



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

April 10, 2013

Delaware Skills Center
1300 Clifford Brown Walk
Wilmington, DE 19801

Eric Wells:

Congratulations on being awarded the Construction Electric Adult contract for program year 2013. 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
17	\$29,080	\$43,620	0

*The direct benefit was determined by the BAFO request.

Please send the requested items to colleen.cunningham@state.de.us no later than Tuesday, April 30, 2013. 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 10, 2013

Delaware Skills Center
1300 Clifford Brown Walk
Wilmington, DE 19801

Eric Wells:

Congratulations on being awarded the Certified Nursing Assistant Adult contract for program year 2013. 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	\$81,732	\$122,597	0

*The direct benefit was determined by the BAFO request.

Please send the requested items to colleen.cunningham@state.de.us no later than Tuesday, April 30, 2013. 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
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POST OFFICE BOX 9828
WILMINGTON, DE 19809-0828**

April 10, 2013

Delaware Skills Center
1300 Clifford Brown Walk
Wilmington, DE 19801

Eric Wells:

Congratulations on being awarded the Computer Support Specialist Adult contract for program year 2013. 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
10	\$18,540	\$27,810	0

*The direct benefit was determined by the BAFO request.

Please send the requested items to colleen.cunningham@state.de.us no later than Tuesday, April 30, 2013. 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
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POST OFFICE BOX 9828
WILMINGTON, DE 19809-0828**

April 10, 2013

Delaware Skills Center
1300 Clifford Brown Walk
Wilmington, DE 19801

Eric Wells:

Congratulations on being awarded the HVAC/Building Energy Adult contract for program year 2013. 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
17	\$30,800	\$46,200	0

*The direct benefit was determined by the BAFO request.

Please send the requested items to colleen.cunningham@state.de.us no later than Tuesday, April 30, 2013. 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
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4425 NORTH MARKET STREET
POST OFFICE BOX 9828
WILMINGTON, DE 19809-0828**

April 10, 2013

Delaware Skills Center
1300 Clifford Brown Walk
Wilmington, DE 19801

Eric Wells:

Congratulations on being awarded the Medical Assistant Adult contract for program year 2013. 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
19	\$37,582	\$56,372	0

*The direct benefit was determined by the BAFO request.

Please send the requested items to colleen.cunningham@state.de.us no later than Tuesday, April 30, 2013. 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
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4425 NORTH MARKET STREET
POST OFFICE BOX 9828
WILMINGTON, DE 19809-0828**

April 10, 2013

Delaware Skills Center
1300 Clifford Brown Walk
Wilmington, DE 19801

Eric Wells:

Congratulations on being awarded the Practical Nursing Adult contract for program year 2013. 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	\$99,321	\$148,982	0

*The direct benefit was determined by the BAFO request.

Please send the requested items to colleen.cunningham@state.de.us no later than Tuesday, April 30, 2013. 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
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4425 NORTH MARKET STREET
POST OFFICE BOX 9828
WILMINGTON, DE 19809-0828**

April 15, 2013

Delaware Technical Community College
100 Campus Drive
Dover, DE 19904

Evie Zerefos:

Congratulations on being awarded the Training in Early Childhood Education (TECE I and II) contract for program year 2013. 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
17	\$21,920	\$34,880	\$2000

*The direct benefit was determined by the BAFO request.

Please send the requested items to Valarie.Wright@state.de.us no later than Tuesday, April 30, 2013. 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



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

April 15, 2013

Delaware Technical Community College
100 Campus Drive
Dover, DE 19904

Evie Zerefos:

Congratulations on being awarded the Certified Nursing Assistant Blue Collar contract for program year 2013. 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	\$34,671	\$55,007	\$3,000

*The direct benefit was determined by the BAFO request.

Please send the requested items to valarie.wright@state.de.us no later than Tuesday, April 30, 2013. 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,

Valarie Wright



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

April 15, 2013

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

Chala Breen:

Congratulations on being awarded the Medical Office Specialist with EHR Blue Collar contract for program year 2013. 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	\$18,722	\$30,778	\$2,695

*The direct benefit was determined by the BAFO request.

Please send the requested items to valarie.wright@state.de.us no later than Tuesday, April 30, 2013. 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,

Valarie Wright



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

April 15, 2013

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

Chala Breen:

Congratulations on being awarded the Radiologic Technologist Blue Collar contract for program year 2013. 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
4	\$12,635	\$22,184	\$3,231

*The direct benefit was determined by the BAFO request.

Please send the requested items to valarie.wright@state.de.us no later than Tuesday, April 30, 2013. 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,

Valarie Wright



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

April 10, 2013

Delaware Technical and Community College-Wilmington Campus
333 Shipley Street
Wilmington, DE 19801

Cathren Hagan-Smith:

Congratulations on being awarded the Certified Nursing Assistant Adult contract for program year 2013. 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	\$9,960	\$15,421	\$480

*The direct benefit was determined by the BAFO request.

Please send the requested items to colleen.cunningham@state.de.us no later than Tuesday, April 30, 2013. 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 10, 2013

Delaware Technical and Community College-Wilmington Campus
333 Shipley Street
Wilmington, DE 19801

Cathren Hagan-Smith:

Congratulations on being awarded the Early Care Education Adult contract for program year 2013. 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
24	\$12,320	\$19,919	1440

*The direct benefit was determined by the BAFO request.

Please send the requested items to colleen.cunningham@state.de.us no later than Tuesday, April 30, 2013. 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 10, 2013

Delaware Technical and Community College-Wilmington Campus
333 Shipley Street
Wilmington, DE 19801

Cathren Hagan-Smith:

Congratulations on being awarded the Certified Electronic Health Record Adult contract for program year 2013. 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	\$18,302	\$28,114	\$660

*The direct benefit was determined by the BAFO request.

Please send the requested items to colleen.cunningham@state.de.us no later than Tuesday, April 30, 2013. 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 5, 2013

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 2013. 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
9	\$15,151	\$22,726	\$2,277

*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 stephen.malone@state.de.us no later than Tuesday, April 30, 2013. 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 5, 2013

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

Regina Jones:

Congratulations on being awarded the Cashier Training Adult contract for program year 2013. 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	\$7,429	\$11,143	\$1,200

*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 stephen.malone@state.de.us no later than Tuesday, April 30, 2013. 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 5, 2013

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

Regina Jones:

Congratulations on being awarded the Computer Training (Kent) Adult contract for program year 2013. 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	\$12,562	\$18,843	\$1,200

*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 stephen.malone@state.de.us no later than Tuesday, April 30, 2013. 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 5, 2013

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

Regina Jones:

Congratulations on being awarded the Computer Training (New Castle) Adult contract for program year 2013. 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	\$12,562	\$18,843	\$1,200

*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 stephen.malone@state.de.us no later than Tuesday, April 30, 2013. 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



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4425 NORTH MARKET STREET
POST OFFICE BOX 9828
WILMINGTON, DE 19809-0828**

April 10, 2013

Professional Staffing
3301 Green Street
Claymont, DE 19703

Priscilla Turgon:

Congratulations on being awarded the Reentry Business Skills Adult contract for program year 2013. 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	\$34,529	\$56,721	\$4,928

*The direct benefit was determined by the BAFO request.

Please send the requested items to colleen.cunningham@state.de.us no later than Tuesday, April 30, 2013. 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
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4425 NORTH MARKET STREET
POST OFFICE BOX 9828
WILMINGTON, DE 19809-0828**

April 5, 2013

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

Lynn DeFelice-Williams:

Congratulations on being awarded the Nursing Assistant Enhanced Adult contract for program year 2013. 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
21	\$35,299	\$52,948	\$5,775

*The direct benefit was determined by the BAFO request.

Please send the requested items to stephen.malone@state.de.us no later than Tuesday, April 30, 2013. 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