

PREVIOUSLY APPROVED PROGRAM  
Workforce Education and Training

County: \_\_\_\_\_

No funding is being requested for this program.

Program Number/Name: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10**

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?      Yes       No

2) Is there a change in the activities and strategies?      Yes       No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or**,      Yes       No

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?      Yes       No

c) If you are requesting an exception to the ±25% criteria, please provide an

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explanation below.	
<b>NOTE:</b> If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

**A. Type of Funding by Category**

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

**B. Answer the following questions about this program.**

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.