

**Apprenticeship Training Program  
Planning Estimates Form – Fiscal Year 2010**

**Sponsor Information (One Sponsor Per Page)**

Sponsor Name/Title: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Date Program Registered by DOL: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Actively Participating Employers No: \_\_\_\_\_

**Continuation Programs**

Occupation	# of Classes (Estimated)	Approved Class Hours	# of Apprentices (Estimated)	Total Contact Hours for Continuation Programs (Estimated)
<b>Total</b>				

**New Programs**

Occupation	# of Classes (Estimated)	Approved Class Hours	# of Apprentices (Estimated)	Total Contact Hours for New Programs (Estimated)
<b>Total</b>				

**Training Program Information**

DOL-OA Program Registration Number	Occupation	High School Diploma or GED (Required)	Minimum Age (Required)	Other Qualifications (Education, Work Experience, Skills, Test Scores)
		Y <input type="checkbox"/> N <input type="checkbox"/>		
		Y <input type="checkbox"/> N <input type="checkbox"/>		
		Y <input type="checkbox"/> N <input type="checkbox"/>		
		Y <input type="checkbox"/> N <input type="checkbox"/>		
		Y <input type="checkbox"/> N <input type="checkbox"/>		

**Statement Outlining Sponsors' Participation in Application**

By signing this Application form, the signor acknowledges the submission of an application seeking funding for an apprenticeship training program, jointly including the represented employer and a local education agency such as a public school district, community college, or technical college. Each partner in this application must agree to adhere to all rules and regulations governing this funding, including, but not limited to: Chapter 133 of the Texas Education Code, 40 TAC, Part II, Chapter 837, *Administrator's Guide* for Apprenticeship and Training Programs Receiving Chapter 133 funds, all reporting requirements, and registration of apprentices and training programs are registered accordingly through the U.S. Department of Labor, Office of Apprenticeship during the term of any grant received under this funding.

\_\_\_\_\_  
Signature Authority

\_\_\_\_\_  
Title

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
E-mail Address and Phone Number

*Completed forms, inquiries, or corrections to the individual information contained in this form shall be sent to Desi Holmes @ 101 E 15<sup>th</sup> Street, Room 426T, Austin, Texas 78778-0001 and [apprenticeship@twc.state.tx.us](mailto:apprenticeship@twc.state.tx.us). An individual may receive and review information that TWC collects regarding that individual by sending an e-mail to [open.records@twc.state.tx.us](mailto:open.records@twc.state.tx.us) or writing to TWC Open Records Section, 101 E. 15th Street, Room 266, Austin, Texas 78778-0001.*