

CAL/NEVA PEER TO PEER PROJECT

Training Form 1 - TRAINING REQUEST

CNP³

To be completed by Agency Requesting Training

Name of Agency (requesting training):

Contact Name/Title:

Address:

Phone/Fax:

Email:

Date(s) Training Requested:

Type of Training Needed: (choose one)*

- Regular - 1 day only
- Extended - More than 1 day
- Enhanced - Group site visit

Estimated # of Participants:

Area(s) of Training Requested: (Please be specific)

Specific Trainer Preference -

(If Preferred Trainer is not available or not known, Cal/Neva will recommend a trainer based on Area(s) of Training Requested)

Name/Title:

Agency:

**I agree that issues discussed during peer training sessions will remain confidential. Outcomes will be reported to the funding source.*

Signature of Agency Representative

Date



California / Nevada Community
Action Partnership

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