



# TEXAS WORKFORCE COMMISSION

## UPSKILL TEXAS

### ATTACHMENT B ADDITIONAL TRAINING PROGRAM

Please provide the training information below. If more than one training program is being requested, the applicant must complete and submit Attachment B being sure to provide information for each training program in which funding is being requested. The box below shall be used for the first training program with Attachment B being used for any additional training programs.

**Only training programs that are technical in nature will be considered for funding.** These programs should be industry-specific courses that are essential to the business and are focused on the core activities and occupations of the business that is requesting them.

TRAINING INFORMATION – TRAINING PROGRAM		
Name of Training Program:		
Training Description (must be technical training associated with the occupation):		
Name of training provider:		
Address:		
City:	State:	Zip:
Phone:		
Name of trainer (if in-house):		
Anticipated start date of first training course:		

Expected end date of last training course:

Training Program projected number of hours:

Number of unduplicated trainees:

How many of the unduplicated trainees have been employed with the company for 6 months or longer?

List of courses in Training Program

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Name of license, certification or credential earned (if applicable):