

Community Action Team
CHILD & FAMILY DEVELOPMENT PROGRAMS
Contracted Training Request

Form 1-49

TO: _____ PROGRAM: _____

FROM: _____ DATE: _____

TRAINING TOPIC: _____ TIME: _____ to _____ PLACE: _____

Who, How Many Will Attend: _____

GENERAL LEARNING OBJECTIVES *(in specific terms, what we hope the participants will know/be able to do as a result of the training.)*

By the end of the training session, the participants will be able to:

1.

2.

3.

4.

Request for equipment (LCD projector, laptop, speakers, copies, etc.)

Additional Information or Comments:

I will provide this training at a value of \$ _____ for In-kind/fee (circle one)

Trainer

Director

Fee for Service presenters must provide Social Security/Tax ID # _____

Address: _____
