



Application for On-Demand Training Program



On-Demand Training funded by Linking Families and Communities
January 3, 2022 to June 30, 2022

Name		Business Name		
Phone Number		Email		
Address	City	Zip	County	

Duties / Responsibilities

- I understand by agreeing to participate in the voluntary *On-Demand Training*, funds will be reimbursed to support continuous quality training.
- I understand that participation in *On-Demand Training* requires a copy of my email confirmations and receipt of payment.
- I understand I may apply for the program without being registered or currently QRS rated.
- I agree to submit this Application for *On-Demand Training* & completed *W-9* tax form (Taxpayer Identification Number and Certification) to:

On-Demand Training, Child Care Resource & Referral
418 S Marion St.
Remsen IA, 51050
- I understand funding is on a first come basis and if I am approved to receive funds I will receive an approval letter/email with the award amount from CCR&R for on-demand classes.
- I understand my claim for reimbursement will be processed within 30 days of receipt of documentation in the Remsen Mid-Sioux office.
- I understand if I move to a new county and/or no longer provide child care I will no longer qualify to participate in this program.
- I understand that this agreement may be terminated without notice due to the non-availability of funds.
- I understand that all documentation and receipts must be submitted for reimbursement by **May 1, 2022**.

Professional Development

- I understand that only DHS approved On-Demand Trainings will be reimbursed.
- I understand that reimbursed trainings must equal one hour in length.
- I understand that there is no limit on how many trainings I can be reimbursed for.
- I understand that all trainings to be reimbursed must be listed on the table below.

Date	Length/Hours	Training Organization	Course Title	Cost

I have read the Duties/Responsibilities section of this application and I agree to work toward a quality improvement activity. I understand that I may cancel my participation at any time during the process by submitting a written request. I also agree to submit documentation by the assigned deadline or forfeit the incentive/grant dollars.

Signature: _____ Date: _____