**2017-2018 Parent Trust Fund Cycle End Form**

Please email completed form to Nicole M. Vitale at vitale@ctserc.org **No later than 30 days after the end of each training cycle.**

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| Name of Organization: | Name of Coordinator: | Today’s Date: |
| Training Curriculum Used and Cycle Number: | Start Date of Training: | End Date of Training: |
| Number of Parents Completed: | Number of Children Completed  (CLTI Only): | Number of Children in Childcare: |
| Transportation Provided:  Yes  No | Food Provided:  Yes  No | Child Care Provided:  Yes  No |
| Please make a note of any special circumstances about the training. | | |
| Total expended on this training cycle:  (Parent Trust Fund /Parent Leadership Training Grant dollars only) | | |