## INITIAL 90-DAY REVIEW OF ESTABLISHMENT PROJECT TRAINING

Instructions: Below is a summary of the specific trainings submitted as expenses for the past quarter. Please complete the remaining columns to identify if the training was a result of an enhanced cost or an added position, and not a training that was customarily provided prior to the Establishment Project (i.e. Provider historically had 5 employment service staff and customarily sent all staff to Employment Specialist Training through the Indiana Institute on Disability and Community. The cost of this training for the 5 existing positions may not be charged to the project, but the cost of this training for the 2 added positions is allowable). Also identify if the training hours were counted towards the minimum number of foundational skills training to be achieved, per year, by new and existing employment services staff.

Name of Employee	Training Title Listed on Claim Documentation	Identify if the specific training was customarily provided prior to the establishment project. (List <b>Y</b> or <b>N</b> )	Identify if the training expense was specifically for an <u>added position</u> or <u>enhanced cost</u> . (List either <b>Added</b> or <b>Enhanced</b> , as applicable)	List the number of foundational skills training hours earned, as a result of the training, if applicable (If none, list 0).