Community Training Scholarship

Reimbursement request

Scholarship funds are reimbursable upon submission of:

* Conference registration receipt; Agenda; Course description;
* Travel costs as match: Per diem rates & mileage calculations (if applicable)
* Total volunteer hours recorded as in-kind match (include travel to/from conference, time at conference, and time spent reporting back to your organization)
* A paragraph description of what you learned and how it applies to your community

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Scholarship Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Point of Contact (if different than applicant):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recipient Contact phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (inc. city & zip): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community within KMTA Heritage Area that benefits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reimbursement amount requested: $\_\_\_\_\_\_\_\_\_ (up to $350)

*Please list expenses & provide receipts for training expenses.*

This mini-grant requires equal or more non-federal matching funds. This can be all or part in-kind such as conference time, administrative time, advance preparation, etc. Please list the amount of non-federal match the applicant and/ or associated organization can provide. (Must be equal to or greater than the amount requested.)

Value of match: \_\_\_ applicant paid hours (non-federal) @ $\_\_\_\_\_\_/hr = $ \_\_\_\_\_\_\_

\_\_\_ volunteer hours @ $27.88/hr = $ \_\_\_\_\_\_\_

List additional \*cash and/or in-kind match:

*\*Please provide copies of receipts for cash purchases*

Total Match Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To request reimbursement, email this form to: [amandasassi@kmtacorridor.org](mailto:amandasassi@kmtacorridor.org)

*Include photographs if available. Unless specifically prohibited by the grantee KMTA CCA may include this information and photos in press releases and promotional material.*

Questions? Contact Amanda Sassi: 907-252-5109