OMB CONTROL NUMBER:0970-0412
EXPIRATION DATE: 00/00/0000
OMB OLD: 0985-0[illegible]

Attachment 1: Grantee Reporting Form
Grantee Reporting to the Program Manager (PM)

Name of Training	Name of Nonprofit Organization	Nonprofit Organization Address	Name of Relevant Faith-Based Coalition	Organization Type	Training Date (Month, Day, Year)	Number of Participants Receiving Training in Reporting Period	Attendee Roster Attached?	Is the Training Mandatory?	Training Delivered Through Partnership?	Will Participants Receive Certificate?	Training Topic(s) Covered (Check all that apply)	Training Delivered by (Check all that apply)	Participants Trained (Y / N)	Participants Trained Disaggregated by Faith-Based Coalition	Participants Trained Disaggregated by Ethnicity	Participants Trained Disaggregated by Gender	Participants Trained Disaggregated by Disability	Participants Trained Disaggregated by Other Demographic Data