



## Idaho Rural Transit Assistance Program (RTAP) Scholarship Application

The Idaho Transportation Department’s Public Transportation Office is committed to advancing the Department’s strategic mission of “Your Safety, Your Mobility, and Your Economic Opportunity.”

Use this to support your scholarship application request. You must be preapproved prior to registering for, or attending a training, workshop, or conference.

| <b>Attach the following supporting documentation to this Application:</b>  |  |
|--|--|
| The agenda and detailed costs for the training, workshop, materials, or conference, i.e. meals provided, hours of training, etc.                   |  |
| A sample airline itinerary with estimated cost.<br>*Do <b>NOT</b> buy the ticket until application is approved.                                    |  |
| A sample hotel estimate that shows total nights of stay and applicable fees.<br>*Do <b>NOT</b> make the reservation until application is approved. |  |
| A map printout with driving distance from your place of work to destination, if driving.   |  |

Submit application for approval no later than 14 calendar days prior to the training to [juanita.risch@itd.idaho.gov](mailto:juanita.risch@itd.idaho.gov) or Fax to 208-334-4424.

**Travel & Reimbursement Guidelines: ITD-PT may only reimburse the least expensive, most economical mode of travel consistent with State of Idaho’s travel policy.**

Meal Per Diem is allowed at the discretion of ITD-PT and as the RTAP budget allows.

Per Diem requests are not permitted when:

- A meeting is in the same ITD district as your organization.
- Meals are provided at a meeting/seminar/conference.

Link to the GSA website [www.gsa.gov](http://www.gsa.gov) for meal/hotel/per diem rates for travel outside of Idaho (beyond 60 miles from the Idaho border):

- For cities not listed, use city closest to your destination, print off rate, and submit with Application.
- When a hotel is unavailable at GSA rate, select a hotel that is priced closest to the GSA rate.

## Scholarship Application

### Application Information

|                     |  |
|---------------------|--|
| Agency              |  |
| RTAP Applicant Name |  |
| Job Title           |  |
| District            |  |
| Address             |  |
| Email               |  |
| Phone               |  |

### Instructions

Thank you for your interest in requesting Idaho RTAP Scholarship. To assist you in completing the scholarship application process, refer to the documents provided with this application. If you have questions contact [juanita.risch@itd.idaho.gov](mailto:juanita.risch@itd.idaho.gov) or 208-334-8875.

### Scholarship Application Questions

#### Eligibility Questions: Please check the boxes that apply

I receive the following funding sources:  5310  5311  5339

|   |
|---|
| <b>Questions</b>  |
| Conference/Training Name:   |
| Is this a: <input type="checkbox"/> Training <input type="checkbox"/> Workshop <input type="checkbox"/> Conference and/or <input type="checkbox"/> request for Materials (if materials only please skip to page 3)  |
| This training will cover the following topics: <input type="checkbox"/> Defensive Driving <input type="checkbox"/> Emergency Procedures <input type="checkbox"/> Maintenance & Inspections <input type="checkbox"/> Safety <input type="checkbox"/> PASS <input type="checkbox"/> Wheelchair <input type="checkbox"/> Outreach <input type="checkbox"/> Economic Development <input type="checkbox"/> Other If other; please explain how this topic serves the purpose of the RTAP Program. |
| Location of Training (City, State)  |
| Estimated Date and Time of Arrival  |
| Estimated Date and Time to Return   |
|   |

|  |
|--|
| Describe the need being met by your attendance to this event.  |
|  |
| Describe the training program you are attending and why this program was selected compared to other training programs.   |
|  |
| Describe how information obtained from this event will be shared in your organization and with the Idaho Transportation Department – Public Transportation Office. |
|  |

**Additional Requirements**

- You are required to submit the Individual Expense Form with the Application. Be sure to accurately estimate your expenses, as scholarships will be awarded based on this form. Reimbursements will only be made *up to* the Scholarship Award.
- You will be required to submit a Summary Report of the workshop/training for which you have requested funding. The summary should state: (1) how the training/workshop information has been used, (2) who has/how many have been trained or assisted, and (3) what savings have been generated as a result of the training.
- You will also be required to submit an Individual Expense Form after the training. Be sure to include appropriate back up documentation for expenditures. This includes but not limited to airline and lodging receipts, conference registrations, map indicated mileage, and any other eligible expense receipt.

*Requests should be made directly to ITD-PT via email to [Juanita.Risch@itd.idaho.gov](mailto:Juanita.Risch@itd.idaho.gov).*

**Acceptance of Terms**

We agree to accept Idaho Rural Transportation Assistance Program (RTAP) Scholarship Reimbursement in conformance with applicable state and federal laws and guidelines and be responsible for potential tax liability.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Employer Signature

\_\_\_\_\_  
Date