

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: _____