



DoD SKILLBRIDGE

SkillBridge Program OSD MOU Refresh Information Form

Thank you for your participation in the DoD SkillBridge Program. This questionnaire aims to gather details about your organization's existing SkillBridge Program and streamline an update to your expired or soon to expire SkillBridge Memorandum of Understanding (MOU) with the Office of the Undersecretary of Defense (OSD). Please note, this questionnaire only applies to MOUs with OSD and does not impact individual or enterprise agreements with the individual Military Service Departments.

OSD MOU refresh applicants should review their existing SkillBridge Program details, be prepared to provide information related to the existing SkillBridge Program, and supply details regarding any changes to their SkillBridge Program.

Completing this questionnaire will take approximately 15 to 20 minutes.

* The information you provide within this questionnaire will be stored and handled according to the [SkillBridge privacy policy](#). Please click below to indicate that you are over the age of 18 and agree to share your information based on the [SkillBridge privacy policy](#).

☐ I agree

☐ I disagree

Organization and Point of Contact Details

- * Provide the name of the organization that is applying for a SkillBridge Program OSD MOU refresh:

Note: If your SkillBridge Program OSD MOU is updated, this information will be displayed on the SkillBridge Website. Please ensure the spelling and grammar of your organization's name is correct.

Provide the URL to your organization or SkillBridge Program website:

Note: If your SkillBridge Program OSD MOU is updated, this information will be displayed on the SkillBridge Website.

Provide the name, position, phone number, and email address of the person responsible for completing the SkillBridge Program OSD MOU refresh process:

* First Name

* Last Name

Position

Phone Number

* Email Address

Provide the name and email address for the main SkillBridge Program point of contact:

Note: If your SkillBridge Program OSD MOU is updated, this information will be displayed on the SkillBridge Website.

First Name

Last Name

Email Address

* Has your SkillBridge Program changed from when your organization first applied for SkillBridge Program participation or from when your organization completed the [DoD SkillBridge Prospective Industry Partner Information Form](#)?

- ☐ Yes, SkillBridge Program has changed
- ☐ No, SkillBridge Program has not changed

* Please describe the changes to your SkillBridge Program (i.e, duration, delivery method, eligibility requirements, etc.):

Program Cost Details

* Will participation in the program require that the Service member utilize benefit programs? (e.g. GI Bill or DoD Tuition Assistance)

☐ Yes

☐ No

* Which benefit program(s) will be utilized? *(select all that apply)*

☐ DoD Tuition Assistance Funds

☐ GI Bill Benefits

☐ Other (please specify):

* Provide the purpose of using and the approximate amount of DoD Tuition Assistance Funds:

DoD Tuition Assistance Funds

Purpose of Use:

Approximate
Amount:

* Provide a description of the type of GI Bill benefit and the approximate amount to be used:

GI Bill Benefits

Type of GI Bill
Benefit

Approximate
Amount:

* Are there other costs to the Service member for this program? *(select one)*

- ☐ Yes
- ☐ No
- ☐ Unsure / Don't Know

* Please list the type of and approximate amount of costs to participants (to include but not limited to all resources, tuition, and fees):

Costs

Type of Costs:

Approximate Amount:

* Explain any costs and why there may be any be unknown costs, what the estimate is for these costs, and a description of the costs:

Programmatic Details

* Please indicate the best characterization of your SkillBridge program (select one):

For more information on program types see the [DoD SkillBridge Program Types and Criteria List](#).

Note: If your SkillBridge Program OSD MOU is updated, this information will be displayed on the SkillBridge Website.

Apprenticeships

- ☐ **Department of Labor (DOL) Registered Apprenticeship Program** - An employer-driven system for learning the practical and theoretical aspects of a skilled occupation through a combination of on-the-job-learning and related classroom instruction that has been registered with the U.S. Department of Labor.
- ☐ **DOL Registered Pre-Apprenticeship Program** - A program or set of strategies that: a) is designed to prepare individuals to enter and succeed in a registered apprenticeship program; and, b) has a documented partnership with at least one, if not more, registered apprenticeship program(s).
- ☐ **Industry Recognized (Non-DOL-Registered) Pre-Apprenticeship Program** - A program that meets the definition of an IRAP and that includes a set of strategies that: a) is designed to prepare individuals to enter and succeed in a registered apprenticeship program; and, b) has a documented partnership with at least one, if not more, registered apprenticeship program
- ☐ **Industry Recognized (Non-DOL-Registered) Apprenticeship Program (IRAP)** - A program that has been recognized by a proven industry Standards Recognition Entity (SRE) as being high quality. It builds on a customizable model of apprenticeship.

Internships

- ☐ **Internship Program** - A workplace learning experience that assists participants to prepare for employment by observing and performing, within an employer's operating environment, the work activities performed by members of the employer's workforce.

Employment Skills or Job Training

- ☐ **Employment Skills Training Program** - Training or education to acquire the skills required to obtain employment, advance in employment, or adapt to the changing demands of the workplace.
- ☐ **Job Training Program** - A method of preparing individuals to perform specific tasks by providing information about the task; demonstrations of how the tasks are performed; opportunities for the individuals to perform the tasks; and assessments of each individual's level of performance.

* What military-connected populations does your SkillBridge Program support (i.e., veterans and military spouses)?

Note: If your SkillBridge Program OSD MOU is updated, this information will be displayed on the SkillBridge Website.

☐ Service members

☐ Veterans

☐ Military spouses

* Does your SkillBridge Program support cohorts? (select one)

Note: Cohorts are defined as groups of three or more participants in an opportunity at one time. If your SkillBridge Program OSD MOU is updated, this information will be displayed on the SkillBridge Website.

☐ Yes

☐ No

☐ Other (please specify):

* What is the approximate duration of your SkillBridge Program? (select one)

Note: If your SkillBridge Program OSD MOU is updated, this information will be displayed on the SkillBridge Website.

☐ 0 - 30 days

☐ 31 - 60 days

☐ 61 - 90 days

☐ 91 - 120 days

☐ 121 - 150 days

☐ 151 - 180 days

Is your organization able to accommodate opportunities of 120 days or fewer?

☐ Yes

☐ No

Please provide additional details about your organization's ability to accommodate opportunities of 120 days or fewer:

* What is the delivery method for your SkillBridge Program? *(select one)*

Note: If your SkillBridge Program OSD MOU is updated, this information will be displayed on the SkillBridge Website.

☐ In-person

☐ Online

☐ Hybrid (in-person and online)

Is your SkillBridge Program delivered in multiple locations?

Note: If your SkillBridge Program OSD MOU is updated, this information will be displayed on the SkillBridge Website.

☐ Yes, program will have opportunities in multiple locations

☐ No, program will be delivered in one location

Does your SkillBridge Program have opportunities nationwide (i.e., offered in three or more states in two or more U.S. regions)?

Note: If your SkillBridge Program OSD MOU is updated, this information will be displayed on the SkillBridge Website.

- ☐ Yes
- ☐ No

Please specify the location(s) (base and/or city and state) where the in-person SkillBridge Program is delivered:

Note: If your SkillBridge Program OSD MOU is updated, the state(s) your program is delivered in will be displayed on the SkillBridge Website.

	Base / Installation (if applicable)	City	State
Location 1			
Location 2			
Location 3			
Location 4			
Location 5			
Location 6			
Location 7			
Location 8			
Location 9			
Location 10			

Prospective Job Information

Provide details about the jobs that may be obtained through participation in your SkillBridge Program:

Job Description:

Estimated starting salary range:

Estimated labor demand/anticipated demand (average, growing, declining, etc.):

☐

Declining

☐

Average

☐

Growing

Please indicate the relevant [Department of Labor O*NET Job Family\(ies\)](#) to your proposed SkillBridge Program (*select all that apply*):

Note: If your SkillBridge Program OSD MOU is updated, this information will be displayed on the SkillBridge Website.

- ☐ Architecture and Engineering
- ☐ Arts, Design, Entertainment, Sports, and Media
- ☐ Building and Grounds Cleaning and Maintenance
- ☐ Business and Financial Operations
- ☐ Community and Social Service
- ☐ Computer and Mathematical
- ☐ Construction and Extraction
- ☐ Education, Training, and Library
- ☐ Farming, Fishing, and Forestry
- ☐ Food Preparation and Serving Related
- ☐ Healthcare Practitioners and Technical
- ☐ Healthcare Support
- ☐ Installation, Maintenance, and Repair
- ☐ Legal
- ☐ Life, Physical, and Social Science
- ☐ Management
- ☐ Military Specific
- ☐ Office and Administrative Support
- ☐ Personal Care and Service
- ☐ Production

- ☐ Protective Service
- ☐ Sales and Related
- ☐ Transportation and Material Moving
- ☐ Other

If you are unable to find an O*NET job family that reflects the job related to your SkillBridge program, please enter the job title(s) here:

Note: If your SkillBridge Program OSD MOU is updated, this information will be displayed on the SkillBridge Website.

What additional information would you like the DoD to consider regarding your SkillBridge Program?

* By checking this box, I attest that the information provided within this form is true and accurate to the best of my knowledge and belief. In accordance with Title 5, Section 552(a), of the United States Code (1974 Privacy Act) I authorize and consent to allowing my SkillBridge Program details to be publicly posted to the SkillBridge website. Additionally, I acknowledge and understand that checking this box will be enforceable as to the extent of a handwritten signature for enforcement/enforceability on documents.

☐ I agree