**Facility Specific Training**

**Funding Request Narrative & Budget**

As part of the application for funds to support the cost of facility-specific training, please respond to the following questions and explain the budget for the project. Please upload the completed form with the online application. For help or to ask questions contact Marjie Hamburger, mhamburger@alaskahha.org or (907) 500-2963.

**Project Narrative**

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| --- |
| **Organization Name**: Click here to enter your organization’s name. |
| **Training Title:** Click or tap here to enter text. |
| **Describe the content of the training. Please include information about the training entity, if using an online course or contracting with a provider.**Click here to enter text. |
| **Explain the method of delivery for the training, length of training, and the timeline for completion.** Click here to enter text. |
| **How is your facility supporting this training?** (Examples include matching funds, provision of space or supplies, paid time for staff attending the training, etc.)Click here to enter text. |
| **What will this training improve or accomplish for your organization and how will it impact the healthcare workforce?** Click here to enter text. |
| **How many people will be trained?**Click here to enter text. |
| **Can staff from other facilities be invited to participate in this training opportunity?**Click here to enter text. |

**Budget Information**

**Please indicate the amount and description of the costs involved in producing this training.**

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| --- | --- |
| Type of Expense | Amount |
| **Personnel Costs** | Click here to enter amount. |
| Click here to enter description. |
| **Contractual/Professional Services** | Click here to enter amount. |
| Click here to enter description. |
| **Travel Costs** | Click here to enter amount. |
| Click here to enter description. |
| **Supply Costs** | Click here to enter amount. |
| Click here to enter description. |
| **Meeting Costs**  | Click here to enter amount. |
| Click here to enter description. |
| **Other** | Click here to enter amount. |
| Click here to enter description. |
| **TOTAL AMOUNT REQUESTED**  | Click here to enter amount. |

**Please have this request signed by someone authorized to accept funds on behalf of the facility and/or to approve the staff training for which funding is sought.**

|  |  |
| --- | --- |
| Authorized Representative Signature | DateClick here to enter date. |
| Name of authorized signerClick here to enter name. | Title of authorized signerClick here to enter title. |