women-owned business?
City, State, and Zip Code:	<div></div>	<input type="checkbox"/>	Is the organization a minority-owned business?

Additional description, notes, comments:

Table 2. Provide the following information related to the proposed education / training program(s). NOTE: Each OSD Grants application is limited to six courses or course topics.

#	Title of Education or Training Course	Name of Organization Having Employees or Students Trained	Total Education or Training Hours Projected	Avg. Cost Per Training Hour (\$) for This Course	Start Date	End Date	Credential (e.g. certification, credit hours) Granted Upon Completion	Training Required by Law (Y/N)?	Total AR Resident Trainees (or within 60 miles)	No. of Trainees That are New Hires	No. of Trainees That are Prospective Hires	No. of Trainees that are Incumbent Workers	No. of Trainees Qualified as Trainers Upon Completion	Total No. of Students or Trainees Projected	Avg. Cost Per Projected Trainee	
1																
2																
3																
4																
5																
6																
Cumulative total hours projected -->					<-- Aggregate projected cost per training hour								Total number of distinct individuals projected -->			
(takes into account individuals attending more than one course)														↑	Cumulative cost per distinct trainee	

Table 3. Provide the following information related to costs (information by Course and Organization must correspond directly to that in Table 1 and Table 2).

#	Title of Education/Training Course	Name of Organization Having Employees/Students Trained	Training Time Cost (based on reported Trainer/Educator hourly rate for instruction) (\$)	Facilities Cost (\$)	Equipment Cost (\$)	Total Travel Cost (\$ - flight, hotel, meal, car)	Instruction Materials Cost (\$)	Other Costs (\$)	Itemization of Other Costs (describe 'Other Costs')	Margin/Administrative/Indirect Costs (\$)	Subtotal of Costs for This Course (\$)	In-Kind Contributions: Itemization (describe 'In-Kind Contributions')	In-Kind Contribution Value (\$)	[OSD USE ONLY] NOTES	[OSD USE ONLY] FUNDING
1															
2															
3															
4															
5															
6															
COLUMN TOTALS -->												<-- CUM. TOTAL COST		<-- Total In-Kind Contribution Value	

Describe the individual costs identified in Table 3, providing justification and identifying the goods/services and how they correspond with project needs.