



BASIC INFORMATION

Today's date: _____ Department / Agency: _____

Person completing the form: _____

Have you previously requested funding for training? Yes No

Was funding or other assistance provided by 100 Club for that request? Yes No

Please provide the date and include any pertinent details.

What is the topic for the training you will be hosting and why is it needed?

Please explain how this training will support first responder health, wellness and/or personal safety.

Who will be instructing the training? Please attach an instructor bio, resume or CV.

Number of attendees & intended audience:

Will your training include attendees outside of your organization? If yes, please explain.

Reason for needing funding to support training:

Please obtain at least two quotes from presenters & provide details below. As an attachment, please provide a resume, CV or bio for the presenter(s) selected.

ORGANIZATION INFORMATION

Contact Person: _____ **Title:** _____
Department/Agency: _____
Agency Address: _____ **City/St/Zip:** _____
Office Phone: _____ **Email:** _____
Your Signature: _____ **Date:** _____

To submit form by email, send to programs@100club.org | To submit by fax, use (602) 242-1715

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TO BE COMPLETED BY AUTHORIZED 100 CLUB PERSONNEL

Verified/Approved: _____ **Date:** _____ **Data ID:** _____
Posted: _____ **Date:** _____ **Check #:** _____ **Amount:** _____
Denied: _____ **Date:** _____