

**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 Supplemental Nutrition Assistance Program Education (SNAP-Ed) clients and how it relates to your Scope of Work:

Part III. Projected Travel Costs (Proration)

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 Proration (multiply row A x row B) | | | |
| D. | Full-time equivalent (FTE) of attendee | | | |
| E. | Second Proration (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 FSNE clients.

Approved as is Approved with changes above Denied: _____

Sample Proration Scenarios

The following two scenarios are offered to assist you in completing the proration 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 SNAP-Ed 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 50 cents/mile): | \$27 |
| Hotel: | \$89 |
| Total Projected Cost: | \$216 |

Below is how the proration worksheet would be filled out.

| Proration 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 Proration (multiply row A x row B) | \$216 x 1.0 = \$216 | | |
| D. Full-time equivalent (FTE) of attendee | 50% or .50 | | |
| E. Second Proration (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 Proration 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 proration worksheet would be filled out.

| Proration 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) (includes; registration fees, mileage, hotel, parking, tolls, per diem, airfare, etc.) | \$440 | | |
| B. Percentage of agenda applicable to NE | 50% or .50 | | |
| C. First Proration (multiply row A x row B) | $\$440 \times .50 = \220 | | |
| D. Full-time equivalent (FTE) of attendee | 60% or .60 | | |
| E. Second Proration (multiply row C x row D) | $\$220 \times .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. | |