

ACTIVITY CODE(20)
MAA/TCM IMPLEMENTATION TRAINING

Claiming Unit:

Submittal Date:

Local Governmental Agency:

Amended Date:

Provide the following information:

1. Indicate the type(s) of training to be provided and/or attended:

2. If applicable, provide the location(s) the training will be provided and/or attended:

3. Indicate whether the training is or will be MAA/TCM Program specific or integrated with other training information:

Documents Required:

1. Attach copies of any training brochures, materials, or itineraries.