



CONFERENCE AND EDUCATION GRANT

VIRGINIA DEPARTMENT OF FIRE PROGRAMS

AUTHORIZED AGENT / ORGANIZATIONAL CONTACT **(For Internal VDFP - Use Only Section)**

Grant Administrator:

Title:

Mailing Address:

City/State:

Work Phone:

Email Address:

Signature:

Date:

Training Event:

City/State:

Zip Code:

Anticipated Dates:

Training Event Size:

Sponsoring Organization(s):

Briefly Describe the Purpose of Your Organization:

Briefly Describe the Purpose and Scope of the Training Event:

Describe the Target Audience for Your Training Event and Anticipated Training Objective

Is This Training Event Available to Individuals Outside of Your Organization? If Not, Please Explain.

Please Indicate What Lectures and Training Seminars Are Planned. If a Conference Agenda is Available, Please Include With Application.

Please Use This Space to Provide Any Other Information That Is Pertinent to This Grant Request.

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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ESTIMATED EXPENSE 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.

*Round all figures to the nearest dollar.

Item	Estimated Total	VDFP Grant Request
Lecturer/Instructor Fees		
Travel/Special Needs of the Lecturers / Instructors		
Audio-Visual Equipment		
Additional Props		
Venue Expenses		
Other Expenses**		
Estimated Total Expenses		

****Please Use This Space to Provide a Detail Description of Amount Listed in the "Other Expenses" Category Above. Non-learning or Recreational Activities Cannot Exceed 10% of Total Request.**

SIGNED VERIFICATION OF INFORMATION

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: