

State of Utah Department of Commerce

OFFICE OF THE PROPERTY RIGHTS OMBUDSMAN

Land Use Training Fund Reimbursement Request

| APPLICANT INFORMATION | | |
|--|-------------------------|-------------|
| Today's date | | Federal ID# |
| Requesting Organization | | |
| Contact Person | | |
| Mailing Address | | |
| Email | Office Number | Cell Number |
| TRAINING INFORMATION | | |
| Date(s) of training provided | | |
| Event Title | | |
| | | |
| | | |
| Description of event or program | | |
| \$ | · | - |
| Requested Reimbursement Amount | Date Grant was approved | |
| DEDA DTMENT OF | COMMERCE ACTION | |
| Approved | | nt: \$ |
| Ombudsman Office Fund Manager: | | _Date: |
| Commerce Fund Manager: | | _Date: |
| Department of Commerce Administration: | | |

REQUEST FOR REIMBURSEMENT APPLICATION INFORMATION REQUIREMENTS:

The requested training expenditures will be evaluated based on the reimbursement criteria outlined in R151 Administration of the Office of the Property Rights Ombudsman's Land Use Fund.

PROPOSED TRAINING DESCRIPTION

Please completely fill out the Request for Reimbursement form and attach supporting documentation. Include the following information:

- 1. Date of Training: The date(s) the training was held.
- 2. Information about the training:
 - a. Title the program including the name and location of the training.
 - b. Description of the program including method of training, target audience and what aspect of Utah land use law it will cover.
- 3. Other information: Any other additional information relevant to the reimbursement request that you would like considered. Additionally, the Ombudsman's Office, and/or the Department of Commerce may request additional information.

FINANCIAL CONSIDERATIONS

The Ombudsman's Office and the Executive Director for the Department of Commerce, or their designees, shall consider the following factors in determining whether to approve a Land Use Training Request for Reimbursement.

- 1. <u>Land Use Training Fund Approved Grant</u>: The reimbursement request must match the previously approved grant including whether or not the training met the purpose and objective as proposed. An amount up to 20% over budget *may* be approved if reasonable and appropriate justification for the difference is provided.
- 2. <u>Required information provided</u>: The reimbursement request must include information in sufficient detail to establish how all requested funds were spent.
- 3. <u>Deadlines</u>: Requests for reimbursement must be received no later than 60 days after the training has been held.

4. Funding parameters:

- a. Instructor Fees. The reimbursement rate for instructor fees shall generally be limited to \$150 per instruction hour per instructor. Reimbursement for preparation time by an instructor will be limited to \$150 per hour, with a maximum of three hours of preparation per instructor per hour of instruction time produced.
- b. Panelist Fees. The reimbursement rate for panelist fees shall generally be limited to \$75 per hour per panelist. Reimbursement for preparation time by a panelist will be limited to \$75 per hour, with a maximum of one hour of preparation per hour of panel participation.
- c. Staff fees. The reimbursement rate and total hours for staff time to assist in the training preparation or presentation shall require justification, review, and approval. Requests should clearly detail the time spent, describe the tasks, and how they were necessary to assist in the training. The billable rate for requested staff fees must be appropriate to the task. For example, administrative staff time should not exceed \$50 per hour.

- d. Mileage and per diem reimbursement. Reimbursement for instructor, panelist, or staff meals, mileage, and lodging may not exceed current State of Utah rates for mileage and daily travel per diem.
- e. Travel time fees. In addition to fees above, if an instructor, panelist, or staff is required to travel to or from a remote or rural Utah location, the instructor may be compensated up to \$50 an hour for time traveling to and from the event venue in addition to mileage. Reimbursement for travel time is only available if the instructor, panelist, or staff travels 100 or more miles round trip.
- f. Reimbursement limit. The reimbursement rate for instructors or panelist fees shall be limited to \$3,000 total for each instructor or panelist per day, including airfare, vehicle mileage, and meals.
- g. Other reimbursable expenses. Reimbursement for other actual expenses such as workbooks, study guides, textbooks used in the education course, meeting rooms or facilities, audio/visual equipment rental costs, if needed, actual printing costs, reasonable cost of advertising materials, and mailing and postage costs, may be approved as needed.
- h. Non-reimbursable expenses. Gift cards, door prizes, and the cost of food and food services provided to training participants may not be paid or reimbursed from the Ombudsman's Land Use Fund. Any items that do not qualify for state funding, including food and food service provided to training participants, shall be paid for by the participant or sponsor of the program.
- i. Sponsorship. Programs that receive sponsorships or grants from other sources are eligible for reimbursement on a net cost basis after subtracting sponsorships or grants from other sources.
- j. Double-dipping prohibited. Instructor or panelist fees, including preparation time, may not be paid to State or local government employees if the instructor is also being paid wages for the same time period.
- k. Total reimbursement cap. Total reimbursement shall generally be the lesser of \$15 per student hour or the cost of all approved actual expenditures, with a minimum reimbursement limit of \$150 multiplied by the number of hours of instruction provided. Reimbursement requests in excess of \$15 per student hour must have had a Request for Funding Above General Limits form approved.
- 1. Electronic training resources: The cost to produce a training video or similar electronic training resource or module accessible by internet or other remote means may generally be reimbursed up to \$7,500 in total actual costs to produce the training resource or module. The \$7,500 maximum shall include instructor, panelist fees, staff fees, travel fees, equipment or facility rental, etc.
- m. Grant requests in excess of these general parameters require further justification, review, and approval.

Standard Grant

Educational Expenditures

Please completely fill out the applicable sections on the application below. Leave inapplicable sections blank and/or add additional pages as needed. Attach the following required documentation. If any of the documentation is not available, please provide an explanation in a separate attachment.

- 1. Training announcement,
- 2. Training Agenda,
- 3. Roster of attendees,
- 4. Copies of all invoices and receipts showing amounts requested for reimbursement. Items for which no invoice or receipt is provided may not be reimbursed, and
- 5. Mileage: Attach a copy of the map from Google Maps or MapQuest that shows the number of miles traveled and the estimated travel time (round trip).

| | EDUCATIONAL EXPENDITURES | | | |
|---------------------|--------------------------|-----------------|----------------|--------|
| Instructor Fees | DESCRIBE WORK DONE | TIME ON TASK | Hourly Wage | TOTALS |
| Instructor 1 | | | | |
| PREP TIME | | | | |
| INSTRUCTION TIME | | | | |
| INSTRUCTOR 2 | | | | |
| PREP TIME | | | | |
| INSTRUCTION TIME | | | | |
| INSTRUCTOR 3 | | | | |
| PREP TIME | | | | |
| Instruction Time | | | | |
| | | Instructor | FEES TOTALS | \$ |

| PANELIST FEES | DESCRIBE WORK DONE | TIME ON TASK | HOURLY WAGE | TOTALS |
|------------------------|--------------------|-----------------|----------------|--------|
| PANELIST 1 | | | T | |
| | | | | |
| PREP TIME | | | | |
| | | | | |
| PRESENTATION | | | | |
| TIME | | | | |
| PANELIST 2 | | | 1 | |
| | | | | |
| PREP TIME | | | | |
| TREE THALE | | | | |
| PRESENTATION | | | | |
| TIME | | | | |
| PANELIST 3 | | | | |
| | | | | |
| PREP TIME | | | | |
| TREE THVIE | | | | |
| PRESENTATION | | | | |
| TIME | | | | |
| PANELIST 4 | | | | |
| | | | | |
| Dave Take | | | | |
| PREP TIME | | | | |
| PRESENTATION | | | | |
| TIME | | | | |
| | | Тотат Р | ANELIST FEES | \$ |
| | | TOTAL P | ANELISI FEES | ψ |
| | | TIME ON | Hourly | |
| STAFF FEES | DESCRIBE WORK DONE | TASK | WAGE | TOTALS |
| SPECIFIC STAFF | | | | |
| TASK | | | | |
| | | | | |
| SPECIFIC STAFF | | | | |
| TASK | | | | |
| SPECIFIC STAFF | | | | |
| TASK | | | | |
| Speciero Saver | | | | |
| SPECIFIC STAFF TASK | | | | |
| 111011 | | | ı | |
| | | Тота | L STAFF FEES | \$ |

| | DETAILS | | COST PER | |
|--------------|---|--------------|--------------|--------|
| TRAVEL FEES | (MILES TRAVELED, METHOD OF TRANSPORT, ETC.) | QUANTITY | Unit | TOTALS |
| Instructor 1 | | | T | T |
| | | | | |
| Мира | | | | |
| MILES | | | | |
| | | | | |
| MEALS | | | | |
| | | | | |
| | | | | |
| Lodging | | | | |
| | | | | |
| AIDEADE | | | | |
| Airfare | | | | |
| INSTRUCTOR 2 | | | | |
| | | | | |
| | | | | |
| MILES | | | | |
| | | | | |
| MEALS | | | | |
| IVIEALS | | | | |
| | | | | |
| Lodging | | | | |
| | | | | |
| | | | | |
| Airfare | | | | |
| | | TOTAL DED DA | EM EMBENGEG | ¢ |
| | | TOTAL PER DI | EM EXPENSES | \$ |
| | | | HOURLY | |
| TRAVEL TIME | DETAILS | Hours in | TRAVEL | |
| FEES | (MILES TRAVELED, METHOD TRANSPORT, ETC.) | TRANSIT | WAGE | TOTALS |
| TRAVELER 1 | | | | |
| | | | | |
| | | | | |
| | | | | |
| TRAVELER 2 | | | | |
| | | | | |
| | | | | |
| | | | | |
| TRAVELER 3 | | | | |
| IKAVELEK 3 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | TOTAL TRAV | EL TIME FEES | \$ |

| OTHER | | | COST PER | |
|---|-------------------|----------|----------|--------|
| EXPENSES | DETAIL OF EXPENSE | QUANTITY | Unit | TOTALS |
| | | | | |
| | | | | |
| Workbooks | | | | |
| | | | | |
| AUDIO/VISUAL | | | | |
| FEE | | | | |
| | | | | |
| FACILITY | | | | |
| RENTAL FEE | | | | |
| | | | | |
| | | | | |
| POSTAGE | | | | |
| | | | | |
| OTHER SPECIFIC | | | | |
| EXPENSE | | | | |
| | | | | |
| OTHER SPECIFIC | | | | |
| EXPENSE | | | | |
| | _ | | _ | |
| TOTAL OTHER EXPENSES FEES | | | \$ | |
| TOTAL EDUCATIONAL EXPENDITURES | | | | |
| Add together all the Instructor, Panelist, Staff Fees, Per Diem Expenses, Travel Fees, and Other Expenses | | | \$ | |
| | | | • | |

| ESTIMATE PER STUDENT FUNDING REQUEST | | | | |
|--|--|------------------------------|----|--|
| NOTE THAT FUNDING REQUEST | S ARE GENERALLY LIMITED TO A MAXIMUM (| OF \$15.00 PER STUDENT HOUR. | | |
| | | TOTAL HOURS | | |
| | | (MULTIPLY | | |
| PROJECTED NO. | TOTAL HOURS | STUDENTS BY | | |
| OF STUDENTS | PER STUDENT | Hours) | | |
| | | | | |
| TOTAL STUDENT HOUR COST | | | | |
| (MULTIPLY TOTAL HOURS ABOVE BY \$15.00 MAX PER STUDENT HOUR) | | | \$ | |

| ESTIMATED MAXIMUM GRANT REQUEST ALLOWED | |
|---|----|
| ENTER THE LESSER OF ESTIMATED NET COST OF PROGRAM AND TOTAL STUDENT HOUR COST ABOVE | |
| This is the estimated maximum grant request allowed. If requested other than | |
| THIS AMOUNT, COMPLETE THE REQUEST FOR FUNDING ABOVE GENERAL LIMITS FORM. | \$ |

Training Video Grant Educational Expenditures

Signature

| EXPENDITURES TO CREATE ELECTRONIC RESOURCE | | | | |
|---|---|---|--|---|
| INSTRUCTOR/STAFF TIME | Describe work done | TIME ON TASK | HOURLY WAGE | TOTALS |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Total ins | TRUCTOR AND | STAFF FEES | \$ |
| OTHER EXPENSES Equipment, facility rental, etc. | Describe | QUANTITY | COST PER UNIT | TOTALS |
| | | | | |
| | | | | |
| | | | | |
| | | TOTAL OTHE | ER EXPENSES | \$ |
| | TOTAL EDUCATIONAL EXPENDITURES FOR T | RAINING VIDE | O CREATION | \$ |
| ADDITIONAL DETAIL: (A | TTACH ADDITIONAL PAGES IF NEEDED.) | | | |
| an approved Land Us Use Training Fund document. I further | my organization owes or has paid these expenses whise Training. I further verify that the training was conducted Grant Application, unless otherwise explained and verify that the Land Use Training was adequately fy that our organization engaged in good faith negotiat | ncted as propo d provided f and profess | osed in the ap for above or ionally prep | oproved Land in attached ared for and |
| Name of Authorized | Representative Title | | | |

Date