Minneapolis Employment & Training Program

Authorization of Funding for Training							
The City of Minneapolis D "Total Amoun	Disloc nt Autl	cated Workenorized", mir	er Program agre nus any grants c	ees to fund the training costs or scholarships, for the client	s indicated on the line titled listed below.	Date:	
Client Information							
Last Name				First Name			
Email				Phone		WF1 ID#	
School/Training Institution Information							
School Name				School Address			
Voice Results				1405 Dakota Ave. South #6			
City St. Louis Park					State MN	Zip 55416	
			Contact Phone	School Contact Fax	School Contact Email	100110	
Sarah Jones-Larson	612-836-8869		No Fax	sarah@voiceresults.com			
Semester (or Training) Start Date Semester (or Training			er (or Training)	Completion Date Last date class can be dropped before full payment is due			
Initial Revised			Billing Instructions				
Tuition \$ 961.50			Grants/Scholarships must be applied to training costs first.				
Books	\$			When costs are	When costs are finalized, please send Invoices ASAP to :		
Supplies	\$			Counselor CI	aire Nelligan		
Tools	\$				EED - South Minneapolis Wi	=C	
Registration Fee	\$			77	77 East Lake Street		
Testing Fee	\$ \$			Address			
Other Required Costs Estimated Training Costs	\$	961.50		City, State, Zip Mi	inneapolis, MN 55407		
				Phone 61	2-821-4494		
Financial Aid Awards (Semester or Total): Pell Grant -\$			Fax 612-821-4014				
MN Grant	- φ - \$			Email cla	aire.nelligan@state.mn.us		
SEOG	- \$						
Other	- \$			The invoice should include:			
Less grant/scholarships - \$			 the tuition fee statement with the student's name on it, and itemized receipts for all authorized books / supplies / required costs. 				
	-			Please contact counselor with any questions.			
Total Amt Authorized	\$	961.50					
MOHE Exemption 141.35(15) METD/Complex Provides Provides Ctoff Use Only (must submit to METD within 10 days of completion and miles to the start of any training)							
METP/Service Provider Staff Use Only (must submit to METP within 10 days of completion and prior to the start of any training							
Does school offer Financial Aid? http://tinyurl.com/22w9vlh □ Yes □ No ☒ N/A			Type of Training	MIS-Workforce One	Training Activities		
If N/A, Why? School not on provider list				Non-Credentialed Tra	Ining ☐ Short term pre-vocat	tional convices	
				Credential/Certificate		ional services	
If <u>Yes</u> , counselors <u>must</u> complete the following Financial Aid Officer (FAO)				☐ GED			
FAO Contact Phone				High School Diploma	Classroom Training	- Academic	
Award Letter received ? ☐ Yes ☐ No				AA/AS Degree BA/BS Degree			
Labor Market Data document demand for skills training				Er v Bo Bogroo	☐ Classroom Training	– Academic <u>OR</u>	
☐ OID ☐ High Growth ☐ High Wage ☐ WF Council Target Industry select from list				☐ WIA Recognized Certif		- Occupational Skills OR	
☐ Wire Council Farget industry Select Horn list				Complete Training Plan in	file?	ning tial/certificate training)	
					\(\frac{\text{required}}{\text{101}}\) (\(\frac{\text{required}}{\text{101}}\) (\(\text{redefit})		
Funding Source/Program ☐ Federal – WIA DW ☐ State – MN DW ☐ Other				 ISEEK Information □ WIA Certified Program (required if WIA credential/certificate training or \$1000+) □ State/MOHE Licensed (required if 16 or more hours of instruction) or ⊠exempt 			
Initial Estimation \$ 961.00 Full cost of training plan (requested, not guaranteed) for this client - at this school - for Program Year							
 ☐ Revised Estimation \$ Full cost of training plan (requested, not guaranteed) ☐ Increase Total Amount Authorized and Estimation (Please explain) 							
					ied to training costs		
 Decrease Total Amount Authorized and Estimation due to grants and/or scholarships applied to training costs Decrease Total Amount Authorized and/or Estimation (Please explain) 							