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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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