



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

June 10, 2015

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 2015. 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
75	\$96,505	\$144,757	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 Joel.Riley@state.de.us no later than **Friday, May 1, 2015**. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8075 with any additional questions you may have.

Sincerely,

Joel Riley
Employment Contract Specialist



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

June 10, 2015

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 2015. 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. If you would like to change this amount, please let me know.

Please send the requested items to Joel.Riley@state.de.us no later than **Friday, May 1, 2015**. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8075 with any additional questions you may have.

Sincerely,

Joel Riley
Employment Contract Specialist



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June 10, 2015

Delaware Skills Center
1300 Clifford Brown Walk
Wilmington, DE 19801

Eric Wells:

Congratulations on being awarded the Construction Electric Adult contract for Program Year 2015. 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 Joel.Riley@state.de.us no later than **Friday, May 1, 2015**. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8075 with any additional questions you may have.

Sincerely,

Joel Riley
Employment Contract Specialist



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June 10, 2015

Delaware Skills Center
1300 Clifford Brown Walk
Wilmington, DE 19801

Eric Wells:

Congratulations on being awarded the HVAC & Building Energy Systems Adult contract for Program Year 2015. 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 Joel.Riley@state.de.us no later than **Friday, May 1, 2015**. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8075 with any additional questions you may have.

Sincerely,

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June 10, 2015

Delaware Skills Center
1300 Clifford Brown Walk
Wilmington, DE 19801

Eric Wells:

Congratulations on being awarded the Medical Assistant Adult contract for Program Year 2015. 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 Joel.Riley@state.de.us no later than **Friday, May 1, 2015**. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8075 with any additional questions you may have.

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June 10, 2015

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Wilmington, DE 19801

Eric Wells:

Congratulations on being awarded the Medical Assistant Adult contract for Program Year 2015. 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 Joel.Riley@state.de.us no later than **Friday, May 1, 2015**. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8075 with any additional questions you may have.

Sincerely,

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June 10, 2015

Delaware Skills Center
1300 Clifford Brown Walk
Wilmington, DE 19801

Eric Wells:

Congratulations on being awarded the Practical Nursing Adult contract for Program Year 2015. 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 Joel.Riley@state.de.us no later than **Friday, May 1, 2015**. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8075 with any additional questions you may have.

Sincerely,

Joel Riley
Employment Contract Specialist



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June 10, 2015

Delaware Skills Center
1300 Clifford Brown Walk
Wilmington, DE 19801

Eric Wells:

Congratulations on being awarded the Welding Adult contract for Program Year 2015. 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 Joel.Riley@state.de.us no later than **Friday, May 1, 2015**. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8075 with any additional questions you may have.

Sincerely,

Joel Riley
Employment Contract Specialist



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WILMINGTON, DE 19809-0828**

June 10, 2015

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

Theresa Gray:

Congratulations on being awarded the Cashier Adult contract for Program Year 2015. 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	\$8,788	\$14,683	\$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 Colleen.Cunningham@state.de.us no later than **Friday, May 1, 2015**. 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
Contract Specialist



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

June 10, 2015

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

Theresa Gray:

Congratulations on being awarded the Hospitality Kent County Adult contract for Program Year 2015. 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	\$3,300	\$5,300	\$350

*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 **Friday, May 1, 2015**. 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
Contract Specialist



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

June 10, 2015

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

Theresa Gray:

Congratulations on being awarded the Hospitality New Castle County Adult contract for Program Year 2015. 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	\$3,300	\$5,300	\$350

*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 **Friday, May 1, 2015**. 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
Contract Specialist



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4425 NORTH MARKET STREET
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WILMINGTON, DE 19809-0828**

June 10, 2015

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

Evie Zerefos:

Congratulations on being awarded the Certified Clinical Medical Assistant-Terry Campus Adult contract for Program Year 2015. 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	\$34,333	\$53,000	\$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 Ashley.Francica@state.de.us no later than **Friday, May 1, 2015**. 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,

Ashley Francica
Contract Manager



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

June 10, 2015

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

Evie Zerefos:

Congratulations on being awarded the Certified Nursing Assistant-Terry Campus Adult contract for Program Year 2015. 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	\$40,687	\$64,550	\$3,520

*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 Ashley.Francica@state.de.us no later than **Friday, May 1, 2015**. 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,

Ashley Francica
Contract Manager



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

June 10, 2015

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

Evie Zerefos:

Congratulations on being awarded the Early Childhood Education-Terry Campus Adult contract for Program Year 2015. 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	\$22,155	\$34,932	\$1,700

*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 Ashley.Francica@state.de.us no later than **Friday, May 1, 2015**. 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,

Ashley Francica
Contract Manager



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

June 10, 2015

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

Evie Zerefos:

Congratulations on being awarded the Medical Administrative Assistant-Terry Campus Adult contract for Program Year 2015. 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	\$17,190	\$26,786	\$1,000

*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 Ashley.Francica@state.de.us no later than **Friday, May 1, 2015**. 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,

Ashley Francica
Contract Manager



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WILMINGTON, DE 19809-0828**

June 10, 2015

Delaware Technical and Community College-Owens Campus
21179 College Drive
Georgetown, DE 19947

Chala Breen:

Congratulations on being awarded the Associates Degree Nursing Adult contract for Program Year 2015. 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	\$19,753	\$32,130	\$2,500

*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 Colleen.Cunningham@state.de.us no later than **Friday, May 1, 2015**. 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
Contract Specialist



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DEPARTMENT OF LABOR
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4425 NORTH MARKET STREET
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WILMINGTON, DE 19809-0828**

June 10, 2015

Delaware Technical and Community College-Owens Campus
21179 College Drive
Georgetown, DE 19947

Chala Breen:

Congratulations on being awarded the Medical Office Specialist with Electronic Health Records Adult contract for Program Year 2015. 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	\$22,126	\$36,488	\$3300

*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 **Friday, May 1, 2015**. 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
Contract Specialist



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June 10, 2015

Delaware Technical and Community College-Owens Campus
21179 College Drive
Georgetown, DE 19947

Chala Breen:

Congratulations on being awarded the Radiologic Technologist Adult contract for Program Year 2015. 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	\$15,446	\$25,368	\$2,200.00

*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 **Friday, May 1, 2015**. 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
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June 10, 2015

Delaware Technical and Community College-Owens Campus
21179 College Drive
Georgetown, DE 19947

Chala Breen:

Congratulations on being awarded the Food Safety Certificate Program Adult contract for Program Year 2015. 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	\$6,100	\$10,350	\$1,200.00

*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 **Friday, May 1, 2015**. No expenditures will be authorized without a fully executed contract.

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Sincerely,

Colleen Cunningham
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WILMINGTON, DE 19809-0828**

June 10, 2015

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

Cathren A. Hagan-Smith:

Congratulations on being awarded the Medical Office Specialist Adult contract for Program Year 2015. 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	\$21,587	\$32,981	\$600

*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 **Friday, May 1, 2015**. 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
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June 10, 2015

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

Cathren A. Hagan-Smith:

Congratulations on being awarded the Paraprofessional Adult contract for Program Year 2015. 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	\$16,841	\$25,861	\$600

*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 **Friday, May 1, 2015**. 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
Contract Specialist



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WILMINGTON, DE 19809-0828**

June 10, 2015

Delaware Technical and Community College-Stanton Campus
400 Stanton-Christiana Road
Newark, DE 19947

Rodney Bailey:

Congratulations on being awarded the Facilities Maintenance Technician Adult contract for Program Year 2015. 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	\$28,861	\$44,492	\$1,200.00

*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 **Friday, May 1, 2015**. 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
Contract Specialist



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

June 10, 2015

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

Bernice Edwards:

Congratulations on being awarded the Culinary Arts Training Adult contract for Program Year 2015. 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	\$33,932	\$50,899	\$3,000

*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 Joel.Riley@state.de.us no later than **Friday, May 1, 2015**. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8075 with any additional questions you may have.

Sincerely,

Joel Riley
Employment Contract Specialist



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

June 10, 2015

Food Bank of Delaware
14 Garfield Way
Newark, DE 19713

Anna McDermott:

Congratulations on being awarded the Culinary Arts Training Adult contract for Program Year 2015. 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	\$29,490	\$49,510	\$2,275

*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 Joel.Riley@state.de.us no later than **Friday, May 1, 2015**. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8075 with any additional questions you may have.

Sincerely,

Joel Riley
Employment Contract Specialist



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

June 10, 2015

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

Kimley Hines:

Congratulations on being awarded the Nursing Assistant Enhanced Adult contract for Program Year 2015. 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	\$55,479	\$92,844	\$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 Joel.Riley@state.de.us no later than **Friday, May 1, 2015**. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8075 with any additional questions you may have.

Sincerely,

Joel Riley
Employment Contract Specialist



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4425 NORTH MARKET STREET
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WILMINGTON, DE 19809-0828**

June 10, 2015

Project New Start, Inc.
3301 Green Street
Claymont, DE 19703

Priscilla Turgon:

Congratulations on being awarded the Clerical/Business Adult contract for Program Year 2015. 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	\$62,910	\$101,690	\$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 Joel.Riley@state.de.us no later than **Friday, May 1, 2015**. No expenditures will be authorized without a fully executed contract.

Please contact me at 302-761-8075 with any additional questions you may have.

Sincerely,

Joel Riley
Employment Contract Specialist



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4425 NORTH MARKET STREET
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WILMINGTON, DE 19809-0828**

June 10, 2015

Polytech Adult Education
823 Walnut Shade Road
P.O. Box 102
Woodside, DE 19980

Betsy Jones:

Congratulations on being awarded the Electro Mechanical Technician Adult contract for Program Year 2015. 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	\$32,848	\$52,872	\$3,600

*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 **Friday, May 1, 2015**. 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
Contract Specialist