

ASSISTING CONTINUED EDUCATION GRANT APPLICATION

Date: _____
6800 Main Street
The Colony, TX 75056
972-624-3111

Name:		Physical Address of Business:
Business Name:		City / State / Zip
Phone: ()	Fax: ()	Mailing Address (if different):
Email:		City / State / Zip

<p align="center">CIRCLE ONE OF THE FOLLOWING:</p> <p>INDIVIDUAL TRAINING</p> <p>FACILITATOR (GROUP TRAINING)</p> <p>CERTIFICATION (REQUIRED TRAINING)</p> <p align="right">Total Amount Requested: \$ _____</p> <p>Amount requested can be \$500 for each employee (up to 3) or \$1,500 for facilitator/group lead training. Three \$500 grants or one \$1,500 grant per year.</p>	<p>Training Description: Describe the training/education to be completed. Please attach description if more space is needed.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p align="right">Total Cost of Project(s): \$ _____</p>
---	--

Checklist: Did I complete and attach all necessary information to process my grant application?

<input type="checkbox"/> Completed Applicant Information	<input type="checkbox"/> Full Description of Training	<input type="checkbox"/> Identified Total Cost of Training
<input type="checkbox"/> Attach Training Receipts	<input type="checkbox"/> Attach Employee or Facilitator Information	<input type="checkbox"/> Read and Signed Grant Agreement (below)
<input type="checkbox"/> Identified Type of Grant Requested	<input type="checkbox"/> Identified Total Amount Requested	

AGREEMENT:

I hereby agree to complete the above training/education program within 90 days of notification of approval. I understand that the training must be approved by The Colony Economic Development Corporation representative and completed before grant money is disbursed. If for some reason I cannot complete the project within 90 days of approval, I will notify The Colony Economic Development Corporation to request a delay extension. I understand that if I do not abide by this agreement the grant may be denied by default and I will assume **FULL** responsibility of payment for the cost of the training and/or continuing education program. I further understand that the award of grant(s) is at the sole discretion of The Colony Economic Development Corporation.

Signature: _____ Date: _____