



Thank you for submitting an application for a Group Training Grant! We are excited to partner with you to bring your trainings ideas to life. Please complete the application with the requested information as fully as possible. If you have any questions, please contact Mark Dawley at mark.dawley@seiuessf.org.

Name of Application Lead:	
Year of Grant Application:	
Agency:	
Email:	
Job Title:	
Supervisor's Name:	
Supervisor's Email:	
Date of Training Program: (if applicable)	
Dollar amount requested for training:	

Please select the category (or categories) that this training would fall under:

- Advanced Practice
- Culture, Communications, and Teamwork
- Wellness and Self-Care

Is the lead applicant a member of SEIU Local 509?

- Yes
- No

If you answered no, please name a SEIU Local 509 Sponsor:

If you would like us to apply for Continuing Education units for this training, please select the license types below:

- Certified Rehabilitation Counselors
- Licensed Social Workers
- Licensed Mental Health Counselors
- Licensed Drug and Alcohol Counselors
- Other (please specify): _____

**Are there any accommodations that you will be requesting for this training?
(Select all that apply)**

- ASL Interpreter
- CART Services
- Technical Support
- Other (please specify) _____

Please enter your responses in the blank boxes next to the question.

Subject Expert: Please share the name of one potential lead trainer for this program (if you do not know of one, just put N/A)	
Connection to work: Please enter a brief description of how this topic connects to workers' needs.	
How did you identify this as a training need?	
If you know the cost of this training, please put the estimated budget here. If not, please enter "Unknown".	
How many people are projected to take part in this training? (Does not have to be exact - just an estimate)	
Can this training be offered to individuals from other agencies as well? If so, what other agencies would you suggest?	
Further information: Please use this space to indicate any other information that may be helpful as we review your request.	

Questions? Reach out to Mark Dawley at mark.dawley@seiuesf.org or (413) 829-7778



(To be completed by 509PTSF Staff) Date Approved _____ Initials _____