

**APPENDIX B – Exhibit IV  
ANNUAL TRAINING PLAN  
FY 2005**

**State:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>List Personnel by ID Number and Type (Mgt/S/IH/etc.)</b>	<b>Training Activity &amp; Location. List Per Diem/ Airfare/Reg. Fee/Misc/etc. for Out- of-state training.</b>	<b>Indicate by Number the Competency Area that Training will Address*</b>

- |                                    |   |
|------------------------------------|---|
| * 1. Hazard Identification         | 5. Safety and Health Program Requirements |
| 2. Assessment of Risk and Exposure | 6. Effective Communications               |
| 3. Knowledge of Standards          | 7. Other (specify)                        |
| 4. Hazard Correction Techniques    |   |

**NOTE:** Funds sufficient to cover travel requirements to conduct proposed training should be budgeted in **Part A: Consultation** and **Part B: Administration**. These costs must be specific to the activities identified as determined by the location and duration of the training. All training included in the plan is eligible for 100% Federal funding, subject to the approval by the Director of the Office of Small Business Assistance.