



Provider must complete and submit this form within 15 days of training plan's end date.

Provider: _____ Provider ID: _____

Today's Date: _____ Training Program End Date: _____

1. List the employees who completed all trainings:

Employee Name	Completion Date	Name of Training
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

2. Attach each participants' completion certificates for all trainings.

3. Complete the proof of the approved expenditure in alignment with the approved grant application budget:

Expense Description	Amount	Receipt Provided (Y or N?)
Total:		

Providers not completing training required according to the approved training plan by the end date will be required to repay all funds received for the Continuous Quality Improvement Grants.

4. **Early Learning/Child Care Provider Attestations:** I am submitting this information and understand all monies received must be used for pursuant to the approved plan. I attest that the information I have provided is true and accurate. I have read over this form to ensure completeness and correctness and have made a copy of this form for my own records.

Signature of Authorized Provider Representative Name: _____ Date: _____

Contact Phone: _____ Email: _____

- I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge.*