**FY 26 PROPOSED INTEGRATED EDUCATION AND TRAINING APPLICATION**

**Adult Education Provider Name: Region or Location:**

**IET Providers: Name of Co-Instructors:**

**Employer Partner(s): Occupation with NAICS code:**

**Salary Range for Target Job:**

|  |
| --- |
| **Credentials Information** |
| **Specific Credentials Offered:** |
| **Name of Credentialing authority:** |
| **List credentials needed to enter training, take credentialing exam or for entry level employment:** |

|  |
| --- |
| **Course Information** |
| **Length of Course [00/00/00] to [00/00/00]** | **Total IET course hours:** |
| **Clinical:** | **Internship/Externship:** |

|  |
| --- |
| **Weekly Schedule – Days/Times + Shared Learning Objectives** |
| **Adult Education:** |
| **Workplace Skills:** |
| **Occupational Training:** |
| **Shared Learning Objectives, with standards noted as applicable:**  |

**FY 26 PROPOSED INTEGRATED EDUCATION AND TRAINING APPLICATION**

|  |
| --- |
| **Staffing & Planning Information** |
| **Co-Planning Staff (Initialed):** |
| **Instructor:****Instructor:** |
| **Instructional Specialist:** |
| **Industry advisor:** |
| **Other:** |
| **Instructor Communication Activities/Planning Times:** |

|  |  |  |
| --- | --- | --- |
| **Adult Ed and Literacy Instruction** | **Workplace Preparation Instruction** | **Training Services Instruction** |
| **Activities:** | **Activities:** | **Activities:** |
| **Materials:** | **Materials:** | **Materials:** |

|  |
| --- |
| **Notes/Comments:** |

**FY 26 PROPOSED INTEGRATED EDUCATION AND TRAINING APPLICATION**

|  |
| --- |
| **Timeline: July to June** (NOTE**:** Each column should equal 100%; all three components must be included) |
| Activity %: | **July** | **August** | **Sept** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **June** |
| Adult Education & Literacy |  |  |  |  |  |  |  |  |  |  |  |  |
| Workforce Prep |  |  |  |  |  |  |  |  |  |  |  |  |
| Training |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Support Services** |
| **Support Services Provided:** | **Agency Providing Services:** |

|  |
| --- |
| **Employment Placement** |
| **Employment Placement Activities:** | **Agency Providing Services:** |

|  |
| --- |
| **Notes/Comments:****Name of Agency** **Providing Training** **Funds (AEFLA,** **Title I). Include** **training cost per** **Participant. Separately, include training costs and calculations for the occupational instructor salary.** |