

## APPLICATION FOR FUNDING APPROVAL FROM EDUCATION FUND

### GENERAL INFORMATION

Potential applicants are encouraged to submit an "Application for Funding Approval from Education Fund" for each course or event that meets the criteria outlined below. It is requested that applications be submitted **at least 60 days** in advance of the event. If it is not received **15 days prior** to the next scheduled Board meeting, the request will not be placed on the agenda for consideration. Keep in mind, some Boards only meet a few times a year and may require you to submit your application sooner than recommended.

**Any request not considered by the Board and approved prior to the event WILL NOT be approved for funding.**

Upon receipt of the application, the request for funding will be placed on the agenda for review by the respective Board and the Commission. Applicants will be notified of the meeting and attendance is encouraged to present the training plan.

If the reviewed application is recommended for approval, the funding request must then be approved by the Bureau Manager, Division Director, and Department Director. **The application is not officially approved until it has been signed by all parties.** A letter of approval will be mailed to you after *all* signatures have been obtained.

Advertising and agenda or training material for the training program shall include the following statement,

***"Partial funding for this educational opportunity has been provided by  
the Utah Division of Professional Licensing and the Education Fund."***

### REVIEW CRITERIA

The following items may be considered by the Board in making a determination for funding:

- Previous experience in providing training; including cost per-attendee and current cost estimates.
- How the education fits with the Board's education objectives for the applicable year.
- How the text relates to the course objectives.
- Target audience.
- Target region.
- The number of students, hours of instruction, and the ratio of students per dollar to be spent for the education.
- The percentage of the training being paid for by the student, and by the Education Fund.
- Anticipated revenue received.

### ITEMS QUALIFYING FOR STATE FUNDING

Reimbursement will only be for educational expenses that qualify for state funding.

**NOTE:** **Code Books** or any **Referenced Standards** **DO NOT QUALIFY** for funding. **Sponsors' staffing or personnel costs** **DO NOT QUALIFY** for funding. Break items **DO NOT QUALIFY** for funding (e.g. food, drink, promotional items, awards, and prizes).

**The following is a list of items which may qualify for funding:**

- Instructor Fees: Will not be reimbursed for excess of \$3,000 per day, *including* travel and meals. Any Instructor fees in excess of \$150.00 per hour will be subject to further review and approval by the Board, the Division, and the Department.  
*(State or local government employees should be aware of prohibition of paying instructor fees if the instructor is also being paid wages for the same time period. Contact DOPL with questions.)*
- Instructor Travel and Meals: Meals, mileage, and lodging must not exceed current State of Utah rates.
- Code Analysis and Code Update Books
- Workbooks, Study Guides, or Textbooks
- Meeting Rooms or Facilities
- Audio/Visual Equipment Costs
- Printing Costs (including copies for workbooks, study guides, or textbooks)
- Brochures (for advertising, mailing, etc.)
- Mailing, Postage & Handling Costs

**PLEASE NOTE:**

Any items that do not qualify for state funding must be included as part of the registration fee paid by the participant or paid by the sponsor of the program.

It is the responsibility of the sponsoring organization to assure that the training is provided by instructors who are qualified to teach the program demonstrated with adequate education and experience. Furthermore, the sponsoring organization is responsible to assure that instructors are prepared to teach the class, including making an appropriate outline of the program, making appropriate audio or visual aids, preparing or arranging for handouts or study guides, arranging for any needed equipment and assuring that the training is held for the time period specified in your request for funding. Please be aware that funding grants are based upon the sponsoring organizations' assurance that a quality training program will be provided.

If the training is deficient in quality of presentation or preparation as outlined above, it could jeopardize your grant of funding. We recommend the contract you enter into with instructors completely and accurately specify the responsibilities of the instructors and any consequences as a result of failing to hold the training, and/or lack of adequate preparation.

It is the responsibility of the sponsoring organization to engage in good faith negotiations to ensure the best reasonable value for eligible reimbursement costs.

## REIMBURSEMENT

To obtain reimbursement for the training provided, after completion of each course, the sponsoring organization must complete and submit the following to the Division:

- **Application for Reimbursement from Education Fund** (*pages 5 & 6*)
- **Itemized Invoice:** Provided on the sponsoring organization's letterhead with attached original receipts, invoices, and other documentation to support the requested reimbursement.
- **Roster of Attendees**
- **Advertising:** Copy of the advertising announcement, agenda, and training material, which includes the acknowledgement of funding as specified above.

## DIVISION CONTACT INFORMATION

All applications for funding must be made by completing and submitting the Division's "**Application for Funding Approval from Education Fund**" form. The form is included (*pages 3 & 4*) in this packet. Applicants may submit their application via email: [b5@utah.gov](mailto:b5@utah.gov), or:

**Submit completed application to the Division:**

**By US Postal Service:**  
Division of Professional Licensing  
PO BOX 146741  
Salt Lake City, UT 84114-6741

**By in-person or express delivery:**  
Division of Professional Licensing  
Heber M Wells Building, 1st Floor  
160 E 300 S  
Salt Lake City, UT 84111

If you have questions, please contact the Division at 801-530-6628 or by email at [b5@Utah.gov](mailto:b5@Utah.gov).

Meeting dates, times, and agendas can be accessed at [www.dopl.utah.gov](http://www.dopl.utah.gov).

## APPLICATION FOR FUNDING APPROVAL FROM EDUCATION FUND

(Submit PRIOR to training program)

### EVENT DETAILS

Requesting Organization: \_\_\_\_\_ FEIN: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address (including Apt/Unit/Ste #) and/or PO Box

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Note: Division notices and communication may be sent to this email.

**New Funding Request** – Requests should be submitted 60 days in advance of the program date.  
 **Additional Funding Request** – Requests should be submitted 60 days in advance of the program date

**Training is for:**

<input type="checkbox"/> Electricians	<input type="checkbox"/> Architects	<input type="checkbox"/> Professional Engineer
<input type="checkbox"/> Plumbers	<input type="checkbox"/> Landscape Architects	<input type="checkbox"/> Professional Land Surveyor
<input type="checkbox"/> Geologist		

**Title of Event:** \_\_\_\_\_ **Amount Requested:** \$ \_\_\_\_\_

Expected Number of Attendees: \_\_\_\_\_ Number of Classroom Hours: \_\_\_\_\_

Training Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of Training: \_\_\_\_\_ to \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

Level of Curriculum:

<input type="checkbox"/> Beginner	<input type="checkbox"/> Mid-level	<input type="checkbox"/> Expert
<input type="checkbox"/> Novice	<input type="checkbox"/> Professional	

Summary of Training Objectives:

**Please provide information for each course taught in the training. (Attach additional pages if necessary.)**

Course Description:

Describe how the training relates to the education goals of the Professional Board for the current year:

Text(s) or other materials to be used:

Lead Instructor: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Note: Division notices and communication may be sent to this email.

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## EVENT FINANCIAL DETAILS

### PROJECTED TRAINING REVENUE

Funding Participants (excluding DOPL): \_\_\_\_\_

Jurisdiction: \_\_\_\_\_ \$ \_\_\_\_\_

Organization/Association: \_\_\_\_\_ \$ \_\_\_\_\_

Individual: \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_ Number of Attendees: \_\_\_\_\_ Total from Fees \$ \_\_\_\_\_

**Total Training Revenue Anticipated** \$ \_\_\_\_\_

Portion of Registration fees for Non-Reimbursable Expenses (Code books, Breaks, etc.) (\$ \_\_\_\_\_ )

Portion of Registration to be Applied Against Education Costs (\$ \_\_\_\_\_ )

**Balance of Anticipated Revenue** \$ \_\_\_\_\_

### PROJECTED TRAINING EXPENSE

Meeting Room: \_\_\_\_\_ \$ \_\_\_\_\_

Instructor Fees: \_\_\_\_\_ \$ \_\_\_\_\_

Instructor Travel: \_\_\_\_\_ \$ \_\_\_\_\_

Audio/Visual Equipment: \_\_\_\_\_ \$ \_\_\_\_\_

Workbooks,  
Textbooks, Study Guides: \_\_\_\_\_ \$ \_\_\_\_\_

Printing: \_\_\_\_\_ \$ \_\_\_\_\_

Brochures, Advertising: \_\_\_\_\_ \$ \_\_\_\_\_

Postage, Mailing: \_\_\_\_\_ \$ \_\_\_\_\_

Other – Describe: \_\_\_\_\_ \$ \_\_\_\_\_

**Total Reimbursable Expenses** \$ \_\_\_\_\_

Portion of Registration to be Applied to Educational Cost: (\$ \_\_\_\_\_ )

**Total Anticipated Reimbursement Request** \$ \_\_\_\_\_

### ATTESTATION

I attest, under criminal penalty under [Utah Code § 76-8-504](#), that any funds requested from the State of Utah are not being reimbursed from any other source.

**I declare under criminal penalty under the law of Utah that this application is true and correct.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_ Title: \_\_\_\_\_

~~~~~ This Page for Department of Commerce Use Only ~~~~~

**BOARD ACTION**

|         |                                                                            |                        |
|---------|----------------------------------------------------------------------------|------------------------|
| Date:   | <input type="checkbox"/> Favorable<br><input type="checkbox"/> Unfavorable | Amount Recommended: \$ |
| Reason: |                                                                            |                        |

**DEPARTMENT OF COMMERCE ACTION**

|                              | Dept:                                                                      | Fund:               | Unit  |
|------------------------------|----------------------------------------------------------------------------|---------------------|-------|
| Date:                        | <input type="checkbox"/> Favorable<br><input type="checkbox"/> Unfavorable | Amount Approved: \$ |       |
| Bureau Manager:              |                                                                            |                     | Date: |
| Limited Purchasing Delegate: |                                                                            |                     | Date: |
| Division Director:           |                                                                            |                     | Date: |
| Department Director:         |                                                                            |                     | Date: |

*Upon completion of this form, please return it to DOPL Bureau 5.*

## APPLICATION FOR REIMBURSEMENT FROM EDUCATION FUND

(Submit AFTER training program)

### EVENT DETAILS

Requesting Organization: \_\_\_\_\_ FEIN: \_\_\_\_\_

Contact Person: \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address (including Apt/Unit/Ste #) and/or PO Box

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Note: Division notices and communication may be sent to this email.

**Title of Event:** \_\_\_\_\_ **Amount Requested:** \$ \_\_\_\_\_

Training Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of Training: \_\_\_\_\_ to \_\_\_\_\_  
MM/DD/YYYY \_\_\_\_\_ MM/DD/YYYY

I hereby verify that I/we provided the educational program for which we obtained pre-approval from the Division and that we provided the program as outlined in our original submittal except for the following changes:

*(Please identify any changes that have been made in subjects, dates, locations, or instructors, if applicable.)*

Please complete the table below with the Subjects, Dates, Locations, Hours, and count of attendees for the course(s) for which you are seeking reimbursement.

| Title/Subject of Training | Date(s) | Location(s) | # of Session Hours | # of attendees |
|---------------------------|---------|-------------|--------------------|----------------|
|                           |         |             |                    |                |
|                           |         |             |                    |                |
|                           |         |             |                    |                |
|                           |         |             |                    |                |

### ACTUAL TRAINING EXPENSES (RECEIPTS REQUIRED)

Meeting Room:

Name and Location: \_\_\_\_\_ \$ \_\_\_\_\_

Instructor Fees: \_\_\_\_\_ \$ \_\_\_\_\_

Instructor Travel/Meals: \_\_\_\_\_ \$ \_\_\_\_\_

Instructor's Name(s): \_\_\_\_\_

Audio/Visual Equipment: \_\_\_\_\_ \$ \_\_\_\_\_

Workbooks, Textbooks,

Study Guides (list titles): \_\_\_\_\_ \$ \_\_\_\_\_

Printing: \_\_\_\_\_ \$ \_\_\_\_\_

Brochures, Advertising: \_\_\_\_\_ \$ \_\_\_\_\_

Postage, Mailing: \_\_\_\_\_ \$ \_\_\_\_\_

Other – Describe: \_\_\_\_\_ \$ \_\_\_\_\_

**Total Educational Expenditures:** \$ \_\_\_\_\_

**Deduct the portion of registration fees that have been applied to educational costs: (\$ \_\_\_\_\_ )**

**Balance/Total Reimbursement Request:** \$ \_\_\_\_\_

Along with the **Application for Reimbursement from Education Fund** (pages 5 & 6), please submit

- **Itemized Invoice:** Provided on the sponsoring organization's letterhead with attached original receipts, invoices, and other documentation to support the requested reimbursement.
- **Original Receipts, Paid Invoices, etc.:** Documentation to support the requested reimbursement.
- **Roster of Attendees**
- **Advertising:** Copy of the advertising announcement(s), agenda, and training material, which includes the acknowledgement of funding:  
*"Partial funding for this educational opportunity has been provided by  
the Utah Division of Professional Licensing and the Education Fund."*

## REMITTANCE FORM & ATTESTATION

I attest, under criminal penalty under [Utah Code § 76-8-504](#), that these expenses have been paid by our organization and we have received no other reimbursement for these expenses from any other source. I am requesting reimbursement for the costs incurred and for which we have attached the original receipts.

**I declare under criminal penalty under the law of Utah that this application is true and correct.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_ Title: \_\_\_\_\_

### Remit Payment To:

Requesting Organization: \_\_\_\_\_ FEIN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address (including Apt/Unit/Ste #) and/or PO Box

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## PRIVACY NOTICE

The information you provide on this form will be used to determine your eligibility for a license, registration, or certification in Utah. Failure to provide complete information as requested will result in the denial of your request as incomplete.

Information provided in this form is retained in accordance with state record retention laws. For specific information about the records retention for this form, please visit <https://dopl.utah.gov/records>.

To comply with legal and regulatory requirements, we may share limited information about your license, registration, or certification with authorized parties. This may include government agencies, national databases, and contracted vendors. Shared information may include issue date, status, expiration date, disciplinary actions, and your name or other direct identifiers.

We may also share aggregated and de-identified data (e.g., education levels, exam pass rates, length of licensure, etc.) with relevant stakeholders for data analysis and reporting purposes.

## ACKNOWLEDGEMENT:

Your signature acknowledges receipt of this information.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_