

Conference and Training Grant

APPLICANT INFORMATION								
Applicant Full Name:			Pho	Phone:				
Email:			Add	Address:				
Affiliated Not-for-Profit (Sponsoring Organization):								
If your affiliated Sponsoring Organization is not your place of employment, please specify your place of employment here:								
Please list all problem gambling or gambling treatment-related credentials you hold:								
Please list all prior conferences are training events you have attended that related to problem gambling. Please include the name of the event, the sponsoring organization, and the year.								
TRAINING/CONFERENCE INFORMATION								
Name of Conference or Training:	Wel	Vebsite:			Location:		Date(s):	
Describe specifically how the conference or training session relates to your job duties or position within an organization and how you will use what you learn to increase capacity of problem gambling treatment, awareness, and research. If you need additional space, please submit an attachment.								
BUDGET WORKSHEET								
Budget Item: Total E		Total Estimated Cost	Amount Requested from the Hoosier Lottery Grant:			y Grant:		
Conference/Training Registration								
Lodging								
Airfare								
Mileage								
Car Rental								
Parking/Tolls								
To	tals:			<u></u>				
Please attach the following required supporting docum 1. Conference or event brochure, flier, or program. 2. Any additional supporting materials that will help		ommittee evaluate and s	score	your applicatio	n.			
I hereby certify that the information provided is comple	te an	d accurate to the best o	f my	knowledge.				
Applicant Signature Date								
Sponsoring Organization Representative								
As the authorized signatory for the Sponsoring Organiz	ation	, the Sponsoring Organ	izatio	on hereby agree	s to accept grant fund	ls on behal	f of the applicant.	
Signature NameTitle							_	
Please email an electronic copy of this application and	supp	orting materials to <u>effec</u>	tivep	hilanthropy@ci	of.org			

You may also mail physical copies of this application and supporting materials to:
Nora Dietz-Kilen, Effective Philanthropic Advisor
Central Indiana Community Foundation
615 North Alabama Street • Suite 300
Indianapolis, IN 46204
noradk@cicf.org

