

PMPA Education Foundation
EDUCATION AND TRAINING GRANT APPLICATION

(Submit additional pages or documentation as necessary)

Name of Applicant: _____ Date: _____
(Company or Individual)

Contact Person: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

1. Briefly describe the project for which you are seeking funding. Include a list of training partners and providers, where the project will be conducted, name of fiscal agent, measurable goals of the project and completion date.

2. How many individuals will participate in the training activity, what are their job titles and what benefits are expected?

3. What is the total budget for training?

4. How much money are you seeking from the PMPA Educational Foundation?

5. If there are other sources of funds, including company expenditures or other grants, please describe:

6. Is this a one-time request or is this a continuing training project requiring ongoing funding?

7. Give specific details on how you plan on spending the money you are requesting. For example, cost of instructors, cost of meeting facilities, software, textbooks, other materials and travel.

Forwarded Completed Application to: PMPA Educational Foundation
6700 West Snowville Road
Brecksville, OH 44141

Phone: 440-526-0300

