

September 26, 2006

Mr. John Doe  
ABC Company  
123 Main Street  
Lombard, IL 60148

Mr. John Doe:

Thank you for applying for an Employer Workforce Training Fund Incumbent Worker Training. I am pleased to inform you that your application has been approved.

Based on your application, you have been approved for **\$20,000** to cover the expenses of **Manufacturing training** for **20** of your employees during the period of **January 30, 2008** through **June 30, 2009**. Should a trainee quit or fail the training program, his or her costs will not be reimbursed. Also, in accordance with the Employer Workforce Training Policy, ABC Company agrees to cover a minimum of **\$20,000 (1:1 match)** to meet the Employer Match Requirement using employee wages, an in-kind contribution, or other contributions to training costs.

Reimbursement will not take place until the training program is successfully completed. To be reimbursed for the training costs, you will need to submit:

- 1) Social security release forms for each trainee
- 2) A trainee information list (trainees' names, hourly wages and job titles)
- 3) Proof of training completion for employees trained
- 4) Documentation of match
- 5) Final project report
- 6) Invoices and proof of payment

By signing this approval letter, you agree to the above stated stipulations. Please keep a copy of this letter for your records.

Please call me with any questions at 630/955-2066. I hope your experience with the Employer Workforce Training Fund Program is successful!

Sincerely,

Lisa Santucci  
Business Services Supervisor  
DuPage County Workforce Development Division

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Susan O. Clark, Administrator  
DuPage County Department of Economic  
Development and Planning  
Workforce Development Division

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Company Representative

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Title