



**STATE OF DELAWARE
DEPARTMENT OF LABOR
DIVISION OF EMPLOYMENT & TRAINING
4425 NORTH MARKET STREET
POST OFFICE BOX 9828
WILMINGTON, DE 19809-0828**

May 14, 2014

Delaware Center for Horticulture
1810 N DuPont St.
Wilmington, DE 19806

Pam Sapko:

Congratulations on being awarded the Landscaping and Groundskeeping; Nursery and Greenhouse Training Adult contract for program year 2014. In order to write the contract, I need the following documents for each program funded:

1. Revised Target Question #4 & 6 (using Standard Milestone Page attached)
2. Statement of Completion (a brief statement in Microsoft Word of what a client will achieve after completion of the program)
3. Budget Summary (Including the Employee Listing, Budget Back Up Page, and Direct Benefits Page-attached)
4. Training Order-attached

When completing the budget, please base the total off of the following figures:

Enrollments	Performance Portion (40%)	Total Cost Reimbursement Portion	Cost Reimbursement /Direct Benefits
8	\$17,453	\$28,180	2000

*The direct benefit was determined by the BAFO request. If you would like to change this amount, please let me know.

Please send the requested items to Valarie.Wright@state.de.us no later than **Wednesday, April 30, 2014**. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8114 with any additional questions you may have.

Sincerely,

Valarie Wright
Contract/Consultant Control Coordinator



**STATE OF DELAWARE
DEPARTMENT OF LABOR
DIVISION OF EMPLOYMENT & TRAINING
4425 NORTH MARKET STREET
POST OFFICE BOX 9828
WILMINGTON, DE 19809-0828**

May 14, 2014

Delaware Skills Center
1300 Clifford Brown Walk
Wilmington, DE 19801

Eric Wells:

Congratulations on being awarded the Welding Training Adult contract for program year 2014. In order to write the contract, I need the following documents for each program funded:

1. Revised Target Question #4 & 6 (using Standard Milestone Page attached)
2. Statement of Completion (a brief statement in Microsoft Word of what a client will achieve after completion of the program)
3. Budget Summary (Including the Employee Listing, Budget Back Up Page, and Direct Benefits Page-attached)
4. Training Order-attached

When completing the budget, please base the total off of the following figures:

Enrollments	Performance Portion (40%)	Total Cost Reimbursement Portion	Cost Reimbursement /Direct Benefits
18	\$54,000	\$81,000	0

*The direct benefit was determined by the BAFO request. If you would like to change this amount, please let me know.

Please send the requested items to colleen.cunningham@state.de.us no later than **Wednesday, April 30, 2014**. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8122 with any additional questions you may have.

Sincerely,

Colleen Cunningham



STATE OF DELAWARE
DEPARTMENT OF LABOR
DIVISION OF EMPLOYMENT & TRAINING
4425 NORTH MARKET STREET
POST OFFICE BOX 9828
WILMINGTON, DE 19809-0828

May 14, 2014

Delaware Skills Center
1300 Clifford Brown Walk
Wilmington, DE 19801

Eric Wells:

Congratulations on being awarded the Medical Assistant Training Adult contract for program year 2014. In order to write the contract, I need the following documents for each program funded:

1. Revised Target Question #4 & 6 (using Standard Milestone Page attached)
2. Statement of Completion (a brief statement in Microsoft Word of what a client will achieve after completion of the program)
3. Budget Summary (Including the Employee Listing, Budget Back Up Page, and Direct Benefits Page-attached)
4. Training Order-attached

When completing the budget, please base the total off of the following figures:

Enrollments	Performance Portion (40%)	Total Cost Reimbursement Portion	Cost Reimbursement /Direct Benefits
20	\$43,582	\$65,372	0

*The direct benefit was determined by the BAFO request. If you would like to change this amount, please let me know.

Please send the requested items to colleen.cunningham@state.de.us no later than **Wednesday, April 30, 2014**. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8122 with any additional questions you may have.

Sincerely,

Colleen Cunningham



STATE OF DELAWARE
DEPARTMENT OF LABOR
DIVISION OF EMPLOYMENT & TRAINING
4425 NORTH MARKET STREET
POST OFFICE BOX 9828
WILMINGTON, DE 19809-0828

May 14, 2014

Delaware Skills Center
1300 Clifford Brown Walk
Wilmington, DE 19801

Eric Wells:

Congratulations on being awarded the Licensed Practical Nursing Training Adult contract for program year 2014. In order to write the contract, I need the following documents for each program funded:

1. Revised Target Question #4 & 6 (using Standard Milestone Page attached)
2. Statement of Completion (a brief statement in Microsoft Word of what a client will achieve after completion of the program)
3. Budget Summary (Including the Employee Listing, Budget Back Up Page, and Direct Benefits Page-attached)
4. Training Order-attached

When completing the budget, please base the total off of the following figures:

Enrollments	Performance Portion (40%)	Total Cost Reimbursement Portion	Cost Reimbursement /Direct Benefits
27	\$110,678	\$166,018	0

*The direct benefit was determined by the BAFO request. If you would like to change this amount, please let me know.

Please send the requested items to colleen.cunningham@state.de.us no later than **Wednesday, April 30, 2014**. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8122 with any additional questions you may have.

Sincerely,

Colleen Cunningham



**STATE OF DELAWARE
DEPARTMENT OF LABOR
DIVISION OF EMPLOYMENT & TRAINING
4425 NORTH MARKET STREET
POST OFFICE BOX 9828
WILMINGTON, DE 19809-0828**

May 14, 2014

Delaware Skills Center
1300 Clifford Brown Walk
Wilmington, DE 19801

Eric Wells:

Congratulations on being awarded the HVAC and Building Energy Systems Training Adult contract for program year 2014. In order to write the contract, I need the following documents for each program funded:

1. Revised Target Question #4 & 6 (using Standard Milestone Page attached)
2. Statement of Completion (a brief statement in Microsoft Word of what a client will achieve after completion of the program)
3. Budget Summary (Including the Employee Listing, Budget Back Up Page, and Direct Benefits Page-attached)
4. Training Order-attached

When completing the budget, please base the total off of the following figures:

Enrollments	Performance Portion (40%)	Total Cost Reimbursement Portion	Cost Reimbursement /Direct Benefits
18	\$32,340	\$48,510	0

*The direct benefit was determined by the BAFO request. If you would like to change this amount, please let me know.

Please send the requested items to Valarie.Wright@state.de.us no later than **Wednesday, April 30, 2014**. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8114 with any additional questions you may have.

Sincerely,

Valarie Wright
Contract/Consultant Control Coordinator



**STATE OF DELAWARE
DEPARTMENT OF LABOR
DIVISION OF EMPLOYMENT & TRAINING**
4425 NORTH MARKET STREET
POST OFFICE BOX 9828
WILMINGTON, DE 19809-0828

April 14, 2014

Delaware Skills Center
1300 Clifford Brown Walk
Wilmington, DE 19801

Eric A. Wells:

Congratulations on being awarded the Computer Support Adult contract for program year 2014. In order to write the contract, I need the following documents for each program funded:

1. Revised Target Question #4 & 6 (using Standard Milestone Page attached)
2. Statement of Completion (a brief statement in Microsoft Word of what a client will achieve after completion of the program)
3. Budget Summary (Including the Employee Listing, Budget Back Up Page, and Direct Benefits Page-attached)
4. Training Order-attached

When completing the budget, please base the total off of the following figures:

Enrollments	Performance Portion (40%)	Total Cost Reimbursement Portion	Cost Reimbursement /Direct Benefits
11	\$26,400	\$39,600	\$0

*The direct benefit was determined by the BAFO request.

Please send the requested items to stephen.malone@state.de.us no later than Wednesday, April 30, 2014. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8156 with any additional questions you may have.

Sincerely,

Stephen Malone



**STATE OF DELAWARE
DEPARTMENT OF LABOR
DIVISION OF EMPLOYMENT & TRAINING
4425 NORTH MARKET STREET
POST OFFICE BOX 9828
WILMINGTON, DE 19809-0828**

May 14, 2014

Delaware Skills Center
1300 Clifford Brown Walk
Wilmington, DE 19801

Eric Wells:

Congratulations on being awarded the Construction Electric Training Adult contract for program year 2014. In order to write the contract, I need the following documents for each program funded:

1. Revised Target Question #4 & 6 (using Standard Milestone Page attached)
2. Statement of Completion (a brief statement in Microsoft Word of what a client will achieve after completion of the program)
3. Budget Summary (Including the Employee Listing, Budget Back Up Page, and Direct Benefits Page-attached)
4. Training Order-attached

When completing the budget, please base the total off of the following figures:

Enrollments	Performance Portion (40%)	Total Cost Reimbursement Portion	Cost Reimbursement /Direct Benefits
18	\$30,534	\$45,801	0

*The direct benefit was determined by the BAFO request. If you would like to change this amount, please let me know.

Please send the requested items to Valarie.Wright@state.de.us no later than **Wednesday, April 30, 2014**. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8114 with any additional questions you may have.

Sincerely,

Valarie Wright
Contract/Consultant Control Coordinator



**STATE OF DELAWARE
DEPARTMENT OF LABOR
DIVISION OF EMPLOYMENT & TRAINING
4425 NORTH MARKET STREET
POST OFFICE BOX 9828
WILMINGTON, DE 19809-0828**

May 14, 2014

Delaware Skills Center
1300 Clifford Brown Walk
Wilmington, DE 19801

Eric Wells:

Congratulations on being awarded the Construction Electric Training Adult contract for program year 2014. In order to write the contract, I need the following documents for each program funded:

1. Revised Target Question #4 & 6 (using Standard Milestone Page attached)
2. Statement of Completion (a brief statement in Microsoft Word of what a client will achieve after completion of the program)
3. Budget Summary (Including the Employee Listing, Budget Back Up Page, and Direct Benefits Page-attached)
4. Training Order-attached

When completing the budget, please base the total off of the following figures:

Enrollments	Performance Portion (40%)	Total Cost Reimbursement Portion	Cost Reimbursement /Direct Benefits
18	\$30,534	\$45,801	0

*The direct benefit was determined by the BAFO request. If you would like to change this amount, please let me know.

Please send the requested items to Valarie.Wright@state.de.us no later than **Wednesday, April 30, 2014**. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8114 with any additional questions you may have.

Sincerely,

Valarie Wright
Contract/Consultant Control Coordinator



**STATE OF DELAWARE
DEPARTMENT OF LABOR
DIVISION OF EMPLOYMENT & TRAINING
4425 NORTH MARKET STREET
POST OFFICE BOX 9828
WILMINGTON, DE 19809-0828**

May 14, 2014

Delaware Skills Center
1300 Clifford Brown Walk
Wilmington, DE 19801

Eric Wells:

Congratulations on being awarded the Certified Nursing Assistant Training Adult contract for program year 2014. In order to write the contract, I need the following documents for each program funded:

1. Revised Target Question #4 & 6 (using Standard Milestone Page attached)
2. Statement of Completion (a brief statement in Microsoft Word of what a client will achieve after completion of the program)
3. Budget Summary (Including the Employee Listing, Budget Back Up Page, and Direct Benefits Page-attached)
4. Training Order-attached

When completing the budget, please base the total off of the following figures:

Enrollments	Performance Portion (40%)	Total Cost Reimbursement Portion	Cost Reimbursement /Direct Benefits
67	\$87,732	\$131,597	0

*The direct benefit was determined by the BAFO request. If you would like to change this amount, please let me know.

Please send the requested items to colleen.cunningham@state.de.us no later than **Wednesday, April 30, 2014**. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8122 with any additional questions you may have.

Sincerely,

Colleen Cunningham



**STATE OF DELAWARE
DEPARTMENT OF LABOR
DIVISION OF EMPLOYMENT & TRAINING
4425 NORTH MARKET STREET
POST OFFICE BOX 9828
WILMINGTON, DE 19809-0828**

April 14, 2014

Delaware Technical & Community College (Owens)
21179 College Drive
Georgetown, DE 19947

Chala Breen:

Congratulations on being awarded the Associate Degree RN Adult contract for program year 2014. In order to write the contract, I need the following documents for each program funded:

1. Revised Target Question #4 & 6 (using Standard Milestone Page attached)
2. Statement of Completion (a brief statement in Microsoft Word of what a client will achieve after completion of the program)
3. Budget Summary (Including the Employee Listing, Budget Back Up Page, and Direct Benefits Page-attached)
4. Training Order-attached

When completing the budget, please base the total off of the following figures:

Enrollments	Performance Portion (40%)	Total Cost Reimbursement Portion	Cost Reimbursement /Direct Benefits
6	\$21,220	\$34,553	\$2,772

*The direct benefit was determined by the BAFO request.

Please send the requested items to stephen.malone@state.de.us no later than Wednesday, April 30, 2014. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8156 with any additional questions you may have.

Sincerely,

Stephen Malone



**STATE OF DELAWARE
DEPARTMENT OF LABOR
DIVISION OF EMPLOYMENT & TRAINING
4425 NORTH MARKET STREET
POST OFFICE BOX 9828
WILMINGTON, DE 19809-0828**

May 14, 2014

Delaware Technical Community College – Owens Campus
PO Box 610
Georgetown, DE 19947

Chala Breen:

Congratulations on being awarded Radiological Technologist contract for program year 2014. In order to write the contract, I need the following documents for each program funded:

1. Revised Target Question #4 & 6 (using Standard Milestone Page attached)
2. Statement of Completion (a brief statement in Microsoft Word of what a client will achieve after completion of the program)
3. Budget Summary (Including the Employee Listing, Budget Back Up Page, and Direct Benefits Page-attached)
4. Training Order-attached

When completing the budget, please base the total off of the following figures:

Enrollments	Performance Portion (40%)	Total Cost Reimbursement Portion	Cost Reimbursement /Direct Benefits
5	\$15,125	\$22,687	\$2,200

*The direct benefit was determined by the BAFO request. If you would like to change this amount, please let me know.

Please send the requested items to colleen.cunningham@state.de.us no later than **Wednesday, April 30, 2014**. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8122 with any additional questions you may have.

Sincerely,

Colleen Cunningham



**STATE OF DELAWARE
DEPARTMENT OF LABOR
DIVISION OF EMPLOYMENT & TRAINING
4425 NORTH MARKET STREET
POST OFFICE BOX 9828
WILMINGTON, DE 19809-0828**

May 14, 2014

Delaware Technical Community College
21179 College Drive
Georgetown, DE 19947

Chala Breen:

Congratulations on being awarded the Medical Office Specialist with Electronic Health Records Training Adult contract for program year 2014. In order to write the contract, I need the following documents for each program funded:

1. Revised Target Question #4 & 6 (using Standard Milestone Page attached)
2. Statement of Completion (a brief statement in Microsoft Word of what a client will achieve after completion of the program)
3. Budget Summary (Including the Employee Listing, Budget Back Up Page, and Direct Benefits Page-attached)
4. Training Order-attached

When completing the budget, please base the total off of the following figures:

Enrollments	Performance Portion (40%)	Total Cost Reimbursement Portion	Cost Reimbursement /Direct Benefits
5	\$19,448	\$32,282	\$3,109

*The direct benefit was determined by the BAFO request. If you would like to change this amount, please let me know.

Please send the requested items to Valarie.Wright@state.de.us no later than **Wednesday, April 30, 2014**. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8114 with any additional questions you may have.

Sincerely,

Valarie Wright
Contract/Consultant Control Coordinator



**STATE OF DELAWARE
DEPARTMENT OF LABOR
DIVISION OF EMPLOYMENT & TRAINING
4425 NORTH MARKET STREET
POST OFFICE BOX 9828
WILMINGTON, DE 19809-0828**

May 14, 2014

Delaware Technical Community College – Stanton Campus
400 Stanton-Christiana Road
Newark, DE 19713

Rodney Bailey:

Congratulations on being awarded the Facilities Maintenance Technician Training Adult contract for program year 2014. In order to write the contract, I need the following documents for each program funded:

1. Revised Target Question #4 & 6 (using Standard Milestone Page attached)
2. Statement of Completion (a brief statement in Microsoft Word of what a client will achieve after completion of the program)
3. Budget Summary (Including the Employee Listing, Budget Back Up Page, and Direct Benefits Page-attached)
4. Training Order-attached

When completing the budget, please base the total off of the following figures:

Enrollments	Performance Portion (40%)	Total Cost Reimbursement Portion	Cost Reimbursement /Direct Benefits
22	\$50,748	\$78,321	\$2,200

*The direct benefit was determined by the BAFO request. If you would like to change this amount, please let me know.

Please send the requested items to Valarie.Wright@state.de.us no later than **Wednesday, April 30, 2014**. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8114 with any additional questions you may have.

Sincerely,

Valarie Wright
Contract/Consultant Control Coordinator



**STATE OF DELAWARE
DEPARTMENT OF LABOR
DIVISION OF EMPLOYMENT & TRAINING
4425 NORTH MARKET STREET
POST OFFICE BOX 9828
WILMINGTON, DE 19809-0828**

May 14, 2014

Delaware Technical Community College – Stanton Campus
400 Stanton-Christiana Road
Newark, DE 19713

Rodney Bailey:

Congratulations on being awarded the Production Technician Training Adult contract for program year 2014. In order to write the contract, I need the following documents for each program funded:

1. Revised Target Question #4 & 6 (using Standard Milestone Page attached)
2. Statement of Completion (a brief statement in Microsoft Word of what a client will achieve after completion of the program)
3. Budget Summary (Including the Employee Listing, Budget Back Up Page, and Direct Benefits Page-attached)
4. Training Order-attached

When completing the budget, please base the total off of the following figures:

Enrollments	Performance Portion (40%)	Total Cost Reimbursement Portion	Cost Reimbursement /Direct Benefits
15	\$21,250	\$33,375	\$1,500

*The direct benefit was determined by the BAFO request. If you would like to change this amount, please let me know.

Please send the requested items to Valarie.Wright@state.de.us no later than **Wednesday, April 30, 2014**. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8114 with any additional questions you may have.

Sincerely,

Valarie Wright
Contract/Consultant Control Coordinator



**STATE OF DELAWARE
DEPARTMENT OF LABOR
DIVISION OF EMPLOYMENT & TRAINING
4425 NORTH MARKET STREET
POST OFFICE BOX 9828
WILMINGTON, DE 19809-0828**

May 14, 2014

Delaware Technical Community College
333 Shipley Street
Wilmington, DE 199801

Cathren Hagan-Smith:

Congratulations on being awarded the Electronic Health Records Training Adult contract for program year 2014. In order to write the contract, I need the following documents for each program funded:

1. Revised Target Question #4 & 6 (using Standard Milestone Page attached)
2. Statement of Completion (a brief statement in Microsoft Word of what a client will achieve after completion of the program)
3. Budget Summary (Including the Employee Listing, Budget Back Up Page, and Direct Benefits Page-attached)
4. Training Order-attached

When completing the budget, please base the total off of the following figures:

Enrollments	Performance Portion (40%)	Total Cost Reimbursement Portion	Cost Reimbursement /Direct Benefits
8	\$19,303	\$29,434	\$480

*The direct benefit was determined by the BAFO request. If you would like to change this amount, please let me know.

Please send the requested items to Valarie.Wright@state.de.us no later than **Wednesday, April 30, 2014**. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8114 with any additional questions you may have.

Sincerely,

Valarie Wright
Contract/Consultant Control Coordinator



**STATE OF DELAWARE
DEPARTMENT OF LABOR
DIVISION OF EMPLOYMENT & TRAINING
4425 NORTH MARKET STREET
POST OFFICE BOX 9828
WILMINGTON, DE 19809-0828**

May 14, 2014

Delaware Technical Community College
100 Campus Drive
Dover, DE 19904

Evie Zerefos:

Congratulations on being awarded the Certified Nursing Assistant Training Adult contract for program year 2014. In order to write the contract, I need the following documents for each program funded:

1. Revised Target Question #4 & 6 (using Standard Milestone Page attached)
2. Statement of Completion (a brief statement in Microsoft Word of what a client will achieve after completion of the program)
3. Budget Summary (Including the Employee Listing, Budget Back Up Page, and Direct Benefits Page-attached)
4. Training Order-attached

When completing the budget, please base the total off of the following figures:

Enrollments	Performance Portion (40%)	Total Cost Reimbursement Portion	Cost Reimbursement /Direct Benefits
32	\$40,806	\$61,210	\$3,200

*The direct benefit was determined by the BAFO request. If you would like to change this amount, please let me know.

Please send the requested items to colleen.cunningham@state.de.us no later than **Wednesday, April 30, 2014**. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8122 with any additional questions you may have.

Sincerely,

Colleen Cunningham



**STATE OF DELAWARE
DEPARTMENT OF LABOR
DIVISION OF EMPLOYMENT & TRAINING
4425 NORTH MARKET STREET
POST OFFICE BOX 9828
WILMINGTON, DE 19809-0828**

April 14, 2014

Delaware Technical & Community College
100 Campus Drive
Dover, DE 19904

Evie Zerefos:

Congratulations on being awarded the Certified Clinical Medical Assistant Adult contract for program year 2014. In order to write the contract, I need the following documents for each program funded:

1. Revised Target Question #4 & 6 (using Standard Milestone Page attached)
2. Statement of Completion (a brief statement in Microsoft Word of what a client will achieve after completion of the program)
3. Budget Summary (Including the Employee Listing, Budget Back Up Page, and Direct Benefits Page-attached)
4. Training Order-attached

When completing the budget, please base the total off of the following figures:

Enrollments	Performance Portion (40%)	Total Cost Reimbursement Portion	Cost Reimbursement /Direct Benefits
20	\$61,484	\$94,225	\$2,000

*The direct benefit was determined by the BAFO request.

Please send the requested items to stephen.malone@state.de.us no later than Wednesday, April 30, 2014. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8156 with any additional questions you may have.

Sincerely,

Stephen Malone



**STATE OF DELAWARE
DEPARTMENT OF LABOR
DIVISION OF EMPLOYMENT & TRAINING
4425 NORTH MARKET STREET
POST OFFICE BOX 9828
WILMINGTON, DE 19809-0828**

April 14, 2014

Delaware Technical Community College (Terry)
100 Campus Drive
Dover, DE 19904

Evie Zerefos:

Congratulations on being awarded the Training in Early Childhood Education Adult contract for program year 2014. In order to write the contract, I need the following documents for each program funded:

1. Revised Target Question #4 & 6 (using Standard Milestone Page attached)
2. Statement of Completion (a brief statement in Microsoft Word of what a client will achieve after completion of the program)
3. Budget Summary (Including the Employee Listing, Budget Back Up Page, and Direct Benefits Page-attached)
4. Training Order-attached

When completing the budget, please base the total off of the following figures:

Enrollments	Performance Portion (40%)	Total Cost Reimbursement Portion	Cost Reimbursement /Direct Benefits
13	\$23,248	\$36,392	\$1,521

*The direct benefit was determined by the BAFO request.

Please send the requested items to stephen.malone@state.de.us no later than Wednesday, April 30, 2014. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8156 with any additional questions you may have.

Sincerely,

Stephen Malone



**STATE OF DELAWARE
DEPARTMENT OF LABOR
DIVISION OF EMPLOYMENT & TRAINING
4425 NORTH MARKET STREET
POST OFFICE BOX 9828
WILMINGTON, DE 19809-0828**

April 14, 2014

First State Community Action Agency
308 North Railroad Avenue
Georgetown, DE 19947

Bernice Edwards:

Congratulations on being awarded the Culinary Arts Training Adult contract for program year 2014. In order to write the contract, I need the following documents for each program funded:

1. Revised Target Question #4 & 6 (using Standard Milestone Page attached)
2. Statement of Completion (a brief statement in Microsoft Word of what a client will achieve after completion of the program)
3. Budget Summary (Including the Employee Listing, Budget Back Up Page, and Direct Benefits Page-attached)
4. Training Order-attached

When completing the budget, please base the total off of the following figures:

Enrollments	Performance Portion (40%)	Total Cost Reimbursement Portion	Cost Reimbursement /Direct Benefits
12	\$21,197	\$32,803	\$1,008

*The direct benefit was determined by the BAFO request.

Please send the requested items to stephen.malone@state.de.us no later than Wednesday, April 30, 2014. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8156 with any additional questions you may have.

Sincerely,

Stephen Malone



**STATE OF DELAWARE
DEPARTMENT OF LABOR
DIVISION OF EMPLOYMENT & TRAINING
4425 NORTH MARKET STREET
POST OFFICE BOX 9828
WILMINGTON, DE 19809-0828**

April 14, 2014

Food Bank of Delaware
14 Garfield Way
Newark, DE 19713

Beverly Jackey:

Congratulations on being awarded the Culinary Adult contract for program year 2014. In order to write the contract, I need the following documents for each program funded:

1. Revised Target Question #4 & 6 (using Standard Milestone Page attached)
2. Statement of Completion (a brief statement in Microsoft Word of what a client will achieve after completion of the program)
3. Budget Summary (Including the Employee Listing, Budget Back Up Page, and Direct Benefits Page-attached)
4. Training Order-attached

When completing the budget, please base the total off of the following figures:

Enrollments	Performance Portion (40%)	Total Cost Reimbursement Portion	Cost Reimbursement /Direct Benefits
14	\$29,420	\$46,580	\$2,450

*The direct benefit was determined by the BAFO request.

Please send the requested items to stephen.malone@state.de.us no later than Wednesday, April 30, 2014. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8156 with any additional questions you may have.

Sincerely,

Stephen Malone



**STATE OF DELAWARE
DEPARTMENT OF LABOR
DIVISION OF EMPLOYMENT & TRAINING
4425 NORTH MARKET STREET
POST OFFICE BOX 9828
WILMINGTON, DE 19809-0828**

April 14, 2014

Goodwill of Delaware
300 E. Lea Blvd
Wilmington, DE 19802

Theresa Gray:

Congratulations on being awarded the Cashier Adult contract for program year 2014. In order to write the contract, I need the following documents for each program funded:

1. Revised Target Question #4 & 6 (using Standard Milestone Page attached)
2. Statement of Completion (a brief statement in Microsoft Word of what a client will achieve after completion of the program)
3. Budget Summary (Including the Employee Listing, Budget Back Up Page, and Direct Benefits Page-attached)
4. Training Order-attached

When completing the budget, please base the total off of the following figures:

Enrollments	Performance Portion (40%)	Total Cost Reimbursement Portion	Cost Reimbursement /Direct Benefits
30	\$8,486	\$14,230	\$1,500

*The direct benefit was determined by the BAFO request.

Please send the requested items to stephen.malone@state.de.us no later than Wednesday, April 30, 2014. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8156 with any additional questions you may have.

Sincerely,

Stephen Malone



**STATE OF DELAWARE
DEPARTMENT OF LABOR
DIVISION OF EMPLOYMENT & TRAINING
4425 NORTH MARKET STREET
POST OFFICE BOX 9828
WILMINGTON, DE 19809-0828**

May 14, 2014

Professional Staffing Associates Inc.
3301 Green St.
Claymont, DE 19703

Priscilla Turgon:

Congratulations on being awarded the Business Skills (Re-Entry) Training Adult contract for program year 2014. In order to write the contract, I need the following documents for each program funded:

1. Revised Target Question #4 & 6 (using Standard Milestone Page attached)
2. Statement of Completion (a brief statement in Microsoft Word of what a client will achieve after completion of the program)
3. Budget Summary (Including the Employee Listing, Budget Back Up Page, and Direct Benefits Page-attached)
4. Training Order-attached

When completing the budget, please base the total off of the following figures:

Enrollments	Performance Portion (40%)	Total Cost Reimbursement Portion	Cost Reimbursement /Direct Benefits
22	\$65,869	\$98,803	\$7,326

*The direct benefit was determined by the BAFO request. If you would like to change this amount, please let me know.

Please send the requested items to Valarie.Wright@state.de.us no later than **Wednesday, April 30, 2014**. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8114 with any additional questions you may have.

Sincerely,

Valarie Wright
Contract/Consultant Control Coordinator



**STATE OF DELAWARE
DEPARTMENT OF LABOR
DIVISION OF EMPLOYMENT & TRAINING
4425 NORTH MARKET STREET
POST OFFICE BOX 9828
WILMINGTON, DE 19809-0828**

May 14, 2014

Sussex Tech
P.O. Box 351 17099 County Seat Highway
Georgetown, DE 19947

Dr. Mike Owens:

Congratulations on being awarded the Nursing Assistant Enhanced Training Adult contract for program year 2014. In order to write the contract, I need the following documents for each program funded:

1. Revised Target Question #4 & 6 (using Standard Milestone Page attached)
2. Statement of Completion (a brief statement in Microsoft Word of what a client will achieve after completion of the program)
3. Budget Summary (Including the Employee Listing, Budget Back Up Page, and Direct Benefits Page-attached)
4. Training Order-attached

When completing the budget, please base the total off of the following figures:

Enrollments	Performance Portion (40%)	Total Cost Reimbursement Portion	Cost Reimbursement /Direct Benefits
35	\$55,428	\$83,142	\$9,625

*The direct benefit was determined by the BAFO request. If you would like to change this amount, please let me know.

Please send the requested items to colleen.cunningham@state.de.us no later than **Wednesday, April 30, 2014**. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8122 with any additional questions you may have.

Sincerely,

Colleen Cunningham