



Department of Human Resources | 122 Martin Luther King Jr. Blvd. South, Dover DE 19901 | (302) 739-1990

A USER'S GUIDE TO COMPLETING THE TRAINING PROPOSAL FORM

A Blue Collar Training Program (BCTP) *Training Proposal* form is completed in response to the call for training proposals requested by the Department of Human Resources, Training and HR Solutions. A department point of contact (POC), typically the Training Administrator or Human Resource Manager, has previously completed a training needs assessment and uses that information to complete the Training proposal. This form provides the information necessary for the Blue Collar Worker Review Committee to review and evaluate the proposals and determine the amount of funding that each proposal may be awarded if approved. Successful agency proposals will be provided to the BCTP Administrator, who will meet with agencies to present the program and articulate funding agreements.

FORM COMPLETION INSTRUCTIONS

- I. **Agency Information.** All fields in this section must be completed.
 - A. **Agency/Department:** Enter the name of the requestor's Agency/Department.
 - B. **Budget Code:** Enter the 6-digit budget code assigned to agency by OMB.
 - C. **Date:** Enter the date of the request as MM/DD/YYYY.
 - D. **Street Address:** Enter the mailing address of the Agency.
 - E. **Agency Contact Person:** Enter the name of the Agency's BCTP Funding Agreement Manager as the POC.
 - F. **Email:** Enter the email address of the Agency's POC.
 - G. **Telephone:** Enter the telephone number of the Agency's POC.
 - H. **Title of the Training to be offered:** Enter the title of the training exactly as it should be advertised to registrants in the DLC.
 - I. **Description of training and what participants will gain (attach curriculum or vendor proposal if possible):** Enter the description of the training and what participants will gain; attach the curriculum or vendor proposal.
 - J. **Describe the need for the training:** Enter the agency and employee need for the training.
 - K. **Describe how training will enhance employee promotional potential:** Enter how training will enhance employee promotional potential as well as make them a greater asset to the organization
 - L. **Describe how you measure the training's effectiveness:** Enter how will the agency measure the effectiveness of the training. How will the agency measure employee improvement?
 - M. **Proposed training period:**
 - a. Training Period Start: Enter the date (MM/DD/YYYY) the training period will start.
 - b. Training Period End: Enter the date (MM/DD/YYYY) the training period will end.
 - N. **Total Amount Requested:** Enter the total amount of funds requested to support the BCTP Training Proposal.
 - O. **Breakdown of Costs:** Use the Select Pricing Unit drop down button (Per Employee or Flat Fee) to indicate how this event will be charged: Flat Fee or at a Per Employee rate. Enter the cost (\$00,000.00) in the following field based the selection of pricing unit.
 - P. **Other Costs:** Enter other costs by name/type for which the vendor will also charge

- Q. **Describe how the agency will contribute to the cost of training and support employees after training?**
Enter how the agency will contribute to defray costs of the training and describe the plan to continue the development of the employee based on the training provided.
- R. **Number of employees to be trained:** Enter the number of employees to be trained
- S. **Number of hours of training per employee:** Enter the number of actual training hours: exclude time provided for meal breaks such as lunch and dinner unless they are working meal sessions
- T. **Expected location of training:** Enter the name and address of the facility where the training is expected to be conducted.
- U. **Target audience by Titles and Pay Grade:** Enter the titles and pay grades of the employees to be trained. This information will assist TSO staff create training groups for advertisement and registration. Typically, BCTP funding is used to provide training to paygrades 12 and below.
- V. **Can this training be open to other state employees if seats are available?** Select Yes or No from the dropdown. In the next field enter any special instructions for outside agency staff, requirements, prerequisites, etc.
- W. **Email:** Enter the email address of the Agency's POC responsible to manage the training event and to coordinate reservations for training seats if different from that list above.
- X. **Telephone:** Enter the telephone number of the Agency's POC responsible to manage the training event and to coordinate reservations for training seats if different from that list above.
- Y. **Organization providing the training (if different from the agency requesting funds).** Enter the name of the Organization providing training (if different from the agency requesting funds)
- Z. **Vendor/Provider:** Enter the name of the Vendor / Provider of the training.
- AA. **Company Website:** Enter the Vendor / Provider's Company Website url.
- BB. **Mailing Address:** Enter the Vendor / Provider's mailing address.
- CC. **Enter the Vendor's Billing Point of Contact:** Enter the name of the Vendor's billing POC.
- DD. **Email:** Enter the Vendor billing POC's email address.
- EE. **Telephone:** Enter Vendor billing POC's telephone number.
- FF. **Name of trainer:** Enter the name of the trainer.
- GG. **Email:** Enter the email address of the trainer.
- HH. **Telephone:** Enter the telephone number of the trainer
- II. **Are you requesting funding from any other sources for this training?** Select Yes or No from the dropdown box: If yes, enter the names of any sources, amounts provided, and any special conditions to the funding by the grantor(s)
- JJ. **Additional Comments:** Enter any additional information that can be used to clarify the request

II. Instructions for Submission.

This form is to be completed in its electronic format and is not to be handwritten. Once completed, the form should be saved as "BCTP TrainingProposal_AgencyACRONYM_TrainingName_FY20XX_YYMMDD," for Example: [BCTP Event_DSP_FacialRecognition_FY2022_20210828](#)). The department's Training Administrator, HRM, or responsible POC will email the saved form as an attachment, along with any supporting documents, to the BCTP Administrator at Statewide_Training@delaware.gov.