

VIRGINIA ASSOCIATION OF HOUSING AND COMMUNITY DEVELOPMENT  
OFFICIALS (VAHCDO) AND  
NAN MCKAY AND ASSOCIATES, INC. INVITES YOU TO ATTEND

**Capital Fund Training**

**March 30-31, 2026**

**TRAINING SITE:** **Online** – All registrants will receive an email from the NMA Webinar team 2-3 days before with a link to the Zoom course and the PDF file with course materials and instructions.

**SCHEDULE:**

8:00 a.m.	Registration
8:30 a.m.	Seminar begins
10:15 a.m.	Morning break
12: noon	Lunch, on your own
2:30 p.m.	Afternoon break
5:00 p.m.	Seminar ends

**REGISTRATION FEE:** **\$875** Seminar & Exam  
**\$700** Seminar Only

In the Capital Fund Program seminar, you'll gain practical know through extensive review and discussion of the capital fund final rule. Participants will focus on melding capital planning into the PHA plan process as well as how to use CFP fund for new construction and mixed finance development. In addition, this seminar includes information about new guidelines affecting management improvement, planning and report requirements, total development cost limitations, and other important changes.

Please make checks payable to: VAHCDO, Attn: Tiffany Runion, P.O. Box 1071, Harrisonburg, VA 22803.

**Please submit registration and payment (in full) no later than **March 9, 2026**.** Registration fee includes training, instructional materials, workbook and Certificate of Completion.

**THIS IS A GREAT CROSS TRAINING OPPORTUNITY!**

**CONTACT:** **Tiffany Runion**  
**Telephone:** 540-434-7386      **Fax:** 540-432-1113  
X 1224

**SPECIAL NOTE:** Please, NO taping or Video recording

**SEMINAR INVOICE and REGISTRATION FORM**

**Capital Fund Program**  
**March 30-31, 2026**

Please complete this form and return along with payment no later than March 9, 2026 to:

Payment Options	
Check and Mail to:	VAHCDO Attn: Tiffany Runion P.O. Box 1071 Harrisonburg, VA 22803
Credit Card: Contact Lance Allen	lallen@stauntonrha.org
Online: Contact Lance Allen	lallen@stauntonrha.org

Please complete a separate form for each participant (PLEASE PRINT CLEARLY):

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Street Address (No P.O. Boxes), \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

If you need a reasonable accommodation or require the features of a reasonable accommodation, please contact Tiffany Runion at 540-434-7386 x 1224 or [trunion@harrisonburgrha.com](mailto:trunion@harrisonburgrha.com)

