

NEW MEXICO PUBLIC EDUCATION DEPARTMENT
Apprenticeship Assistance Act

FUNDING REQUEST FORM

Name of Apprenticeship Training Program

Street: _____

City: _____ State: _____ Zip: _____

NAME OF TRAINING DIRECTOR OR COORDINATOR

TITLE

PHONE: _____ FAX: _____ EMAIL: _____

Funding Period

Is Your Program Certified By:

NM State Apprenticeship Council _____

US DOL Office of Apprenticeship _____

List your OA or SAC ID number _____

PROGRAM FINANCIAL FUNDING DATA

1. What is your accounting year (DATES)? _____
2. What are the sources and the total of your funding?
(industry contributions, etc) _____ \$ _____
In-kind Services _____
(Donations, etc): _____ \$ _____
State or Federal Assistance: _____
(Public Works, WIA and Apprenticeship Assistance Act etc) _____ \$ _____

3. Does your Program use any Local Education Agency? _____ Yes _____ No

Entity: _____

List services i.e. (class space, instructors salaries, materials): _____

What does your apprentice program pay for this service? \$ _____

4. Does your Program provide for correspondence classes? _____ Yes _____ No
5. Do your Apprentices on correspondence meet with an instructor at least 4 hours per month? _____ Yes _____ No
6. What is the length of your Apprenticeship Program? _____ Years

7. How many hours of related instruction are approved by OA or SAC for each year of training? _____

8. The number of apprentices that will be funded in your program must be equal to, or lesser than, the total number of apprentices in registered and in training at the time of application

THAT NUMBER IS: _____

9. How many apprentices graduated your program in the previous fiscal year?
(Attach list of all graduates with names, last four of SSN# and primary address, city, zip code). _____

10. Attach list of all new apprentices into your program for the current fiscal year. Include names, last four of SSN# and primary address, city, zip code.

11. Will you be utilizing supplemental journeyman training? _____ Yes _____ No

12. What factors make funding essential to the quality of your program? (Attach additional sheet if necessary)

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY THAT MY APPRENTICESHIP PROGRAM MEETS THE CRITERIA FOR APPRENTICESHIP PROGRAMS AS SET FORTH IN SECTION (5) FIVE OF THE APPRENTICESHIP ASSISTANCE ACT OF 1992.

TYPE NAME

SIGNATURE

DATE