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| LWD SKILLS PARTNERSHIP TRAINING GRANTS PROGRAM DATE OF TRAINING: \_\_\_\_/\_\_\_\_/\_\_\_\_ **GRANTEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRANT #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Consortium Participant Company Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(if applicable)**  **NAME OF COURSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CTP #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **# of CLOCK HOURS TRAINED: \_\_\_\_\_ TIME: \_\_\_\_\_\_ to \_\_\_\_\_\_ SESSION \_\_\_\_\_\_ of \_\_\_\_\_\_ PAGE \_\_\_\_\_ of \_\_\_\_\_**  **NAME OF INSTRUCTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ INSTRUCTOR’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(print)**  **Grantee certification:** The trainees listed below received training as billed on the accompanying Expenditure Report.  **Grantee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Direct phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
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|  | **TRAINEE NAME**  (Must be clearly printed or typed and must align with the Expenditure Report.) | **TRAINEE SIGNATURE**  (Must be original – NO PHOTOCOPIES.) | **TRAINEE ID#** | **PARTICIPATING COMPANY**  **(if applicable)** |
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