



Travel and Training Request Form

Date: _____ Organization: _____ Program: _____

Name of Event: _____ Sponsor Organization: _____

Event Address: _____ Trainer: _____

Is this a wraparound certification training? No Yes (please check): Parenting Breastfeeding ICC Tobacco Cessation Other: _____

Training Cost (add more sheets if needed): _____

Event Date(s): _____

Staff Name (First, Last)	Position	Registration Fee	Hotel	Transportation (air travel, car rental, mileage, shuttle, tolls)	Meals (breakfast, lunch, dinner /day)	Total	For HSCMD Use Only Approval Status
							<input type="checkbox"/> Reviewed <input type="checkbox"/> Approved <input type="checkbox"/> Denied
							<input type="checkbox"/> Reviewed <input type="checkbox"/> Approved <input type="checkbox"/> Denied
							<input type="checkbox"/> Reviewed <input type="checkbox"/> Approved <input type="checkbox"/> Denied
							<input type="checkbox"/> Reviewed <input type="checkbox"/> Approved <input type="checkbox"/> Denied

Grand Total: \$ _____

Supervisor Printed Name: _____ Supervisor Signature: _____ Date: _____

Director/ Sr. Administrator Name: _____ Director/ Sr. Administrator Signature: _____ Date: _____

Please see reverse side for Criteria for Use.

Page ___ of ___

For HSCMD Use Only	Date Received: _____	<input type="checkbox"/> Reviewed by Fiscal Dept. (initials) _____	Date: _____	Current Funds Available for Training: \$ _____
Manuel Fermin, CEO Signature: _____	Date: _____	Date Provider Notified: _____		

The Healthy Start Coalition of Miami-Dade reserves the right to consider this request for a maximum of ten (10) business days. Submission does not guarantee approval.



Travel and Training Request Form

Criteria for Use

Contracted Provider organizations must submit a signed “Contracted Provider Travel and Training Request Form” to the Healthy Start Coalition of Miami-Dade (HSCMD) for approval when the training even meets the following criteria:

- If there is an expense (i.e. mileage, parking, etc.) associated to the training or conference (even if Contracted Provider organizations do not need to pay a fee)
- If the training or conference is outside of Miami-Dade County
- If the training or conference lasts half a day (minimum of 3 hours) or more
- If attendees will obtain a certification for Healthy Start wraparound services as a result of attending that training or conference
- If the conference is in Miami-Dade County, free or not, but it enhances the maternal, infant and child health knowledge of staff

Contracted Provider organizations do not need to submit a signed form if the event does not meet this criteria. **When in doubt, contact the HSCMD Training Department.**

Notes: When completing a Training Request Form make sure that:

- You are using the latest version of the form (date is located on the bottom right hand corner).
- You have not changed, deleted or modified any of the fields.
- It is signed by two administration staff (usually the Supervisor/ Program Manager and Director/Sr. Administrator).
- Travel arrangements and/or expenses have not been incurred until the request is approved. Otherwise, Contracted Provider organizations will not be reimbursed by HSCMD.
- A copy of the form signed and approved by HSCMD is attached with the invoice, when requesting reimbursement.
- **All forms should be submitted to Training@HSCMD.org**