

## **EXHIBIT F-2010 FINAL REPORT**

Agricultural Workforce Certification Program Project # \_\_\_\_\_  
(For office use only)

Upon completion of the Training Program, this Final Report shall first be submitted to Cornell Cooperative Extension of Albany County for review and comment. Cornell Cooperative Extension will have a period of 90 days from receipt of the Final Report in which to perform its review.

### **Background**

Amount of Grant \_\_\_\_\_ Total Project Costs \_\_\_\_\_ Date of Report \_\_\_\_\_  
(Refer to D-1)

AWCP Project name: \_\_\_\_\_

County/Agency to be paid: \_\_\_\_\_

Counties involved: \_\_\_\_\_

Primary Industry Served: \_\_\_\_\_

Training Program start date: \_\_\_\_\_ Program Completion date: \_\_\_\_\_

Did Program occur in conjunction with industry conference? \_\_\_\_\_

### **Program Background**

Provide a brief description of the reasons for undertaking AWCP, how the Program met these needs, any problems encountered in implementing the Program, and any recommendations for implementing training programs in the future.

### **Training Program**

Provide specific information regarding the advantages and disadvantages of the Program's curriculum, training providers and the type(s) of training provided (e.g. technical, skilled trades, computer, "Total Quality Management", etc)

I. Project Director Identification

A. Name: \_\_\_\_\_

Address \_\_\_\_\_

B. Description of Training/Service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Dates of AWCP: \_\_\_\_\_

D. Total Number of Trainees: \_\_\_\_\_  
(Minimum 10 required for reimbursement)

E. Total Number of Hours of Training Provided: \_\_\_\_\_

II. Contract Extension Educator.

The above information is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**EXHIBIT D-1: Training Project Reimbursement Request Form**

Agricultural Workforce Certification Program  
 Cornell Cooperative Extension of Albany County, Project # \_\_\_\_\_  
 (For office use only)

Payment \_\_\_\_\_ For \$ \_\_\_\_\_

For work completed between \_\_\_\_\_ and \_\_\_\_\_

USES	NYS-DAM SHARE	COMPANY MATCH	OTHER MATCH	TOTAL
<b>Instruction</b>				
<b>Supplies/Materials</b>				
<b>Marketing</b>				
<b>Placement/Evaluation</b>				
<b>Manuals</b>				
<b>Other Misc.</b>				
<b>Column TOTALS:</b>				

**CERTIFICATION**

I hereby warrant and represent to the Empire State Development Corporation (“ESDC”) that:

1. To the best of my knowledge, information and belief, the expenditures for which Cornell Cooperative Extension of \_\_\_\_\_ County is seeking payment and/or reimbursement comply with the requirements of the Agreement between NYS-DAM and Cornell Cooperative Extension of Albany County are Eligible Expenses, and the payment and/or reimbursement of expenditures for which it is seeking payment and/or reimbursement from NYS-DAM does not duplicate reimbursement or disbursement of costs and/or expenses from any other source.
2. I have the authority to submit this invoice on behalf of Cornell Cooperative Extension of \_\_\_\_\_ County. The tasks have been completed in the manner outlined in the Agreement.
3. I hereby attach the following documents for NYS-DAM approval in support of this requisition:
  - \_\_\_\_\_ Invoices or expense sheet for Eligible Expenses incurred received this pay period, listed on cover sheet.
  - \_\_\_\_\_ Trainee Information (Exhibit D-2) for Course(s) # \_\_\_\_\_
  - \_\_\_\_\_ Final Report (Exhibit F, submitted with final reimbursement request only)
  - \_\_\_\_\_ NYS Standard Voucher
  - \_\_\_\_\_ Other: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**EXHIBIT D-2**

**Outcomes**

Answer to the best of your knowledge:

	In Application	Actual
Total number to be trained		
Existing employees to be trained		
New Hires to be trained		
Total number of trainees to be promoted as a result of training		
Total number of trainees who will receive increased wages as a result of training		
Total number of new employees who will be hired as a result of current workforce being trained		
Total number of new employees who will be retained as result of current workforce being trained		

**Other**

Indicate any deviations from original training program, if any, as well as any other relevant information that directly affected the program.

**Brief Placement of Trainees:**

**Employment Information**

Fill in the number of employees trained, to the best of your knowledge.

As of (date):	MALE		FEMALE		TOTAL	
	# New Trainees	# Current Employees	# New Trainees	# Current Employees	# New Trainees	# Current Employees
Caucasian						
African American						
Hispanic						
Asian						
Native American						
Other						
<b>TOTAL</b>						



**Cornell University**  
Cooperative Extension  
Albany County