

Custom Fit Training Partnership Program

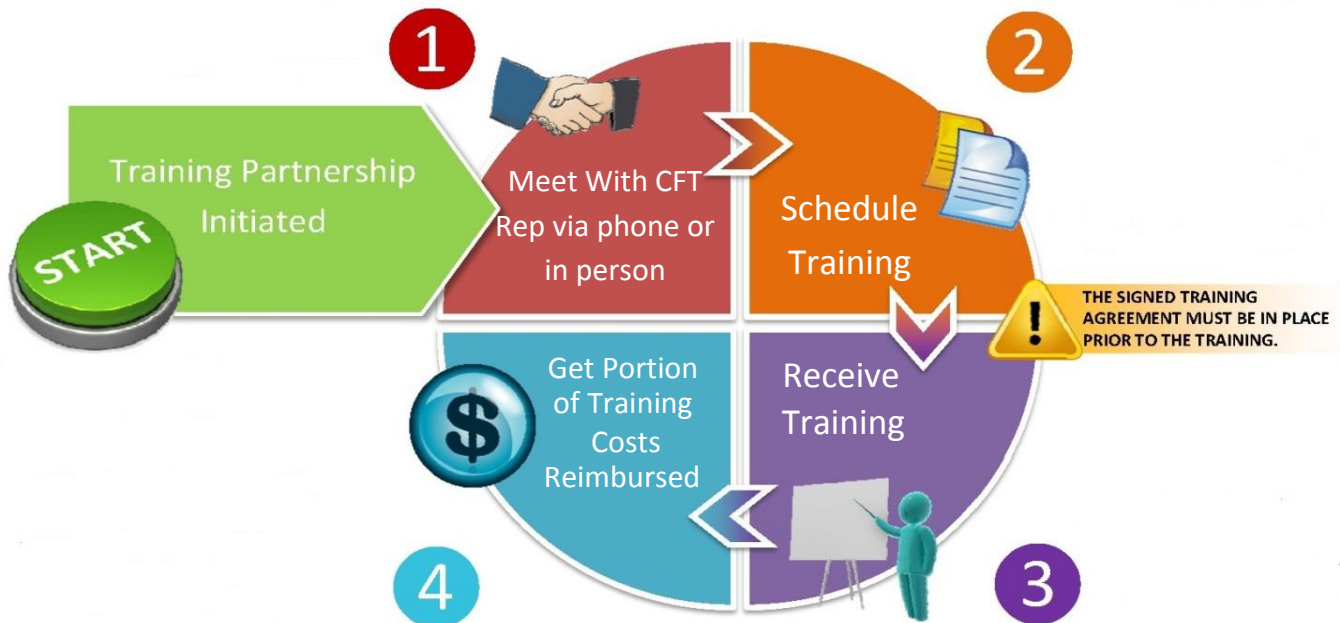
ABOUT CUSTOM FIT

Custom Fit Training is a state legislated program designed to increase economic development through training to all for-profit businesses in the state of Utah. There are 11 regional offices serving businesses throughout the state of Utah. Our region has two offices, located at each Snow College campus, both in Ephraim and Richfield.

Our Custom Fit will help assess training needs, procure and/or facilitate training and reimburse **50% of the training cost to for-profit businesses!** Businesses that take advantage of customized training strengthen their business by increasing skills, efficiency and employee loyalty.

Samples of various training could include:

- Vehicle Inspection
- Entrepreneurship
- CPR/First Aid
- HazCom (OSHA)
- QuickBooks
- Auto Mechanics
- Marketing
- Profit Mastery



STARTER PACKET

Custom Fit Training Partnership Program

Meet With CFT Rep

- Complete Company Profile (done the first time only)
- File out IRS W-9 form (done the first time only)
- Assess Training Needs
- Select Training

Schedule Training

- Complete Training Request form
- Receive and sign Training Agreement from CFT Rep **PRIOR** to training
- Return signed Training Agreement to CFT Rep for approval **PRIOR** to training

Receive Training

- Complete your scheduled training
- Make sure to have proof of attendance/completion of your training

Custom Fit Reimbursement

- Submit proof of payment to CFT Rep **NO LATER THAN 30 DAYS AFTER THE LAST CLASS IN ORDER TO RECEIVE REIMBURSEMENT**
- Submit proof of attendance/completion to CFT Rep **NO LATER THAN 30 DAYS AFTER THE LAST CLASS IN ORDER TO RECEIVE REIMBURSEMENT.**
- Custom Fit will process your reimbursement

If you have questions or concerns, please contact us.

Company Profile

Let's Get Started

All businesses that use Custom Fit **must have a W-9 form on file with Snow College.** The form can be found on the IRS website at <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

Please fill out the Company Profile section below:

COMPANY INFORMATION			
Company Name:		Contact Name:	
Email address:		Fax Number:	
Street address:		Work phone	Cell phone
P.O. Box:	City:	State:	ZIP Code:
Describe your business:			
How did you hear about us?			

Training Request Form

INSTRUCTIONS: Please use this form for each training using Custom Fit funding. ***Please submit this form ASAP. Form must be reviewed PRIOR to the beginning of your training*** in order to generate a training agreement and receive approval. If not received prior to training, your request will be denied.

All Sections Must Be Complete

Your Company Name:				
Title of Training		Instructor	Location	Cost per Person \$
				Quoted total cost of training \$
Start Date	End Date	Start Time	End Time	Total Training Hours
/ /	/ /			
Which area of business do you hope the above training will improve? <input type="checkbox"/> <i>Growth</i> <input type="checkbox"/> <i>Productivity</i> <input type="checkbox"/> <i>Competitive Edge</i>				
Please list each person from your company who will be attending this training <input type="checkbox"/> <i>Will submit list prior to training</i>				
First Name		Last Name		Last 4 of Social