



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: \_\_\_\_\_

Purpose of program: (Reason for starting program or updating program.) \_\_\_\_\_

Do you have specific employers for graduates/program completers?

\_\_\_\_\_