SKILLS DEVELOPMENT FUND: COVID-19 SPECIAL INITIATIVE PROJECT

TRAINING REQUEST

Grantee Name:

Training requested on behalf of Business Partner(s):
If you do not have a business partner, please provide additional justification requested at the bottom of the spreadsheet.

Name of Training Provider	Training Course Name	CIP Code	Number of Trainees	Course Training Hours	Cost per Trainee	Total Course Cost	Method of Delivery (In-Person, Online, Other)	Name of Business Partner Requesting Training	Justification for Course

Additional Justification Required if Grantee is Requesting Training without a Business Partner

Please provide justification below: