



## G.R.E.A.T.-Related Training Travel Reimbursement Agency Application to G.R.E.A.T. Foundation, Inc. (GFI)

**TRAINING INFORMATION** For officer listed below. Use separate sheet for Training Information for additional officers.

|  |  |  |
|--|--|--|
| Type of Training:<br><input type="checkbox"/> GOT <input type="checkbox"/> GFT<br><br><input type="checkbox"/> GOI | Estimated cost of airfare (include itinerary) :<br>\$ _____ OR U.S. Government Milage Rate<br><br># Miles _____ X Mileage Rate \$ _____ = \$ _____ | U.S. Gov Per Diem Rate Per Day _____ x<br>(training site location)<br># of full training days _____ = _____ +<br>75% Per Diem Rate a Day for 2 travel days \$ _____ =<br><b>TOTAL ESTIMATE Per Diem \$ _____</b> |
|--|--|--|

|                          |                                       |
|--------------------------|---------------------------------------|
| Training Location: _____ | Training Dates: From: _____ To: _____ |
|--------------------------|---------------------------------------|

|   |
|---|
| Total Amount Requested for ALL Officers from this agency \$ _____ |
|---|

### AGENCY CONTACT INFORMATION

### DATE OF APPLICATION \_\_\_\_\_

|  |                            |   |  |
|--|----------------------------|---|--|
| Agency Name:   |                            | Agency Address: (No PO Boxes) Include City, State, Zip  |  |
| Agency Main Contact Name:  | Main Contact Phone Number: | Main Contact Fax Number:  |  |
| Agency Main Contact Email Address:   |                            | How many years has your Agency taught G.R.E.A.T.:   |  |
| # G.R.E.A.T. Students Agency Taught during Previous School Year<br>Middle:<br>Elementary:<br>Summer: |                            | # G.R.E.A.T. Students Agency Taught during Current School Year<br>Middle:<br>Elementary:<br>Summer: |  |

**OFFICER INFORMATION** Each officer must complete his/her own information for the next two sections. Use separate sheet for additional officers.

|   |  |
|---|--|
| Officer Name:   | Officer Address: (No PO Boxes) Include City, State, Zip  |
| Officer Email Address:  | Officer Phone Number:  |
| # G.R.E.A.T. Students This Officer will Teach during Current School Year<br>Middle:<br>Elementary:<br>Summer: | # G.R.E.A.T. Families This Officer will Teach during First Year (if funding requested is for Families Training): |

**FUNDING OPTIONS**

What other funding sources are available to you? *(Are you currently receiving grant funds for the G.R.E.A.T. Program? If so, explain.)*

*NOTE: Foundation will reimburse approved requests upon receipt of an agency invoice for the travel upon completion of training. Within one year of completing training, the officer(s) will be expected to report to GFI how the training benefited the Agency / Program.*

**AGENCY NARRATIVE.** *The following Agency narrative is for all Officers requesting travel reimbursement on this application.*

**NARRATIVE JUSTIFICATION FOR AGENCY REQUEST:** *Explain reason for requesting a travel grant. Describe your Agency's current G.R.E.A.T. Program and how having the officer(s) trained will benefit the Agency. If you need additional space, continue on a plain sheet of paper in 11 pitch, single line spacing and attach to the e-mail when you send the application. Email completed application(s) to [info@greatfoundationinc.org](mailto:info@greatfoundationinc.org).*

**RESET**

**SUBMIT**

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**For office use only:** Date Received: \_\_\_\_\_ Method: \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_ Postal Mail

Date to Committee: \_\_\_\_\_ Approved/Disapproved Date: \_\_\_\_\_ Agency Notified Date: \_\_\_\_\_

Invoice Rcvd: \_\_\_\_\_ Check Mailed: \_\_\_\_\_ Check #: \_\_\_\_\_ Payable to: \_\_\_\_\_