

LEAP 2
TRAINING SESSION REPORT FORM

Please complete and return within 30 days after hosting a LEAP 2 training session. Reimbursement for program expenses will be processed upon receipt of this completed form. Send completed report form to:

Ohio Livestock Coalition
PO Box 182383
Columbus OH 43218-2383
Fax = (614) 246.8688

Name of contact person _____

Address _____

City _____ State _____ Zipcode _____

Phone Number (____) _____ Fax Number (____) _____

Electronic Mail Address _____

Names of organizations who participated and their support/contributions:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Dates of program (month/date/year)

Number of attendees/participants at each program? _____

PLEASE ATTACH AGENDAS FOR EACH PROGRAM DATE!

Site of program? _____

Program Costs (please attach all receipts!):

Promotion	\$ _____
Meal	\$ _____
Facility Rental	\$ _____
Other	\$ _____ <i>(please describe)</i>
Total Costs =	\$ _____

Reimbursement will be made as follows:

1. Number of attendees who completed and submitted the PRODUCER PROFILE
_____ x \$20/each *(if soil and/or manure testing was not a part of this program)* = \$ _____.

2. Number of attendees who completed and submitted the PRODUCER PROFILE x
\$ _____ x \$50/each if soil and/or manure testing was a part of this program = \$ _____.

ALL PRODUCER PROFILES MUST BE ATTACHED TO THIS FORM.

RECEIPTS FOR SOIL AND/OR MANURE TESTS MUST BE ATTACHED AS WELL.

Please make check payable to (name of person or organization): _____

How did participants receive the program?

Do you have any additional plans to promote LEAP 2?

Do you have any suggestions on how to improve LEAP 2?