



## Application for Advanced Training Class

**Part One** (Submit 90 days before date of class)

County: \_\_\_\_\_ Date(s): \_\_\_\_\_

Number of Participants: \_\_\_\_\_ Time of Class: \_\_\_\_\_

Location of Training: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Topic: \_\_\_\_\_

Purpose of Training (a brief statement of what participants will learn:-

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach an agenda with topics and main speakers for the Advanced Training. This will be a brief summary of the training.

*A Guide for Counties to Host Advanced Master Gardener Training* <https://www.uaex.edu/yard-garden/master-gardeners/county-76/advanced-mg.aspx> will be followed by the host county

\_\_\_\_\_  
Signature of Committee Chair or Contact Person

\_\_\_\_\_  
Signature of County Agent

\_\_\_\_\_  
Date Submitted

Please complete and send (90 days before planned event) to Master Gardener Advanced Training Coordinator, Julie Treat, 2301 South University Avenue, Little Rock, AR 72204, or email the information to [jtreat@uaex.edu](mailto:jtreat@uaex.edu)

## Application for Advanced Training Class

**Part Two** (Submit 60 days before date of class)

County: \_\_\_\_\_ Training topic: \_\_\_\_\_

Date of Class: \_\_\_\_\_ Location: \_\_\_\_\_

Topic Outline with speakers – Please attach the final agenda.

### Budget Section of Part 2 Application

Number of total participants for training \_\_\_\_\_

**Fixed Expenses**

Cost of Facility	_____
Speakers Expense	_____
Honorarium	_____
Other _____	_____

Total Fixed Expenses \$ \_\_\_\_\_

Total Fixed Expense \$ \_\_\_\_\_ / # persons \_\_\_\_\_ \$ \_\_\_\_\_ Fixed Expense Per Person

**Expense/Person**

**Exp/Person X Number = Total**

Lunch (if provided; if not, how will this be handled?)	\$ _____	X	_____	\$ _____
_____	_____	X	_____	_____
Copies, Materials, Postage _____	_____	X	_____	_____
Snacks _____	_____	X	_____	_____
Fee to County 76 _____	\$5.00	X	_____	_____
Other _____	_____	X	_____	_____

\*Expense/Person \_\_\_\_\_ X \_\_\_\_\_ \$ \_\_\_\_\_

+

\*Fixed Expense/Person \_\_\_\_\_

Equals **Training Fee** \$ \_\_\_\_\_

**Training Fee** \$ \_\_\_\_\_ x # Persons \_\_\_\_\_ **Budget** \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of County Agent

\_\_\_\_\_  
Date

NOTE: Advanced Training should be equally available to all MG Members in state. The Advanced Training Class announcement will be sent out at same time through State Extension Office. Please complete and send to Master Gardener Advanced Training Coordinator, Julie Treat, 2301 South University Avenue, Little Rock, AR 72204, or email the information to [jtreat@uaex.edu](mailto:jtreat@uaex.edu)