Name: Title

Phone: Email

Agency Name (Legal/Registered):

Address to submit payment:

City: State: Zip:

Federal ID No. Estimated Cost $

Title of training/equipment:

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

Eligibility Questions: Please check the boxes that apply.

I receive the following funding sources: □ 5310 □ 5311 □ 5317 □ 5316 □ 5307 □ None

My agency serves one or more of the following jurisdictions:

□ City and County Honolulu □ County of Hawaii

□ County of Maui □ County of Kauai

Organization type: □ Non-profit □ Government Organization □ Other

Please provide a brief description of your riders:

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

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

Explain how your attendance or creation of this training will benefit your organization and/or others:

Estimated Expenses

|  |  |
| --- | --- |
| Description | Estimate |
| Registration/Course Fee |  |
| Rental Car |  |
| Gas (rental car only) |  |
| Airfare |  |
| Lodging |  |
| Parking |  |
| Tolls, shuttle, taxi, ferry, etc. |  |
| Mileage (55.5 ₵ per mile for personal vehicle) |  |
| Other (describe) |  |
| Total |  |

Travel Rules:

* The most efficient means of travel to the destination shall be selected (airfare, ferry, rail, taxi,

shuttle, etc.)

* Obtain a minimum of two quotes for associated travel expenses (hotel, airfare, rental car, etc.).

Choose the lowest cost.

* Travel shall be conducted, whenever possible, during the weekdays. Arrival and departure from

said destination for out-of-state travel shall be no longer than 24 hours from the start and completion

of training, respectively. Arrival and departure from said destination for intra-state travel shall be no

longer than 3 hours from the start and completion of training, respectively.

* Airfare shall be coach and secured no later than 14 days prior to travel.
* Rental car shall be classified as “compact” or “economy” unless approved otherwise .
* Hotel room shall be “Single Queen”, unless approved otherwise.
* For same day intra-state travel, a $20 meal allowance shall be reimbursed. Contact the RTAP

Manager for more than one day travel.

* For out-of-state travel, a $60 meal allowance shall be reimbursed per 24 hour day. Contact the

RTAP Manager to compute fractional days.

Supporting Documentation

Please submit the following documents with your application:

* Training announcement; conference brochure; or meeting agenda that includes the location, cost

and schedule. If attending a multiple topic event, please indicate what specific topics attendees will participate in.

Certification

By signing this application we certify that the information in this application is true. We agree to comply with all the rules set forth in this application. In addition, the attendee may be called upon to share his/her experiences with other transit operators. The traveler agrees to conduct himself/herself in a professional manner throughout the travel period. We realize if the aforementioned terms are not met, the agency may not be reimbursed and depending on the severity, may be banned from future scholarships. We also realize that if the reimbursement request is not received by Hawaii DOT within 30 calendar days after the event completion, the agency may not be reimbursed for any incurred expenses. In addition, if we are deemed ineligible for the scholarship, the agency may not be reimbursed for any prior expenses.

Signature of Attendee Date

Signature of Agency’s Executive Officer Date