



4) Provide a brief description, including the timeline for the course and identify any certifications or college credits involved.

5) What additional sources of funding are being sought or provided?

6) What is the cost to the students attending this course? Please include any test fees or other costs for students to complete certification if applicable.

Please provide a detailed budget, complete with individual line items.

Item	Cost/Per Person	Total Cost Per Item
<b>Total Cost of Class</b>		
<b>Other Available Funds</b>		<b>Amount</b>
<b>Total Other Available Funds</b>		
<b>Total Cost of Class</b>		
<b>Less Other Available Funds</b>		
<b>Total Amount Requested from BBEDC</b>		

*In order to be reimbursed for approved trainings the following information is required:*

- Invoice for actual training costs with receipts
- List of all participants names and communities from which they reside
- Total cost per participant
- Any pictures taken during the training

For BBEDC use only

Date Received:	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Justification:	
Signature:	Date: