# Appendix B: Related Instruction Training Provider Selection

[Applicant Letterhead]

[Month, Day, Year]

Dual Training Grant Review Committee

MN Office of Higher Education

1450 Energy Park Drive, Suite 350

St. Paul, MN 55108

Dear Dual Training Grant Review Committee,

[Applicant] write this letter to detail the related instruction training provider selection process as part of the requirements for the Dual Training Grant Round #9 Request for Application.

**<<**List or describe criteria for selecting related instruction training provider(s)**>>**

Applicant determines criteria. Some examples may include location, cost, and program scheduling.

**<<**List a minimum of **3** verbal quotes for each occupation included in application (or targeted vendors). Include dates and modes of communication**>>**

**<<**Indicate the decision-making group (two or more people) who reviewed quotes**>>**

Include organizational title, if names of individuals are undisclosed.

**<<**Brief description of how criteria led to final selection of related instruction training provider(s). Include list of final related instruction training provider(s)**>>**

Sincerely,

<<Signature of Authorized Representative>>

<<Printed Name>>

<<Title>>