



# Iowa Department of Transportation

## APPLICATION FOR PUBLIC TRANSIT TRAINING FELLOWSHIP

- 1) Name: \_\_\_\_\_
- 2) Title: \_\_\_\_\_
- 3) Transit System / Planning Agency: \_\_\_\_\_
- 4) Phone: \_\_\_\_\_
- 5) Departure From: \_\_\_\_\_ To: \_\_\_\_\_
- 6) Leave Date: \_\_\_\_\_ Return Date: \_\_\_\_\_
- 7) Date & Time Course Scheduled to Conclude: \_\_\_\_\_
- 8) Mode of Travel: \_\_\_\_\_
- 9) Reason for Training: *Include dates, attach brochure with agenda. (If none available, attach other appropriate information. Identify which session(s) you will be attending.)*

- |           |  |                 |
|-----------|--|-----------------|
| 10) Cost: | Tuition/Registration   | \$ _____        |
|           | Transportation   | \$ _____        |
|           | Lodging  | \$ _____        |
|           | <i>(Provide documentation for lodging rates requested greater than the in-state rate. Indicate number of nights lodging, estimated cost per night, plus applicable hotel/motel sales tax.)</i> |                 |
|           | Other (Please specify)   | \$ _____        |
|           | <b>TOTAL</b>   | <b>\$ _____</b> |

- 11) Requested By: \_\_\_\_\_  
(Transit Manager / Board Chairperson / Planning Director)
- 12) Date: \_\_\_\_\_
- 13) Fellowship No.: \_\_\_\_\_



# Iowa Department of Transportation

## APPLICATION FOR PUBLIC TRANSIT TRAINING FELLOWSHIP INSTRUCTIONS

- 1) **Name:** Name of person that will receive training.
- 2) **Title:** Per employer's table of organization.
- 3) **System:** Transit system or planning agency recommending person for fellowship.
- 4) **Phone:** Work number to reach applicant.
- 5) **Departure From, To:** Specify the starting point of the trip and the destination.
- 6) **Leave Date/ Return Date:** Dates of departure and return (*including year*). The maximum travel time allowed is one working day before or after the meeting. Vacation time to be taken shall be noted. One additional day of expenses shall be allowed if more travel time is needed in order to take advantage of low airfares and if the expenses will be considerably lower than the regular airfare. Documentation must be submitted to support this.
- 7) **Date & Time Course Scheduled to Conclude:** Indicate date and time course is scheduled to conclude.
- 8) **Mode of Travel:** Include all modes; e.g, personal car from Ames to Des Moines, commercial air from Des Moines to Chicago, shuttle busses, airport, and limousine, etc.
- 9) **Reason for Training:** Include the **name** of the course/workshop/class to be attended (*spell out the name*), the reason for attending, and the inclusion dates. A brief explanation **must** be typed on the form. If more detail is required, attach additional page to this form. The information typed on this form shall be self-explanatory. A copy of the program, agenda, or information describing the meeting must also be attached to the form.
- 10) **Estimated Cost:** This entire section must be completed. Tuition/registration, lodging, and transportation costs should be **based on actual, anticipated costs**. They should be as accurate as possible.
  - Transportation:** Include all modes - airplane, car, rental car, bus, cab, shuttle, etc.
  - Lodging:** Specify the lodging costs, including taxes, per night, the number of nights, and the total. In-state lodging is limited to \$70.00, plus applicable taxes, unless official conference hotel.
  - Other:** Include such items as parking and tolls, and incidental supplies.
- 11) **Approval Requested By:** Signature of the transit manager, board chairperson, or planning director.
- 12) **Date:** Date the request is prepared.
- 13) **Fellowship No.:** Leave blank; Public Transit Office will assign fellowship number.