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|  City Logo | **City of Atlanta****Department of Grants and Community Development**   |
| Training Registration Form |
|   |
| **Participant Information** |
| **Name** |   | **Agency Name** |  |
| **Email Address** |  | **Title** |  |
| **Address**  |  | **Participant Type: Check the type that applies** | **CHDO** | **Project Sponsor** |
| **Contractor** | **Stakeholder** |
| **Developer** | **Non-Profit** |
| **General Public** | **Other:** |
| **Telephone #** |  | **Start Date** |   |
|   |   |  |   |
| **Experience Level:** **Check the appropriate level** | **Beginner (0-1 years of grant experience)** | **Intermediate (2-5 years of grant experience)?** | **Advance (10+ Years of grant experience)** |
| **Grants: Check all that apply** | **CDBG** | **ESG** | **HOME** | **HOPWA** |
| **NSP** | **Section 8 Mod Rehab** | **Other** | **Other** |
|  |   |   |   |
|  |  |  |  |
| **I plan to attend the following training sessions:** |
| **Date** | **Training Course(s)** | **Topics/Concepts** |
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