

**NEW MEXICO APPRENTICESHIP AND TRAINING ADVISORY COMMITTEE SURVEY**

The State of New Mexico, Public Education Department, Apprenticeship and Training Advisory Committee annually surveys member programs to assess related instruction costs. Please complete this form and return it with the application by the stated date. If this form is not completed and attached to the application, funding will not be considered.

**PROGRAM NAME & SAC/OA Program #** \_\_\_\_\_

**\*DATA SHOULD BE BASED ON LAST COMPLETE ACCOUNTING YEAR\***

- |   |              |          |
|---|--------------|----------|
| 1. FACILITY COSTS   |              |          |
| Rent/Lease/Other cost of room(s) and/or facilities used for related instruction   | \$           | _____    |
| 2. UTILITY COSTS  |              |          |
| Electric, Gas, Water, Telephone, etc.   | \$           | _____    |
| 3. INSTRUCTOR COSTS   |              |          |
| Identify cost of both contract or salaries and benefits   | \$           | _____    |
| 4. EQUIPMENT/SUPPLIES   |              |          |
| Cost of equipment/ supplies used to conduct related instruction, including books, training aids, etc.   | \$           | _____    |
| 5. ADMINISTRATIVE SUPPORT   |              |          |
| Administrative and clerical costs for related instruction, including coordination, record-keeping, insurance, preparation of instructional materials and other costs. | \$           | _____    |
| 6. CONTRACT SERVICES  |              |          |
| Examples include tuition, safety training, etc.   | \$           | _____    |
|   | <b>TOTAL</b> | \$ _____ |

Please determine the hourly rate cost based on the following formula:

**EXAMPLE:** \$40,000 divided by 40 apprentices by 144 hours equals cost per contact hour of \$6.94

Total Cost: \$ \_\_\_\_\_ divided by the number of apprentices (same as line 8 on A-01 FUND REQUEST) \_\_\_\_\_  
 divided by hours of related classroom instruction \_\_\_\_\_ equals the hourly rate: \$ \_\_\_\_\_  
 (same as line 6 on A-01 FUND REQ)

Person completing this form: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_