

**Network for a Healthy California
Request Form for Non-Network Sponsored Travel**

This form must be submitted and approved prior to expending Federal Share funds for travel to non-Network sponsored events (in or outside California). Complete one form per event. Fax this form to your Network Program or Contract Manager for approval (916-449-5414) and attach the agenda with session description(s). Please allow up to 4 weeks to process this request.

Part I. Contact Information

Agency Name: _____ Contract #: _____
 Contact Name: _____ Phone #: _____ Fax#: _____

Part II. Event Information

Conference/Meeting/Training/Event Title: _____

Date(s) of conference and/or Travel: _____ Location: _____

Attending as a: Participant Presenter Other _____

List conference website if available _____

Agenda with session descriptions is attached Yes No

Please justify how the event supports/benefits Food Stamp Nutrition Education (SNAP-Ed) clients and how it relates to your Scope of Work:

Part III. Projected Travel Costs (Pro-ration)

Per USDA guidelines, all costs for non-Network sponsored events must be prorated to the 1) nutrition education content (NE) of the agenda for low-income audiences; and 2) full-time equivalent (FTE) of attendee. Please use the worksheet below to project reimbursement costs. See attached sample worksheets.

Proration Worksheet

		Attendee A	Attendee B	Attendee C
	Name and Title of Attendee Traveling			
A.	Total projected costs (non-prorated) (include registration fees, mileage, hotel, parking, tolls, per diem, airfare, etc.)			
B.	Percentage of agenda applicable to NE			
C.	First Pro-ration (multiply row A x row B)			
D.	Full-time equivalent (FTE) of attendee			
E.	Second Pro-ration (multiply row C x row D)			
F.	Total Projected Cost for Reimbursement (sum of amounts in Row E)			

Note: These are projected costs only. Invoice must be based on actual costs and supported by receipts.

Are funds available in the Travel and Per Diem line item of your approved budget to cover these expenses?
 Yes No (If not, a Budget Adjustment Request (BAR) may be needed prior to approval.)

Program Coordinator Signature* _____ **Date** _____

*I certify that these funds will be used for employees serving a majority of SNAP-Ed clients.

Approved as is Approved with changes above Denied: _____

Form 4a

Contract Manager signature _____	Date _____
Program Manager signature _____	Date _____

Sample Pro-ration Scenarios

The following two scenarios are offered to assist you in completing the pro-ration worksheet on Part III of the Request Form.

Scenario #1: The school nurse will be attending a non-*Network* sponsored training. You’ve looked at the agenda and determined that 100% of the training will cover nutrition education for low-income audiences. The school nurse is funded by the *Network* at 50% FTE and is listed as such on the Federal Share budget justification. The projected costs for the nurse to attend the conference are as follows:

Registration:	\$100
Mileage (at 48.5 cents/mile):	\$27
Hotel:	\$89
Total Projected Cost:	\$216

Below is how the pro-ration worksheet would be filled out.

Pro-ration Worksheet	Attendee A	Attendee B	Attendee C
Name/Title of Attendee Traveling	Sue Smith, School Nurse	N/A	N/A
A. Total projected costs (non-prorated) (include registration fees, mileage, hotel, parking, tolls, per diem, airfare, etc.)	\$216		
B. Percentage of agenda applicable to NE	100% or 1.0		
C. First Pro-ration (multiply row A x row B)	\$216 x 1.0 = \$216		
D. Full-time equivalent (FTE) of attendee	50% or .50		
E. Second Pro-ration (multiply row C x row D)	\$216 x .50=\$108		
F. Total Projected Cost for Reimbursement (sum of amounts in Row E)	\$108	Note: These are projected costs only. Invoice must be based on actual costs and supported by receipts.	

Sample Pro-ration Scenarios (cont.)

Scenario #2: The project coordinator will be presenting a non-*Network* sponsored workshop called the Nutrition Education & Diabetes Control Workshop. You determine that 50% of the workshop will cover nutrition education for low income audiences. The project coordinator is funded by the *Network* at 60% FTE and is listed as such on the Federal Share budget justification. The projected costs for the project coordinator to attend the conference are as follows:

Registration:	\$100
Airfare:	\$216
Taxi:	\$35
Hotel:	\$89
Total Projected Cost:	\$440

Below is how the pro-ration worksheet would be filled out.

Pro-ration Worksheet		Attendee A	Attendee B	Attendee C
	Name/Title of Attendee Traveling	Mike Brown, Project Coordinator	N/A	N/A
A.	Total projected costs (non-prorated) (include registration fees, mileage, hotel, parking, tolls, per diem, airfare, etc.)	\$440		
B.	Percentage of agenda applicable to NE	50% or .50		
C.	First Pro-ration (multiply row A x row B)	\$440 x .50 = \$220		
D.	Full-time equivalent (FTE) of attendee	60% or .60		
E.	Second Pro-ration (multiply row C x row D)	\$220 x .60=\$132		
F.	Total Projected Cost for Reimbursement (sum of amounts in Row E)	\$132	Note: These are projected costs only. Invoice must be based on actual costs and supported by receipts.	