



City of Atlanta
Department of Grants and Community Development

STAFF TRAINING REGISTRATION FORM

Employee Information				
Employee Name			Department	
Email Address			Office	
Telephone #			Title	
Address			Start Date	
Manager's Name			Grants: Check all that apply	
Manager's Email				CDBG
Manager's Telephone #				ESG
			NSP	
			HOME	
			Section 8 Mod Rehab	
			HOPWA	
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)	
I plan to attend the following training sessions:				
Date	Training Course(s)		Topics/Concepts	

Office Use:

Received Date: _____ Approved: _____

Name Signature Title