



ALAMO  
COLLEGES  
DISTRICT

## Skills Development Fund COVID-19 Special Initiative Contact Form

FIRST NAME:

LAST NAME:

JOB TITLE:

COMPANY NAME:

NUMBER OF EMPLOYEES:

EMAIL ADDRESS:

CONTACT NUMBER:

WHAT AREA OF TRAINING ARE YOU INTERESTED IN?

HAS YOUR BUSINESS BEEN ADVERSELY AFFECTED BY COVID-19 PANDEMIC?  
**IF SO, PLEASE EXPLAIN**

HAVE YOU RETOOLED YOUR BUSINESS PROCESSES TO RESPOND TO THE NEED FOR  
COVID-19 RELATED NECESSITIES?  
**IF SO, PLEASE EXPLAIN**

**Submit Form**