

# Worker Training Program Grant Close-Out

Download this form and fill out all fields

**File #** (Office Use Only)

Company: Contact Name:

Contact Title: Contact Phone:

Contact Email:

1. Number of Training Participants:

### Participants' Wage Levels

Wages Before Training: Wages After Training:

Do you offer health care insurance to your employees? Yes No

If yes, what is the number and percentage of employees covered? Number covered:

Percentage covered:

2. Measurable Skills Gained:

3. Project Accomplishments/Success Stories:

4. Training Project Variances (if any):

5. Ideas for Improving Worker Training Program

6. Project Completion Documentation  
(**Required:** Attendance records/class roster, Billing Invoices)

**Attach files and submit form to [NDOL.WTPHelp@nebraska.gov](mailto:NDOL.WTPHelp@nebraska.gov)**