

Fresno County Workforce Investment Board

Change request for Training Provider and/or Training Course Information.

This form must be completed and submitted to the FCWIB Contracting Unit to revise any existing data or information of an approved Training Provider and/or an approved Training Program. All identifying data information must match exactly to the Training Provider and/or Training Course information as listed in the I-train-Fresno database.

To: Fresno County Workforce Investment Board
Attention: Contracting Unit

1. Name of Local Eligible Training Provider _____:
2. I-Train Vendor ID: _____
3. FEIN #: _____
4. Course Name: _____
5. Local 6 Character Course Code : _____
6. Was Bureau for Private Post Secondary Certification re-approval needed: Yes _____ No _____
7. If this is a request to revise the costs of training, attach an itemized break down of all associated costs :
OLD Cost: _____ NEW Costs: Tuition: _____ Fees: _____ Expenses: _____ Total: _____
8. Other Changes:

Describe in detail other changes you would like made to the above referenced provider or course:

Date _____

_____ Print Name of Authorized Representative

_____ Signature of Authorized Representative

This request to change provider and/or program information will be returned without action if it is incomplete.

*******When Completed Fax Form to: (559) 490-7193*******

FCWIB Internal Use Only

Approved by:	Dated:	Contract Administrator
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