Application for Training Reimbursement

NAME _____

TITLE _____

AFFILIATION (LDD) _____

ADDRESS _____

PHONE _____

FAX _____

EMAIL _____

Program for which you are applying:

☐ **"Best Practices" Exchange Program** ☐ **Professional Development Program** ☐ **Executive Training Program**

Purpose of request: _____
(include date and location) _____

_____

_____

Amount of Request: * _____

How assistance will benefit LDD: _____

_____

_____

_____

For additional information:

Dan Neff
Appalachian Regional Commission
1666 Connecticut Avenue, NW
Washington, DC 20009-1068
202-884-7707 phone
202-884-7691 fax
dneff@arc.gov

or

Don Rychnowski
Southern Tier West
4039 Route 219, Suite 200
Salamanca, NY 14779
716-945-5301 phone
716-945-5550 fax
drychnowski@southerntierwest.org

***** Please provide an itemized budget estimate for the total cost of the event or activity that you are seeking training reimbursement.