

**ATTACHMENT N**

**Quarterly Title IV-E Training Activities  
and  
Cost Report**

Agency Name: \_\_\_\_\_

State Training Proportion of Total Trng. Cost [    %]

**CONTRACTED AGENCY QUARTERLY TRAINING REPORT (TRAINER & TRAINEE COSTS)**

Staff Name (Last, First)	Position Title		Professional Degree (Ph.D., MSW, etc.)		Social Security or Position ID#			
	Trng. Purpose Categ****	Training Dates	Training Modality*	Training Hours	Hourly Trng Cost**	Salary Cost***	Other Costs****	Total Trng. Cost
Training Title/Topic and a Brief Description:						\$ -		\$ -
						\$ -		\$ -
						\$ -		\$ -
						\$ -		\$ -
<b>Total Training Hours/Cost for Staff</b>				0		\$ -	\$ -	\$ -

Staff Name (Last, First)	Position Title		Professional Degree (Ph.D., MSW, etc.)		Social Security or Position ID#			
	Trng. Purpose Categ****	Training Dates	Training Modality*	Training Hours	Hourly Trng Cost**	Salary Cost***	Other Costs****	Total Trng. Cost
Training Title/Topic and a Brief Description:						\$ -		\$ -
						\$ -		\$ -
						\$ -		\$ -
						\$ -		\$ -
<b>Total Training Hours/Cost for Staff</b>				0		\$ -	\$ -	\$ -

- INSTRUCTIONS:** 1) Read Attachment before filling out this form;  
 2) Use this form to list all training attended or conducted by staff.