

C.A.R.E.S. Resource & Referral
Individual Grant Request Application FY 2007

Travel Grants are intended to provide education and training for eligible child care providers to assist with training related travel.

If you are interested, read the Individual Grants Policy, and fill out this form or write a letter and return it to:

C.A.R.E.S. Resource & Referral
1908 Old Pioneer Way
Fairbanks, AK 99709

Phone: (907) 479-2214
Toll Free: 1-866-878-CARE
Fax: (907) 479-2486
cares@alaska.net

I am interested in a travel grant to attend the _____.

Lodging: _____ I will not need lodging.
_____ I will need lodging for the nights of (list each date) _____.
The name and number of the hotel: _____.
The cost per night at the hotel is _____.
The cost per night for (hotel or bed) tax is _____.
The total cost for lodging is (number of nights x nightly cost): _____.
Original receipt is required for reimbursement

Travel: The total cost for airfare is: _____.
An airline receipt must have cost, passenger name, destination and proof of payment and travel.

OR

I will be driving and request reimbursement for mileage (\$0.42 per mile).
Miles to destination: _____
Total miles for trip: _____
(Available for providers in Delta, Healy, Tok, Salcha)

Per Diem: I am requesting _____ days for reimbursement at \$42.00 per day.
Per diem is reimbursed at 100% and receipts are not required.

How long have you worked in your current position? _____

Why can't this training be obtained locally in your community? _____

Please tell us how you will share the information you learn with your community:

Please tell how you believe this training will benefit you in your work: _____

Name: _____ Program: _____

Address: _____ City & Zip Code: _____

Phone: _____ Fax: _____ E-Mail : _____

Signature Date

