**Sample Request for Chapter Training Support**

The revised NCA Standards for Accreditation include updated training requirements for professionals working in and/or with Children’s Advocacy Centers. To assist CACs in meeting and maintaining these accreditation requirements, (name of Chapter) is offering training stipends of up to ($ insert dollar limit). Training must be pre-approved by the Chapter and must be completed prior to (insert your date).

Please complete the following information and return to (contact information) no later than (insert your date). The request must be signed by the agency’s Executive Director or other designated program director/manager.

**Request for Chapter Training Support**

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| **Name of Organization** | **Address** |
| **Executive Director or other designated program director/manager** | **Phone** | **Email** |
| **Person(s) Attending Training** | **Discipline (check all that apply)****\_\_Forensic Interviewer \_\_ Medical \_\_ Law Enforcement****\_\_Advocate \_\_ Mental Health \_\_ CAC leadership staff****\_\_Prosecutor \_\_ CPS \_\_ Other (specify)** |
| **Training/Conference Name:** | **Location of Training:**  | **Date(s) of Training** |
| **Provide a brief summary of why this training was selected and the anticipated benefit to the children and families you serve:** |
| **Proposed Budget** |
| **Line Item** | **Amount and calculation** | **Required documentation** |
| **Travel** Airfare  Mileage  Parking  Baggage fee  Ground transportation |  | Least expensive airfare choice. Receipt showing name, date, and locations.Mileage x .58 cents (or current government rate at gsa.gov). Mapquest or other document showing mileage.Parking receipt showing dates and locationReceipt from airline (limit one bag each way)Receipt for ground transportation (taxi, shuttle) |
| **Lodging** |  | Zero balance hotel receipt showing name, dates, and total. Must not exceed federal nightly rate for location. |
| **Registration**  |  | Receipt with name of attendee. Certificate of completion.  |
| **Other** |  | Dated store receipt with description of item, cost, and showing as paid in full. |
| **Total Requested** | **$** |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_