



INSTRUCTIONS: Complete each shaded box with the appropriate response. The shaded box will automatically expand as you type. To get to the next shaded box just hit the tab key.

Company Name(s):	Project Start Date:
	Project End Date:
Company Representative Name:	Company Address:
Title:	Employer Tax ID Number:
Contact phone and fax:	Contact email address:
Grant Request (\$20,000-\$50,000):	Match Amount:

Company/Association/Consortium/Trainer Description

Tell us about your company/organization/consortium. Please complete the following:

- If the application is on behalf of an association or a consortium, list the members who will participate in the training.
- If the application is on behalf of an association or a consortium, identify the lead company who will sign the contract, be fiscally responsible for the project, and report on the outcomes of the project.
- If the application is on behalf of a training provider, list the companies who will participate in the training.

Training Description

Describe the training program to be delivered. Please complete the following:

- Please provide a summary of the training project.
- List each of the trainings, the vendor or trainer, number of employees who will receive training, how much the training will cost, and the number of employees who will receive certificates for completing training. If you need additional space, please attach additional pages (a maximum of five total pages for each proposal will be accepted).

Type of Training Provided	Vendor Name/In-house	Length of Training (hours)	Number Trained	Cost	Number Receiving Certificates

Impact on Defense Industry

Discuss the training's impact on the companies. Please complete the following:

- How will the training benefit the US Defense logistics supply chain?
- What geographic region will these funds impact?
- What is the possibility for sustainability of this project post-grant?
- Number of new jobs created as a result of training?
- Number of promotions as a result of training?