Installation Name:

1. Name of CSP:
(Provide name of CSP. This name is used for all statistical data and official correspondence.)

2. Is the the training location on-base or off-base?

If **off-base**, please provide the following:

Is the CSP located within 50 miles of a Garrison?

CSP Physical Address:

3. Date Installation JAG Legal Review Completed:

4. Date Memorandum of Agreement (MOA) Completed:

5. Institution of Higher Learning (IHL):
If YES, coordinate access to the installation by the CSP/IHL with the ACES Education Services Officer. ESOs are responsible for approving base access by any IHL through ArmyIgnitED (https://www.armyignited.army.mil) for approval prior to any visits. The IHL must be advised that recruiting for enrollment in the IHL is strictly prohibited. Approval to come onto the installation for the purpose of recruiting is restricted to the approved CSP only. This language must be included in the MOA.

6. Installation CSP Point of Contact (POC):
Name (First and Last):

Phone Number:

Email Address:

7. CSP Training POCs (Provide at least one Point of Contact for training provider.)
Company Name:

POC Name:

Address:

Phone Number:

Email:

Company Name:

POC Name:

Address:

Phone Number:

Email:

8. CSP RC Verifying Packet:

Region:
Email:
Phone Number:

Army Career Skills Program (CSP) Request for Partner Approval

Section 1 - CSP Overview Information

1. CSP Type:
(Pre-Apprenticeship and Apprenticeship or EST, must attach supporting documents listed in # 3 below verifying criteria are met)

2. Criteria and Approval Authority: (Criteria and Approval Authority information will automatically populate. Proof of adherence to approval authority must be submitted with packet)

3. Program Overview: (Provide overview of CSP. Explain how accreditation contributes to overall quality of program for Soldiers.)

4. Program Objectives/Training Outcomes: (Explain how the training ties into career outcomes.)

5. Program Needs Assessment: (Provide detailed explanation of transitioning population and garrison need of program. Explain why this should be a separate program as opposed to partnering with another existing CSP.)

6. Partner Selection Criteria: (Provide specific information for partner selection criteria. The following information must be included. Analytics on transitioning population for support and sustainment; analytics supporting need for program)

7. Participant Selection Criteria: (Explain participant selection criteria. Explain how and why selection criteria tie to provider vacancies.)

8. Flexibility in Participant Attendance: (Will there be accommodations for medical appointments, Army out-processing, etc.?)

1. Skill Acquisition Measurement: (Select how acquisition of skills will be measured at the end of cohort.)

Other:

2. Program Metrics: (Ensure metrics match information provided in 1 above, MOA, and any supporting documentation.)

% participant completion rate

% referred for job interviews

% placed into employment

3. Post Service Employment Connection: (Provide detailed information on how CSP partner places individuals. Provide list of partner companies, if applicable. Must include metrics for completions (85% minimum), interviews (100% minimum), and placements (90% minimum).

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(Minimum must meet standard livable wage)

5. Standard Occupation Classification (SOC) Major Group of the CSP Training (http://www.onetonline.org/find/family):

Other:

6. Occupational Code/Title Trained (provide up to 3) (http://onetonline.org):

Bright Outlook occupations are expected to grow rapidly in the next several years, will have a large numbers of job opening, or are new and emerging occupations.

DOL-SOC and Occupational Title   Bright Outlook   Projected Growth

1. Expected Funding Source:

(Select funding source. If GI bill funded, must include total amount of expense.

If other, please specify:

2. GI Bill Total Amount:

3. If Other, (please explain):

4. Any Out-of-Pocket Expenses:

(Select if out-of-pocket expenses are required. If yes, provide detailed explanation of expenses.)

If Yes, please provide a detailed list of expenses:

Section 4 - CSP Cohort Scheduling

1. Is this program open to Military Spouses?

2. Is this program open to veterans?

3. Open for 5Xa]b]glfUhj Y 5 VgYbWX participants?

(Administrative Absence is for Soldiers traveling more than 50 miles from their current assigned duty location)

4. Is the target population considered to be "at risk:"

(Participants considered to be "at-risk" as defined by AR 600-81 are 24 years of age, first term enlistments, involuntarily separating due to force shaping, rapid separation from active duty, or medical separations.)

If "no" describe the population to be trained:

4. CSP Training Program Dates: (Provide at least 3 cohort dates for program. Start dates for cohorts must be at least 60 days later than submission date of packet. Training Days will automatically populate based on dates.)

Cohort #	Start Date	Finish Date	Total # Days	# Participants per Cohort

5. Additional Comments: (Provide any additional data pertinent for approval of program.)