

RTAP SCHOLARSHIP APPLICATION

Name: _____ Title _____

Phone: _____ Email _____

Organization to be reimbursed: _____

Address to submit payment: _____

City: _____ State: _____ Zip: _____

Name of seminar/course/conference: _____

Location (City/State): _____ Date(s): _____

Eligibility Questions: Please check the boxes that apply.

I receive the following funding sources: 5310 5311 5317 5316 5307

The population in my county is under 200,000 over 200,000.

My agency is one of the following designations County with no urban area County with rural and urban area with population under 200,000 County with rural and urban area with a population over 200,000

Organization type: Non-profit Government Organization For-Profit Tribal Government Other

Please provide a brief description of your riders:

Provide a brief description of your agency and the rural transportation services provided by your agency.

Description of training program you are attending and why this program was selected compared to other training programs.

Explain how your attendance will benefit your organization:

Estimated Expenses

	Estimate	Approved Expenses
Registration Fee	\$ _____	\$ _____
Mileage (____ miles x \$.IRS rate)	\$ _____	\$ _____
Lodging No. of nights:_____	\$ _____	\$ _____
*Airfare/Rail, Must be purchased 14 days in advance	\$ _____	\$ _____
Tolls/Parking/Taxi/Public Transit	\$ _____	\$ _____
**Meals at state per diem rate are not reimbursed but Can count towards the match requirement (see rates below)	\$ _____	\$ _____
Car Rental is not reimbursed but can count towards match Requirement.	\$ _____	\$ _____
TOTAL SCHOLARSHIP REQUEST	\$ _____	\$ _____
Match Requirement- _____%	\$ _____	\$ _____
Total Amount Reimbursed for Scholarship	\$ _____	\$ _____

**You may be required to justify travel mode based on factors such as mileage or airfare cost and lodging nights required. Maximum reimbursement for tickets purchased less than 14-days in advance will be based on mileage at a rate that is the same as the automobile mileage reimbursement. Please attach a Mapquest sheet with mileage from work place to training site.*

***Caltrans has provided additional RTAP scholarship funds for the contract which require a minimum of a twenty percent match. The match must be paid by the agency requesting a scholarship. The cost of meals and rental cars at the state rate are not reimbursable from the scholarship fund but can be used toward the match requirement.*

California State Rates:

- Hotel rates are reimbursed according to the State guidelines of \$84/night plus tax, with the exception of Los Angeles and San Diego counties which are reimbursed up to \$110/night plus tax; and Alameda, San Francisco, Santa Clara and San Mateo counties which are reimbursed up to \$140/night plus tax.
- Mileage: \$.IRS Rate
- Air, bus and train fares must be booked at lowest available coach rates at least 14 days in advance, airfare purchased at a later date will be paid at the IRS mileage rate or equivalent airfare.
- Rental car fees are not eligible for reimbursement but can be used as match at a rate of \$50.00 per day, with a maximum of \$300.00
- Meals at the following state rates can be used toward the match requirement. Breakfast-\$6.00 per day, Lunch-\$10.00 per day and dinner-\$18.00 per day

By signing this application I certify that the information in this application is true. I realize that if my expense forms are not turned in for reimbursement within 30 days, my agency may not be reimbursed for any incurred training expenses. In addition, if I am deemed ineligible for the scholarship, my agency may not be reimbursed for the expenses.

Signature of Participant: _____ Date: _____