**Training Approval Request Form**

**Title of Training:**

**Training Code:**

**Link to Description:**

**Date:**

**Trainer (Trainer Code):**

**Location:**

**Type of Event:**

**Estimated Number of Attendees:**

**Requesting Entity:**

**Rationale for Request:**

**How does this training request align with the state’s implementation of WIOA and/or the state’s efforts to build local program capacity related to its responsibilities in Section 223 under WIOA?**

**How will the state use this training as an opportunity to build state capacity to offer this and/or similar trainings in the future?**

**Trainer Name:**

**Trainer Starting Location:**

**Trainer Fees:**

| **Item** | **Rate** | **Number** | **Estimated Total Cost** | **Estimated Cost to LINCS PD Center** | **Estimated Cost to State** |
| --- | --- | --- | --- | --- | --- |
| Trainer Fee |  |  |  |  |  |
|  Preparation Days | 450.00 |  | $ 0.00 |  |  |
|  Travel Days | 450.00 |  | $ 0.00 |  |  |
|  Training Days | 600.00 |  | $ 0.00 |  |  |
|  Work with State Trainers\* | 525.00 |  | $ 0.00 |  |  |
| Airfare/Train Fare  |  |  | $ 0.00 |  |  |
| Lodging  |  |  | $ 0.00 |  |  |
| Mileage  | 0.58 |  | $ 0.00 |  |  |
| Per Diem  |  |  | $ 0.00 |  |  |
| Airport Parking  |  |  | $ 0.00 |  |  |
| Taxi/Shuttle |  |  | $ 0.00 |  |  |
| Other (describe):  |  |  | $ 0.00 |  |  |
| **Total** |  |  | **$ 0.00** |  |  |

\* For train-the-trainer activities, the rate is based on 50% of training rate and 50% of preparation day rate number of days calculated at 50% of number of training days plus number of preparation days.

**Costs paid by others**

*If another party is paying for part of the costs of the training event, indicate who (name of organization) is contributing and the aspects of the training they cover (meeting space, telecommunications, supplies, trainee stipends/travel/lodging/ transportation, etc.).*

**Submission Date:**