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| ***VDFP Office Use Only*** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **APPLICATION #:** | | | | **CE - -** | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | **Date:** | | |  | | | | / | |  | | | / | |  |
| **AUTHORIZED AGENT / ORGANIZATIONAL CONTACT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Grant Administrator** | | | | | | | | | |  | | | | | | | | | **Title** | | |  | | | | | | | | | |
| **Mailing Address** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **City** | |  | | | | | | | | | | | | | | **State** | |  | | | | | | | **ZIP** | | | |  | | |
| **Phone** | | **Work** | ( | |  | ) | |  | | | **Cell** | ( |  | | ) |  | | | **Fax:** | | | | ( | | |  | | ) | |  | |
| **E-Mail Address** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature of Grant Administrator** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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:** |  |