



# OCS Training & Outreach Fund Application

OCS training & outreach funds are available to assist grantees in meeting staff and member training needs. Funds awarded are based on funds available. Please complete and sign this application and return it to <a href="mailto:serve@mt.gov">serve@mt.gov</a> or <a href="mailto:lisa.dorrington@mt.gov">lisa.dorrington@mt.gov</a>.

# Purpose

Training & Outreach funds are intended to increase capacity of current AmeriCorps programs and to deliver professional development.

# Eligibility

To qualify for Training & Outreach funds, an organization must be an active AmeriCorps State program under the Montana Commission on Community Service that is current on all reporting.

### Use of funds

Funds are limited and intended to meet identified training needs.

Funds requested may support outreach events, for example college career fairs.

Funds may be requested to support approved providers in the OCS Training and Technical Assistance Directory to develop program staff and site supervisors.

Allowable uses are outreach project materials, venue, travel, training costs for program staff and trainers/consultants.

Food, beverages and other refreshments should be paid with non-federal funds.

Funds may not be requested for any administrative costs.

### Reporting

Reporting, included in this application, will be used to track activities and results as appropriate for the activity. Receipts, sign-in sheets, agendas, and other appropriate documentation must be submitted with request for reimbursement no later than 30 days after the activity.

### Deadline

The application must be received via email at least 30 days prior to the desired activity at serve@mt.gov.

# OCS staff contact

Lisa Dorrington, Governor's Office of Community Service, at 406.444.1366 or lisa.dorrington@mt.gov

# **OCS Training & Outreach Fund Application**

Organization & Program Name			
Contact Name			
Address			
City		MT	Zip
Email			
Phone			

### Requested funds will be used for the following (mark one):

- □ Outreach Event/Activity
- □ Training Event
- Peer to Peer Exchange
- $\Box$  Other, describe:

### Indicate why the funds requested are necessary:

- □ Not in our program budget
- □ Funds requested will add value to existing budget
- □ Other; describe below

### Describe in detail your request and desired result.

(If an outreach event or training, include the following details: who (& role in program), what, when, where, and how the person attending the event/training will benefits the program.)

# Trainer/Consultant Contact Information, if applicable

Contact Name						
Address						
City					MT	Zip
Email						
Phone						
Training name and location						
Training start and end dates						
Is this a trainer from the T/TA Directory?		Yes No				
What made you decide to use this trainer/ consultant?						

### If funded, the recipient will:

Carry out the training detailed in the OCS Training & Outreach Fund Application.

Spend the money as proposed in the above budget lines. When OCS budgets to reimburse an organization for program outreach and training, the legal applicant's organization should use non-grant resources to initially cover the costs, not the AmeriCorps program grant budget.

Lead an inclusive training and provide reasonable accommodation as appropriate.

Submit a brief narrative describing the funded activity and appropriate documentation. Examples Include the number of staff members attended, agenda, and sign-in sheet, or any other pertinent documents.

Comply with the allowable use of funds and the AmeriCorps prohibited activities as outlined in the AmeriCorps Guidelines.

Maintain suitable records and make them available to the Governor's Office of Community Service upon request.

### OCS will

Respond in a timely manner to received complete applications.

Provide AmeriCorps Montana branding materials, if needed.

Process reimbursement within 30 days of receiving complete fiscal documentation and brief narrative of the result of the funded activity.

Program staff requestor sign & date: \_\_\_\_\_

Authorized Executive Director or Financial Officer sign & date: \_\_\_\_\_

For OCS use only:

Received date:

Determination: