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