



UTAH DEPARTMENT OF COMMERCE

Division of Occupational and Professional Licensing

APPLICATION FOR FUNDING FROM EDUCATION FUND

GENERAL INFORMATION

Potential applicants are encouraged to submit an "Application for Funding from Education Fund" for each course or event that meets the criteria outlined below. It is requested that applications be submitted **at least 60 days** in advance of the event. If it is not received **15 days** prior to the next scheduled Board meeting, the request will not be placed on the agenda for consideration. Keep in mind, some Boards only meet a few times a year and may require you to submit your application sooner than recommended. **Any request not considered by the Board and approved prior to the event will not be approved for funding.**

Upon receipt of the application, the request for funding will be placed on the agenda for review by the respective Board and the Commission. Applicants will be notified of the meeting and attendance is encouraged to present the training plan.

If the reviewed application is recommended for approval, the funding request must then be approved by the Bureau Manager, Division Director, and Department Director. The application is not officially approved until it has been signed by all parties. A letter of approval will be mailed to you after all signatures have been obtained.

Advertising and agenda or training material for the training program shall include the following statement, "**Partial funding for this educational opportunity has been provided by the Division of Occupational & Professional Licensing and the Education Fund.**"

REVIEW CRITERIA

The following items may be considered by the Board in making a determination for funding:

- Previous experience in providing training; including cost per-attendee and current cost estimates.
- How the education fits with the Board's education objectives for the applicable year.
- How the text relates to the course objectives.
- Target audience.
- Target region.
- The number of students, hours of instruction, and the ratio of students per dollar to be spent for the education.
- The percentage of the training being paid for by the student, and by the Education Fund.
- Anticipated revenue received.

ITEMS QUALIFYING FOR STATE FUNDING

Reimbursement will **only** be for educational expenses that qualify for state funding. Note: **Code Books** or any **Referenced Standards do not** qualify for funding. **Sponsors' staffing or personnel costs do not** qualify for funding. Break items **do not** qualify for funding (e.g. food, drink, promotional items, awards, and prizes).

The following is a list of items which may qualify for funding:

- Instructor Fees: Will not be reimbursed for excess of \$3,000 per day, *including* travel and meals. Any Instructor fees in excess of \$150.00 per hour will be subject to further review and approval by the Board, the Division and the Department. (*State or local government employees should be aware of prohibition of paying instructor fees if the instructor is also being paid wages for the same time period. Contact DOPL with questions.*)
- Instructor Travel and Meals: Meals, mileage, and lodging must not exceed current State of Utah rates.
- Code Analysis and Code Update Books
- Workbooks, Study Guides, or Textbooks
- Meeting Rooms or Facilities
- Audio/Visual Equipment Costs
- Printing Costs (*including copies for workbooks, study guides, or textbooks*)

- Brochures (*for advertising, mailing, etc.*)
- Mailing, Postage & Handling Costs

Please note:

- Any items that do not qualify for state funding must be included as part of the registration fee paid by the participant, or paid by the sponsor of the program.
- It is the responsibility of the sponsoring organization to assure that the training is provided by instructors who are qualified to teach the program demonstrated with adequate education and experience. Furthermore, the sponsoring organization is responsible to assure that instructors are prepared to teach the class, including making an appropriate outline of the program, making appropriate audio or visual aids, preparing or arranging for handouts or study guides, arranging for any needed equipment and assuring that the training is held for the time period specified in your request for funding. Please be aware that funding grants are based upon the sponsoring organizations' assurance that a quality training program will be provided.
- If the training is deficient in quality of presentation or preparation as outlined above, it could jeopardize your grant of funding. We recommend the contract you enter into with instructors completely and accurately specify the responsibilities of the instructors and any consequences as a result of failing to hold the training, and/or lack of adequate preparation.
- It is the responsibility of the sponsoring organization to engage in good faith negotiations to ensure the best reasonable value for eligible reimbursement costs.

REIMBURSEMENT

After completion of each course the sponsoring organization must complete and submit the following to the Division in order to obtain reimbursement for the training provided:

- Request for Reimbursement Form
- Itemized Invoice: Provided on the sponsoring organization's letterhead with attached original receipts, invoices, and other documentation to support the requested reimbursement.
- Roster of Attendees
- Advertising: Copy of the advertising announcement, agenda, and training material, which includes the acknowledgement of funding as specified above.

DIVISION CONTACT INFORMATION

All applications for funding must be made by completing and submitting the Division's "Application for Funding from Education Fund" form. The form is included in this packet. Applicants may submit their application via email: doplureau5@utah.gov, or via regular mail:

DOPL Bureau 5
PO Box 146741
Salt Lake City UT 84114

Meeting dates, times, and agendas can be accessed at www.dopl.utah.gov.

APPLICATION FOR FUNDING FROM EDUCATION FUND

(Submit prior to training program)

EVENT DETAILS

Requesting Organization: _____ FEIN: _____

Contact Person: _____

Phone Number: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

New Funding Request - Requests should be submitted 60 days in advance of the program date.

Additional Funding Request - Requests should be submitted 60 days in advance of the program date

Training is for: Electricians Plumbers

Title of Event: _____ Amount Requested: \$ _____

Dates of Training - From: _____ to: _____ Location: _____

Number of Classroom Hours: _____ Level of Curriculum: Beginner Professional
 Novice Expert

Expected Number of Attendees: _____

Summary of Training Objectives: _____

Please provide information for each course being taught in the training. (Attach additional pages if necessary.)

Course Description: _____

Describe how the training relates to the education goals of the Professional Board for the current year:

Text(s) or other materials to be used: _____

Lead Instructor: _____

Contact Person: _____

Phone Number: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

FUNDING WORKSHEET

PROJECTED TRAINING REVENUE

Funding Participants (*excluding DOPL*): _____

Jurisdiction: _____ \$ _____

Organization/Association: _____ \$ _____

Individual: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Registration Fee: \$ _____ Number of Attendees: _____ Total from Fees \$ _____

Total Training Revenue Anticipated \$ _____

Portion of Registration fees for Non-Reimbursable Expenses (*Code books, Breaks, etc.*) (\$ _____)

Portion of Registration to be Applied Against Education Costs (\$ _____)

Balance of Anticipated Revenue \$ _____

PROJECTED TRAINING EXPENSES (*Attach additional pages if necessary*)

Meeting Room: _____ \$ _____

Instructor Fees: _____ \$ _____

Instructor Travel: _____ \$ _____

Audio/Visual Equipment: _____ \$ _____

Workbooks, Text Books, Study Guides: _____ \$ _____

Printing: _____ \$ _____

Brochures, Advertising: _____ \$ _____

Postage, Mailing: _____ \$ _____

Other qualified items: _____ \$ _____

Total Reimbursable Expenses \$ _____

Portion of Registration to be Applied to Educational Cost: (\$ _____)

Total Anticipated Reimbursement Request \$ _____

I hereby verify under penalty of perjury, that any funds requested from the State of Utah are not being reimbursed from any other source.

Name of Authorized Representative (print): _____ Title: _____

Signature: _____ Date: _____

APPLICATION FOR REIMBURSEMENT

(Submit after training program)

EVENT DETAILS

Requesting Organization: _____ FEIN: _____
 Contact Person: _____
 Phone Number: _____ Email: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____

Title of Event: _____ Amount Requested: \$ _____

Dates of Training - From: _____ to: _____ Location: _____

I hereby verify that I/we provided the educational program for which we obtained pre-approval from the Division and that we provided the program as outlined in our original submittal except for the following changes: *(Please identify below any changes that have been made in subjects, dates, locations or instructors, if applicable.)*

Please identify the information required below. *(Attach additional pages if needed.)*

Title/Subject of Training	Date(s)	Location(s)	# Hours of Session	# Attendees
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

We are requesting reimbursement for the following costs incurred and for which we have attached the original receipts.

Meeting Room; Name and Location: _____

Instructor Fees: _____ \$ _____

Instructor Travel/Meals: _____ \$ _____

Instructor Name(s): _____

Audio Visual Equipment: _____ \$ _____

Workbooks, Textbooks, Study Guides: _____ \$ _____

Title(s): _____

Printing: _____ \$ _____

Brochures, Advertising: _____ \$ _____

Postage, Mailing: _____ \$ _____

Other – Describe: _____ \$ _____

Total Educational Expenditures \$ _____

Deduct the portion of registration fees that have been applied to educational costs (\$ _____)

Balance/Total Reimbursement Request: \$ _____

REMITTANCE FORM

I hereby verify under penalty of perjury, that these expenses have been paid by our organization and that we have received no other reimbursement for these expenses from any other source.

Name of Authorized Representative

(print): _____ Title: _____

Signature: _____ Date: _____

Remit Payment To:

Organization Name: _____ FEIN: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____