# Attachment I

**Name of Tribe: Training Plan**

For each training activity, describe the activity and then complete the information as requested. Additional rows can be added as necessary. For additional information see Section G of Program Instruction ACYF-CB-PI-19-04. Use of this template is optional.

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| **Course Name & Description**(Provide a brief paragraph identifying the title and course content of the training activity. Indicate the purpose and depth (i.e. overview or detailed) of the training and whether it is part of an initial in-service training program for new agency staff.) | **Audience** Show tribal agency staff by unit and title;identify other participants by their child welfare role and organizational affiliation, if applicable. | **IV-E Admin functions addressed** (List any of the closely related functions specified at 45 CFR 1356.60(a)(1)and (2).) | **Non-IV-E****Admin functions addressed** (List any other functions covered in the training.) | **Setting/venue and Sponsorship** (Agency or Outside Educational Institution.) | **Design**(i.e. short-term; long-term; part- time; full-time.) | **Provider** (Identify the IV-E agency component or other organization providing the training.) | **Duration** (Approximate number of days/hours of training) | **Estimated Cost** (Expectedtotal/gross cost of development and delivery of training.) | **Estimated IV-E Portion** (Describe the allocation methodology from the Tribe’s approved CAM that will determine the allocation of costs to title IV- E training, title IV-E administration and other benefitting Federal or tribal programs.) |
| ***EXAMPLE:*** *Foster Parent Training for recruitment, retention and ongoing training needs. Best practices.* | *Foster parents, kinship care providers, prospective foster care providers.* | *Foster care recruitment and retention* | *IV-B Parent training**TANF Parent training**State social services provider training* | *Agency and outside agency* | *Short term on and off-site* | *Agency and outside resources as applicable and identified by staff and foster parents* | *½ - 2 days* | *To be determined by type and location of training* | *Allocated to IV-E according to CAM using proportion of total trainees who are prospective or actual foster parents multiplied by the tribal-wide title IV-E foster care participation rate.*  |
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