



**APPLICATION FOR ONE-TIME DDP TRAINING GRANT**  
**For Calendar Year 2026**  
**Send completed application to Cindy Dallas at: [cdallas2@mt.gov](mailto:cdallas2@mt.gov)**

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

**Agency Contact:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

☐ **General Training** ☐ **Behavioral Training Total**

**Amount Requested:** \_\_\_\_\_

*Note: Reimbursement for lodging, mileage & food will be paid at the standard state rate.*

**Presenter Name and Brief Description of Qualifications:**

**Anticipated Date of Training:**

**Topic of Proposed Training: (Specifically describe the information to be presented by the training.)**

**Training Rationale: (Specifically describe how the training will benefit the agency and members served.)**

**Relation of training to services currently provided under Montana DDP- administered Medicaid Waivers:**

---

**For DDP to Complete:**

☐ **Approve**    ☐ **Return for Additional Information**    ☐ **Denied**

**Comments:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Agency Post Training Benefit**

**Please provide confirmation that the training was conducted and how it benefits the agency/  
member(s) within 30 days of completion of training**

**Submitted By:** \_\_\_\_\_ **Date:** \_\_\_\_\_