

**NEW MEXICO PUBLIC EDUCATION DEPARTMENT
Apprenticeship Assistance Act
FUNDING REQUEST FORM**

Legal Name of Apprenticeship Training Program

Primary Address: _____

City: _____ State: _____ Zip: _____

Remittance Address: _____

City: _____ State: _____ Zip: _____

NAME OF TRAINING DIRECTOR OR COORDINATOR

TITLE

PHONE: _____

FAX: _____

EMAIL: _____

July 1, 20____ June 30, 20____

Is Your Program Certified By:

Funding Period

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 (MM/YYYY)? _____

2. Identify your sources and the total of your funding?(industry contributions, etc.)

In-kind Services:

(Donations, facilities, etc) \$ _____

State or Federal Assistance:

(Public Works, WIA and Apprenticeship Assistance Act etc) \$ _____

Other (Describe): _____ \$ _____

Total Funding

\$

3. Does your Program pay any Local Education Agency or other institution (Job Corps, Charters) for training? _____ Yes _____ No

Entity: _____

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

What does your apprentice program pay for this service?

(Tuition, rent, training supplies, etc.) \$

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 registered and in training at the time of application

THAT NUMBER IS: _____

9. How many apprentices graduated your program in the previous program year (July1-June30)? _____
(Attach list of all graduates with names, last four of SSN# and, city, zip code).

10. Attach list of all new apprentices into your program for the current year. Include names, last four of SSN# and 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 FIVE OF THE APPRENTICESHIP ASSISTANCE ACT OF 1992.

TYPE NAME

SIGNATURE

DATE