



APPLICATION FOR PUBLIC SERVICE JOINT VENTURES

SECTION 1: CONTACT INFORMATION

Contact Name:	Today's Date:	
Organization Name:		
E-Mail:	Phone: ()	
Mailing Address:		
City:	State:	Zip Code:

SECTION 2: PROGRAM DETAILS

What type of training are you looking for?
 Deposition Skills
 Trial Skills
 Child Advocacy Skills
 Other: _____

How many people will be trained at one time?
 24
 36
 48
 56
 64 +

Do you have training funds dedicated to this?
 Yes
 No
Comments: _____

What is the amount of the funds?

Are they federal grant funds or restricted in any way?

Must the training take place inside your state?

Must you use local faculty?

Are they dollars per person?

Must funds be used by a date certain?

Comments: