

Project Results/Proposed Training Plan

Output	Total expected number of attendees
--------	------------------------------------

Trained SAR Personnel _____

Training Plan - Please fill in one table for **each** of the courses/activities you wish to host

Name of Trainer or Business to be Contracted	
Cost of trainer/training	\$
Facility	\$
Training materials	\$
	\$
Other costs not outlined above	
	\$
	\$
	\$
	\$
	\$
Total grant amount you request	\$ 0.00