

TRAINING COURSE REALLOCATION

FY21 CARRYOVER

(To Request Training NOT Currently In Budget)

Date: _____

Requesting Coalition: _____

Training Information

Training Name: _____

Dates of Training: _____

Location: _____

Training Description:

HPP Capability: _____

HPP Capability Objective: _____

HCC Associated Work Plan Project: _____

Gaps, Risks, and/or Corrective Actions Addressed: _____

How was gap identified?: _____

Target Audience: _____

Target Number to be Trained: _____

Fund Reallocation

| Budgeted Line Item to be Reduced | Budgeted Category to be Reduced | Original Awarded Line Item Budget Amount | Amount of funds to be Reallocated to Requested Training |
|----------------------------------|---------------------------------|--|---|
| | | | |
| | | | |
| | | | |
| | | | |

Additional Information/Comments:

SUBMIT COMPLETED FORM TO DPH (EPR.training@dph.ga.gov)

DPH Use Only | Received: _____ | Entered into TRS: _____

DPH Authorized Signature: _____

Date: _____

Comments: