



Communities Learning Together (CLT) Partnership Application

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CONTACT AND SUMMARY INFORMATION

FIRST NAME:	LAST NAME:		
TITLE:			
ORGANIZATION NAME:			
ADDRESS:			
CITY:	STATE:	ZIP:	COUNTY:
PHONE:	EXTENSION:	FAX:	
E-MAIL:		WEBSITE:	

1. How did you hear about this program? (Check all that apply)

- Government Local, State or Federal Representative
Please Specify: _____
- Internet Web Site
Please Specify: _____
- Email or List Serve
Please Specify: _____
- Advertisement
Please Specify: _____
- Referral from Funding Agency or Foundation
Please Specify: _____
- Other
Please Specify: _____

2. Please describe your role in administering or planning Ryan White Program grants or services?

NEEDS ASSESSMENT

3. Briefly, describe your organization's (or area's) need for fiscal management training? Please note, this information can be a general overview. A second application will be disseminated to all organizations invited to the training to learn about specific fiscal management needs. *(Please use an additional page if necessary to complete your response.)*

4. How will the information from the training be used? *(Please use an additional page if necessary to complete your response.)*

5. Briefly, describe any fiscal management related technical assistance that has been made available to Ryan White providers in your jurisdiction.

TRAINING PLANNING AND COORDINATION

6. Briefly, describe issues facing your regions funding environment that may assist in the planning of the CLT trainings?

7. In what format would you like the CLT training to be delivered?

- Local (include only your city and surrounding areas).
- Regional (include more than one city or county within your immediate area).
- Statewide (include multiple cities and/or counties located in your state).

8. Please provide the names and titles of colleagues you will work with to plan the training?

9. When would you like the first face-to-face training to be held (MM/YY):

When would you like the second face-to-face training to be held (MM/YY):

When would you like the web-based training to be held (MM/YY):

THINGS TO KEEP IN MIND AS YOU SELECT YOUR TRAINING DATES:

- Trainings consist of two (2) face-to-face training episodes and one (1) web-based training.
- The trainings should be spaced four (4) to six (6) weeks apart.
- The face-to-face CLT trainings are facilitated on two (2), consecutive days.
- Selected dates for training should be convenient for most grantees and sub-grantees attending and take into consideration conflicting national and local events, conferences, meetings, and weather (important if you would like a training held during the winter months).

10. What, if any, support can you provide HealthHIV in planning the training?

Training Space (must accommodate 30 – 40 people; seated in rounds):

- Yes, full support Yes, with support from HealthHIV No support available Not sure

Participant meals (breakfast, lunch, two breaks):

- Yes, full support Yes, with support from HealthHIV No support available Not sure

Training Equipment/Supplies:

- LCD projector w/ laptop Newsprint/easel No support available
 Other, please specify:

PARTICIPANT RECRUITMENT

11. Will the CLT training be mandatory to organizations in your jurisdiction?

- Yes No

12a. Approximately, how many Ryan White providers will be invited to the training?

12b. If the training is not mandatory, how many Ryan White Providers in your jurisdiction do you think will attend?

EVALUATION

13a. Would you be willing to set aside up to two (2) hours assisting HealthHIV in evaluating our CLT training and technical assistance efforts?

- Yes No

13b. If you responded “Yes” to question 13a, what evaluation format would you prefer?

- Site visit Phone interview Video conference
 Online survey

13c. If you responded “No” to question 13a, what would facilitate your participation in evaluating our CLT training and technical assistance efforts?

14. Would you be willing to allow HealthHIV to profile your organization as a CLT success story?

- Yes No

NEXT STEPS

A representative from HealthHIV's CLT training team will contact you within 48-hours of receiving your application. This person will serve as your point of contact for all questions related to the training and training preparation.

HealthHIV will work collaboratively with you to plan the training and assist with recruitment. If you are a community-based organization interested in bringing the training to your area, we will work with you to identify state and city representatives responsible for managing Ryan White Programs in your area.

HealthHIV WILL:	THE LOCAL COORDINATOR WILL:
<ul style="list-style-type: none">• Support meeting space, participant meals, and equipment costs.• Provide training curriculum and other training resources.• Provide participant recruitment assistance:<ul style="list-style-type: none">○ Training application.○ Save-the-date flyer.○ Training fact sheet.○ Assist with agency and local organizational contact.	<ul style="list-style-type: none">• Support participant recruitment and engagement of at least 15–20 organizations for all three (3) trainings.• Assist with training date identification.• Assist with locating training space.

SIGNATURE

DATE

TITLE

INTERNAL USE ONLY

DATE APPLICATION RECEIVED:

BY WHOM:

DATE OF FIRST CONTACT WITH REQUESTOR:

OUTCOMES OF DISCUSSION:

DATE APPLICATION WAS DISCUSSED WITH HRSA: ACCEPTED REFERRED TO ANOTHER RESOURCE

PROVIDE INFORMATION ABOUT THE DECISION:

FIRST TRAINING DATE:

SECOND TRAINING DATE:

THIRD TRAINING DATE (WEB-BASED):

TRAINING LOCATION: