



Name: _____ Title: _____

Organization: _____ Organization Type: Secondary Post Secondary

Address: _____ JATC Charter Union Other: _____

City: _____ State: _____ Zip: _____

Bus Phone: _____ Ext _____ Email: _____

Cell Phone: _____ Website: _____

Is the person listed above the main contact for the HVAC Lab Development? Yes No

If no, who is the primary contact?

Name: _____ Title: _____

Phone: _____ Email: _____

Is your school/program:

Profit Not-for-Profit Public

Are you eligible to receive Perkins Funding? Yes No

Tell Us About Your Program:

Please complete all information requested below. If this is a new program, please answer based on expected information.

Is your HVAC/R Program: New Existing Full Time Part Time
Check all that apply Day Program Night Program

Program Launch Date: _____ Program Hours: _____

Present/Expected Student Enrollment: _____ Number of annual graduates: _____

Type of credentials received (certificate/diploma/degree): _____

Number of full-time faculty members: _____ Number of part-time faculty members: _____

Present or Expected Annual Budget: _____

Square footage of facility devoted to the HVAC/R program: _____

Number of classrooms: _____ Number of labs: _____ Square footage of each lab: _____

Type of Assistance Needed: