



# Competitive Edge Training Vendor Information

Employer applying for Competitive Edge Award: \_\_\_\_\_

Name, title and contract information of employer's representative completing sections 1 and 4 of this form:

### 1. Training delivery (to be completed by the employer)

The name of the training vendor selected to deliver the training to my employees is:	
The selected training vendor is (check the appropriate box):	<input type="checkbox"/> Public training institution (community college, vocational center, etc.) <input type="checkbox"/> Private training institution <input type="checkbox"/> Other, please explain:
Training will be delivered (check the appropriate box):	<input type="checkbox"/> On site, at my company <input type="checkbox"/> At the training institution <input type="checkbox"/> In Polk Works Mobile Training Unit <input type="checkbox"/> Other, please explain:

### 2. This section should be completed by the selected training vendor

Name of Training Vendor:	FEIN #:	
Name of Training Vendor representative:		
Phone #:	Fax #:	Email address:
Address:		
City:	State:	Zip:
Type of Training / name of course (attach a copy of the curriculum outline):		

3. This section should be completed by the selected training vendor. Note, if the selected training vendor is a public education agency (community college, vocational technical center, etc.) they do not need to complete section 3. **Training that does not have a "yes" checked for either section 3A, 3B or 3C cannot be approved to be included in this Competitive Edge Training Award.**

<b>3A.</b> Will you be using an <u>industry</u> recognized curriculum or a recognized skill standard curriculum that will lead to a certificate/credential for the employees who successfully complete your training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3B.</b> Does your curriculum lead to a <u>nationally</u> recognized certification / credential?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of the selected training vendor's authorized representative:	Date:

### 4. This section should be completed by the employer.

I have reviewed the curriculum for the proposed training of my employees and agree that this training will lead to a certificate/credential recognized by my industry, a nationally recognized certificate/credential or, in the case of soft skills training, a completion certificate.	
Signature of the employer's authorized representative:	Date:

Please duplicate this form as needed to provide a form for each type of training and training vendor.