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| ***VDFP Office Use Only*** |  |
| **APPLICATION #:** | **CE - -** |  |
|  |
|  | **Date:** |  | / |  | / |  |
| **AUTHORIZED AGENT / ORGANIZATIONAL CONTACT** |
| **Grant Administrator** |  | **Title** |  |
| **Mailing Address** |  |
| **City** |  | **State** |  | **ZIP** |  |
| **Phone** | **Work** | ( |  | ) |  | **Cell** | ( |  | ) |  | **Fax:** | ( |  | ) |  |
| **E-Mail Address** |  |
| **Signature of Grant Administrator**  |  |
|  |
| **Training Event** |  |
| **Location**  |  |
| **City** |  | **State:** |  | **ZIP:** |  |
| **Anticipated Dates**  |  |
| **Anticipated Training Event Size**  |  |
| **Sponsoring Organization(s)** |  |

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| **Briefly Describe the Purpose of Your Organization.** |
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|  **Briefly Describe the Purpose and Scope of the Training Event.** |
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| **Describe the Targeted Audience for your Training Event and Anticipated Training Objectives.**  |
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| **Is this Training Event Available to Individuals Outside of your Organization? If Not, Please Explain.**  |
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| **Please Indicate What Lectures and Training Seminars Are Planned. If a Conference Agenda is Available, Please Include the Document with Application.**  |
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| **Please Use This Space to Provide Any Other Information That Is Pertinent to This Grant Application.** |
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| **ESTIMATED EXPENSES AND REQUESTED FUNDING*****Indicate the estimated cost of the following items and the amount of funding your organization requests from the Virginia Fire Programs Conference & Education Assistance Grants Program to assist with that cost.******\*Round all figures to the nearest dollar.*** |
|  | **Estimated Total Cost** | **VDFP Grant Request** |
| **Lecturer/Instructor Fees** |  |  |
| **Special Needs of the Lecturers / Instructors** |  |  |
| **Travel for Lecturers/Instructors** |  |  |
| **Audio-Visual Equipment** |  |  |
| **Additional Props** |  |  |
| **Other Expenses** |  |  |
| **Other Expenses** |  |  |
| **ESTIMATED TOTAL EXPENSES** |  |  |

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| **Please Indicate If You Anticipate Receiving Additional Funding For The Training Event. If So List The Other Funding Agency And The Amounts Requested/Awarded.**  |
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| **SIGNED VERIFICATION OF INFORMATION** |
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| **Printed Name and Signature of Authorized Individual Completing Application.** |
| *“I hereby attest that the information enclosed within this application is true and accurate to the best of my knowledge.”* |
| **Printed Name:** |  | **Title:** |  |
| **Signature:** |  | **Date:** |  |