Capacity Building: Workforce Development Expedited Training (1-E) and Certification (1-F) (Same form for both submissions)

Agency Name:		Submitted by:			
Email:		Date:			
Start Up Funds Tuition Participants (1E Total number (FTE) registered counselors		Start Up Funds (9/15/24): Total # Registered Counselors: Total Start Up Funds): \$			
Expenditure Verification Due: 6/30/25 (Column E) + Expenditures + Invoice Note: Please refer to Capacity Building	Package for full requirements	Expenditure Verification (6/30/25) Column E, H: Total # Registered Counselors: Total \$ Expenditures Submitted: \$			
Certified Counselors (1-F) Total number of Employee Certifications	Submitted (\$2500/pp) by Agen	Certified Counselors (6/30/25):			
Columns A, B, D, F + Certification + Inv	roice by 6/30/25.	Total # Certifications:			
Note: Please refer to Capacity Building	Package for full requirements	Total Certifications Amount: \$			
		SAPC USE ONLY			
Due: 9/15/24 Start Up Tuition Participation (1-E) SAPC Reviewer:	No. of Staff Registered Counselors Confirmed (Columns A-D, G – 9/15/24) Eligible Payment (9/15/24):	No. of Staff Registered Counselors Expenditures Confirmed (Column E - 6/30/25):	Eligible Expenditure Payment (Column H - 6/30/25) \$		
	\$				
Due: 6/30/25 Deliverable-Based Certified Counselors (1-E) SAPC Reviewer:	No. of Certifications Confirmed	Eligible Payment (Column I - 6/30/25)			

	Α	В	С	D	E	F	G	Н	1
No.	Employee Name (Deliver Direct Services)	Date of Hire as a Registered Counselor providing Direct Services Must be on or before 4/1/23	Registration #	Sage User Number (C-Number)	Proof of Expenditure Submitted (1- E) (6/30/25) Include Amount of Expenditure Submission	Certification Number (1-F) (6/30/25)	Eligibility Confirmed (Not in T.I.P. or included in Year 1)  SAPC Eligibility (Y/N)	Registered Counselors (1-E) \$2,500pp Due 9/15/24 SAPC Validated (Y/N)	Certification Obtained (1-F) \$2,500pp (Not reimbursed in Year 1)  Due 6/30/25  SAPC Validated
1.									(Y/N)
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3.									
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