

**WORKFORCE FLORIDA
BUSINESS COMPETITIVENESS COUNCIL PROJECT
OVERVIEW**

PROJECT NAME	
BRIEF DESCRIPTION OF PROJECT	
CUSTOMER GROUP <i>Adult; Youth (14-21 for regular WIA and 14-24 for ARRA); Dislocated Workers</i>	
SUBMITTING ENTITY	
OTHER ENTITIES AFFECTED	
CONTACT NAME	
MAILING ADDRESS	
PHONE NUMBER	
FAX NUMBER	
E-MAIL ADDRESS	
PERFORMANCE: (Answer all that are applicable to this project. If not applicable, please enter NA)	
NUMBER OF PERSONS ENROLLED	
NUMBER OF PLANNED COMPLETERS	
NUMBER OF PLANNED EMPLOYMENT	
NUMBER OF PLANNED INTERNSHIPS	
NUMBER OF PLANNED CERTIFICATIONS	
OTHER:	
DELIVERABLES (OTHER THAN PERFORMANCE) (i.e., reports, curriculum development, etc.)	
TOTAL PROGRAM COSTS	
Admin Costs	%
	\$
TOTAL AMOUNT* (including admin. costs)	
	\$
COST PER PARTICIPANT (Divide total amount* by # of enrollees)	
	\$
TOTAL AMOUNT OF LEVERAGED FUNDS LIST ALL CONFIRMED SOURCES INDIVIDUALLY AND AMOUNTS (USE SEPARATE SHEET IF NECESSARY)	
	\$
FUNDING SOURCE	
HOLDBACK (YES OR NO)	_____ %
DATE RANGE FUNDS MAY BE USED	
SPECIAL CONDITIONS OR RESTRICTIONS	