One-Stop Capacity Building
Product Description

**Instructions:** Please copy this form and complete a separate version for each product you submit. Return the form(s), and direct questions, to Alisa Tanaka, Technical Assistance and Training Corporation, 2409 18th Street, NW, Washington, DC 20009-2003; (phone) 202-408-8282 x234; (fax) 202-408-8308

Name of Product: ____________________________________________________________

Date Produced: ____________ Date Updated: ___________ or Expected Completion Date: ____________

**Type of Product:**
- o Course
- o Participant Manual
- o Trainer Manual
- o “How-to” Manual or Desk Aid
- o Book
- o Video
- o CD ROM
- o Other Software Application
- o Internet/Web Site
- o Directory or Catalogue
- o Sample of Materials (e.g., a marketing plan)
- o Other (please identify) ______________________________________________________

**Description of Product:** (e.g. “This product is intended to provide X staff with information about Y,” “This product is intended to train X staff in Y.”)

Please attach curriculum, sample, or product description

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

**Intended Outcomes:** (e.g. “After reading X, staff should be able to Z.”)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

**Target Audience**

The following are a comprehensive “universe of skills” that may be needed in any given One-Stop. To which of these skills clusters is the product targeted? (check as many as apply)

- o Core Knowledge skills that all staff need (e.g. team building, time management, etc.)

**Skills related to providing direct services:**
- o Individual/Job-Seeker Service
- o Employer Service
- o Resource Specialist
- o Career Specialist

**Managerial/Administrative Skills:**
- o Administration (includes management, leadership and MIS)
- o Public Outreach/Marketing
- o Professional Development (of staff)
- o Fiscal
- o Program Planning/Design
- o Supervision
About the Product:

Is the product designed for state or local One-Stop staff, or is it appropriate for both groups? (circle one)

Was it developed specifically for the One-Stop context (i.e., to support the integration of workforce development services)? Yes No (circle one)

Was it developed for a particular One-Stop Center or System or as a more general resource? (circle one)

Is the product public domain or proprietary? (circle one)

This product costs: $_______ total or $____ per ______________ (e.g. $40 per unit, credit hour, participant, etc.)

**How long** is this product, or the training or instruction associated with this product?

______ hours or pages

What, if any, procedures are required for accessing/reproducing/delivering this product? (e.g., licensing, copyright compliance, etc.)

________________________________________________________________________

________________________________________________________________________

Contact Information:

Individual completing this form (for clarification purposes only):

Name: _____________________________________ Phone:____________________________

This product was developed by (name, address, phone, fax, email):

________________________________________________________________________

________________________________________________________________________

It can be obtained from: (name of contact person, address, phone, fax, email):

________________________________________________________________________

________________________________________________________________________

The following web site contains:

- o information about how to obtain this product
- o the product itself

Web site URL: __________________________________________________________________________

**Suggested additional contacts for this project in your state or region:**

Name:_____________________________________Phone: ____________________________

Title/Organization: ______________________________________________________________________

Name:_____________________________________Phone: ____________________________

Title/Organization: ______________________________________________________________________