

**Amendment # ____ to Construction Industry Craft Training Program Grant Agreement
GRANT CONTINUATION REQUEST**

Grant #

Amendment Date: _____

THIS AMENDMENT modifies the GRANT AGREEMENT "Agreement" by and between the **Alabama Construction Industry Craft Training Board ("ACICTB")**, the "Grantor", and the _____, the "Grantee", dated _____ for the _____ training program.

Grantee Address: _____

Original Agreement Amount: _____

Region: _____ Total Amount Requested To Date for Reimbursement: _____

Net Total of Previous Amendments: _____

Type of Training: Craft Training Apprenticeship Training Task Training

Current Amendment Amount Requested: _____

Type of Entity: Alabama business "for profit" Alabama business "Not for profit" Trade union
 2-year accredited postsecondary institution recognized by ACCS
 4-year accredited higher education institution recognized by SACS
 K-12 education entity recognized by ALSDE

Revised Agreement Amount: _____

Office Use: _____

1. ATTACH PERFORMANCE OUTCOMES OF _____ YEAR
 - Were expectations met or exceeded? Include estimated Key Performance Indicators (KPIs) numbers from original grant application along with the actual numbers. Include items such as student enrollment, attendance rate, student/teacher ratio, completion of training, On-The-Job Training (OJT) hours, placement rate, etc. Break-out OJT into Full-time, Part-time/summer intern, In the field training, and Classroom only categories.

2. TRAINING COURSE OUTLINE FOR CURRENT YEAR & FUTURE TRAINING YEAR
 - Attach monthly timeline of training activity
 - Attach course outline

3. ANTICIPATED ENROLLMENT FOR _____ TRAINING YEAR
 _____ # of Trainees

4. ANTICIPATED NUMBER OF TRAINEES IN ON-THE-JOB TRAINING FOR _____ YEAR
 _____ Full-time _____ Part-time/summer intern
 _____ In the field training _____ Classroom only

5. ATTACH ANTICIPATED CLEAR AND MEASURABLE PERFORMANCE OUTCOMES FOR THE _____ TRAINING YEAR
 - Clear description of Key Performance Indicators (KPIs) including but not limited to student enrollment, attendance rate, student/teacher ratio, completion of training, OJT hours, placement rate, etc. Break-out OJT into Full-time, Part-time/summer intern, In the field training, and Classroom only categories.
 - Clearly defined target goals for each KPI

6. DETAILED BUDGET (on page 2 of this form) FOR THE _____ TRAINING YEAR
 - Budget clearly identifies training costs, facility improvement costs, proposed equipment costs, matching funds provided, etc.
 - Reasonable training costs per student

IN WITNESS WHEREOF, the Grantor and the Grantee agree to the terms of this Amendment as evidenced by their signatures below:

Alabama Construction Industry Craft Training Board

 (Grantor)

 (Grantee)

By: _____
 Name & Title: Gary Savage, Chair

By: _____
 Name & Title:

Date: _____

Date: _____

Detailed Budget:

The amendment applicant should apply only for the amount of funds needed to meet the immediate training needs. At least 90% of the budget must be for direct training costs and no more than 10% of the budget can be for indirect training costs. No more than 10% of the administrative costs can be counted towards the required company match. The budget must clearly support the training plan. All proposed expenses must be allowable, reasonable and necessary. The applicant must provide a monetary value on the company/employer contributions (column C) that will be made during the training. These contributions may be in-kind, cash, etc. Businesses applying for grant funds must provide business contributions equal to dollar-for-dollar match of the total requested funds, up to the maximum funding request of \$100,000 per craft training program. Refer to "Grant Application Guidelines-General Information" for eligible business contributions.

Budget Category	Requested Funds	Non-Requested Employer Contribution (in-kind, cash, etc., shown in \$)	Explanation/Description
Professional Instructor's Fees (loss of regular wages cannot be included)			
Instructor's per diem (direct costs for travel, food, lodging, etc.)			
Training Certifications, Credentials, Licenses for Instructors			
Training Course Materials (Books, manuals, etc.-please itemize)			
Training Materials and Supplies (expendables)			
On-site Facility Usage and/or facility improvements (must include detailed plans for any proposed construction)			
Training Equipment Cost (include list/price of any equipment purchases)			
Training Certifications, Credentials, Licenses for Students/Trainees			
Other including all administrative and overhead costs (must include detailed and specific expenses to be eligible)			
Total Funds	\$	\$	
Estimated Training Costs per Student	Total Requested Funds / Expected Student Enrollment = Cost Per Student		

Business Authentication:

As the person authorized to act on behalf of the **entity or business requesting training**, I certify that the information submitted in this application is accurate. I also certify that if funding is approved that I will ensure that the proposed activities will be carried out and agree to follow accountability and reporting requirements. Signature is for application for funds only and does not constitute an agreement of awarded funding.

Printed or typed name and title, authorized official

Signature/Date

E-mail: _____

Phone Number: _____

Fiscal Agent for Funds:

Entity to be fiscal agent: _____

Entity Mailing Address: _____

Name & Title of Fiscal Contact: _____

E-mail: _____

Phone Number: _____

Fiscal Agent Authentication:

As the person authorized to act on behalf of the **fiscal agent**, I certify that the information submitted in this application is accurate. I also certify that if funding is approved that I will ensure that the proposed activities will be carried out and agree to follow accountability and reporting requirements. Signature is for application for funds only and does not constitute an agreement of awarded funding. Grant funds will be returned by the Training Provider to The Craft Training Fund if at any time during the grant fiscal year the Training Provider's obligations are not fulfilled.

Printed or typed name and title, authorized official

Signature/Date

Training Provider Authentication (if different from Fiscal Agent for Funds):

As the person authorized to sign on behalf of the **training service provider**, I certify that the information submitted in this application is accurate. I also certify that if funding is approved that I will ensure that the proposed activities as stated will be carried out and agree to follow accountability and reporting requirements. Signature is for application for funds only and does not constitute an agreement of awarded funding. Grant funds will be returned by the Training Provider to The Craft Training Fund if at any time during the grant fiscal year the Training Provider's obligations are not fulfilled.

Printed or typed name and title, authorized official

Signature/Date

Name & Title of Training Contact: _____

E-mail: _____

Phone Number: _____