



LET'S TALK DIVERSITY
coalition
Building Community Strength Through Diversity

Send your completed form to
communications@letstalkdiversity.net
If you have questions please contact
Ryan via email or by phone at (541)
475-4292.

REQUEST FOR CULTURAL COMPETENCY TRAINING			
ORGANIZATION CONTACT INFORMATION			
Organization Name:			
Contact Name/Organization's Point Person:			
Phone:	Fax:	E-mail:	
Address:			
City:		State:	ZIP Code:
Does your organization serve residents in Jefferson County or the Confederated Tribes of Warm Springs? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Organization Type (please check one):			
Government: <input type="checkbox"/>	Nonprofit: <input type="checkbox"/>	Private Business/Corp: <input type="checkbox"/>	Other:
BACKGROUND ON REQUEST			
WHAT ARE YOUR GOALS FOR THE TRAINING? WHAT ARE YOU HOPING TO ACCOMPLISH?			
WHY ARE YOU REQUESTING THE TRAINING? <input type="checkbox"/> REQUIRED DIVERSITY TRAINING FOR ORGANIZATION <input type="checkbox"/> IDENTIFIED THE NEED <input type="checkbox"/> THINK IT WILL HELP CREATE AN INCLUSIVE ENVIRONMENT <input type="checkbox"/> OTHER (PLEASE EXPLAIN):			
CONTRACTED TRAINING REQUEST			
Please explain, in as much detail as possible, the type of training/topics/content that you are requesting, or the outcome you are looking for from the training (attach additional pages if necessary):			
Estimated # of participants: <i>(20 minimum, 40 maximum)</i>	Would you like the LTDC to manage the registrations? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Additional fee for this service)</i>		
Proposed Date(s):	Proposed Time(s): <i>(Please provide at least 90 days notice for training requests)</i>		
COST ESTIMATE FOR TRAINING			
<p>The LTD Coalition's goal is to cover the costs of the training, including the cost of the trainer(s), materials, meals, and travel. We will work with non-profit and public agencies to provide a discounted rate, particularly those serving Jefferson County and the Confederated Tribes of Warm Springs. The following are the general rates for our offerings (to give you an idea of the cost), and we will work with you to develop a cost estimate based on your organizational needs.</p> <ul style="list-style-type: none"> Existing Four-Part Series Training (6-hours each) - \$3,000 (plus mileage if outside of Madras) Customized Training (2-6 hours) - \$1,500 - 3,000 plus time required to design the training (plus mileage if outside of Madras) 			
NEXT STEPS			
This request is the start of a conversation. LTDC staff will be in touch to discuss the specifics of your training. LTDC looks forward to working with you to accomplish the goals your organization has for this training.			
It is the organization's responsibility to: <ul style="list-style-type: none"> Find and reserve the venue Coordinate the meal(s) for the event Market and promote the training Manage training registrations Set up and clean up venue 		It is LTDC's responsibility to: <ul style="list-style-type: none"> Provide trainers and content Provide all training materials Make travel arrangements for trainers 	
PLEASE SHARE, HOW DID YOU HEAR ABOUT THE LTDC TRAINING?			
SIGNATURE			
Signature:		Date:	

Cancellation Policy. Full refund more than two weeks prior to the training. Cancellations less than 2 weeks prior will result in the organization being invoiced.

TRAINING NEEDS (IDENTIFIED BY STAFF):

LTDC Staff:

Date Contacted Organization: _____

Trainer Available: _____

Cost Estimate: _____

TOT / Assistants: _____

NOTES:

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