

AMC Training Funds Application

Please complete application legibly. Illegible applications may delay processing times. Return no later than **June 15** for Annual Meeting consideration and **December 15** for Interim Meeting consideration. **Funds will only be made payable to the jurisdiction submitting the request.**

CONTACT INFORMATION				
Date:		Full Name:		
Title:		Company/Agency:		
Street Address:				
City:		State:	Zip Code:	Country:
Phone Number:	Fax Number:		Email Address:	
GENERAL INFORMATION				
Amount Requested: \$		Number of Individuals to be Trained:		
Training Location:		Training Dates:		
Explain (specifically) how the funds will be used:				
Is this in conjunction with any other meeting? <input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No				
Justification:				
Did you request funds last year? <input type="checkbox"/> Yes (see next question) <input type="checkbox"/> No				
If you were approved last year, did you use your funds? <input type="checkbox"/> Yes <input type="checkbox"/> No (please explain)				
Has your jurisdiction participated in the Voluntary Quality Assurance Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Submit Form To:

9011 S. 83rd St. / Lincoln, Nebraska 68516
P. 402-434-4880 **F.** 402-434-4878 **E.** info@ncwm.com **W.** www.ncwm.com

Revised: February 2021