



III-D Evidenced-Based Program Approval Form

Region: _____

Provider: _____

Name of Evidenced-Based Program: _____

Proposed Program Information

List link to online information associated with the program: _____

Where will the program be offered? _____

How many times per year do you plan to offer the program? _____

	Instructor Fee	Materials for Participants
Breakdown of Actual Cost		

Total Cost per class \$____ (Cost per class = instructor fee + materials / #of classes)

Note: The instructor fee portion of the class may include salary, fringe, travel, marketing and indirect costs.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that any false or misleading information may result in my having to reimburse the state for training expenses and monies received for teaching sessions.

Agency Director: _____

Date: _____

AAA Approval: (Name) _____

Signature: _____