

**APPENDIX A
COVER SHEET
ABSTRACT**

**INMATE TRAINING AND JOB PILOT PROGRAM
COVER SHEET**

Higher Education Institution:

UEI Number:

Program Director Name and Title:

Campus Telephone:

FAX Number:

Email Address:

Campus Mailing Address:

Grants Office Post-Award Officer Name and Title:

Email Address:

Phone Number:

Campus Mailing Address:

Finance or Business Office Contact Name and Title:

Email Address:

Phone Number:

Campus Mailing Address:

Certification by authorizing official Name and Title (V.P. level or above):

Signature: _____

INMATE TRAINING AND JOB PILOT PROGRAM
ABSTRACT

Institution: _____

Project Title: _____

Provide a summary (250-300 words) of the proposed program's needs, purpose, and projected outcomes. (Please note the abstract may be reproduced as is or edited by MHEC staff for inclusion in press releases and other publications describing the grant program.)