

# High Demand Job Training Grant Application

## Contact Information

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School District Name

Street Address

City  State

Zip Code

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Superintendent

Phone Number  E-Mail Address

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Contact Person (if different)

Title

Phone Number  E-Mail Address

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## CTE Program Information

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Program name

Industry Certifications

Dual/Articulated Credit

Internships/Work Experience

Total # of Students

Total Requested \$

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**Application Checklist:**

Signed Application

Budget

W-9

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**Acknowledgments:**

**Should the High Demand Job Training Grant application be approved the school district will:**

1. Purchase, install, and implement grant funded items as described in the grant application budget
2. Train enrolled students as specified in the grant application
3. Agree to refer graduate from the program to a Workforce Solutions South Plains Career Center for assistance with continuing education or finding employment
4. Meet the 50% expenditure mark no later than the date assigned in the grant contract
5. Assign a designated contact person for the grant
6. Submit progress reports in a timely manner as assigned in the grant contract

**Authorized Representative's Name**

**Authorized Representative's Title**

**Signature (typed signature is acceptable)**

**Date**