

Training Provider: _____
 Representative Name: _____
 Address: _____
 City, State Zip: _____
 Phone Number: _____
 Quote for: _____
 Date of Quote: _____ Expires: _____

QUOTE FORM



The Center for Rural Development
 2292 S. Highway 27, Suite 300
 Somerset, Kentucky 42501
 Ph: 606.677.6000 Fax 606.677.6010

Course Title/#/Level	Type O* or C**	# hrs.	Specific Location (facility and City/State)	# emp. trained	# of sessions	# emp./ session	Cost/Session (if applicable)	Total Tuition for Course
							Total Quote	

Course Type

- *O = Open enrollment, defined as a regularly scheduled course offered by the provider that is open for any person to enroll in
- **C = Customized, defined as a course developed and/or delivered specifically for a business/applicant with enrollment limited to their employees

The training provider must submit this quote directly to the business applying for a C-TRAIN grant. In order to enhance the efficiency of the application process, training providers are also encouraged to FAX a copy of the quote to the C-TRAIN program at (606) 677-6010.

Training Provider Representative Signature

Date