

# ASTI

ARBORIST SAFETY  
TRAINING INSTITUTE

TM

## **Application to Host an ASTI-Sponsored Training**

The Arborist Safety Training Institute (ASTI) will provide grants up to \$1,500 plus the cost of workbooks up to \$45/person to fund part- or full-day workshops that are presented locally and at a reasonable cost to the participant.

### **Grant Cycle:**

- ☐ February 15, 2016      (for workshops taking place between August 1 and January 31)
- ☐ August 15, 2016      (for workshops taking place between February 1 and July 31)



## PLEASE REVIEW THE FOLLOWING CRITERIA FOR WORKSHOP SELECTION

- The Arborist Safety Training Institute model consists of half- or full-day workshops that can be presented locally and at a reasonable cost to the participant.
- Workshops should be designed to train approximately 30 individuals.
- Grantees are allowed to charge a nominal fee to workshop attendees, not to exceed \$25/person for part-day and \$35/person for full-day workshops.
- Workshops must be held at a neutral location (manufacturer, dealer, etc.). Strong preference will be given to donated facilities.
- Proposed location must accommodate a minimum of 30 students.
- Full-day workshops should include at least six hours of instructional time, not including breaks or meals. Part-day workshops should include at least two and preferably four hours of instructional time.
- Workshops should be targeted toward small businesses and their workers who may be untrained or hard to reach with training for various reasons.
- Workshops must be made available and open for all local companies and interested parties to attend.
- Marketing outreach must extend beyond your company and employees.
- Workshops that require a demonstration in an outdoor area will require an adequate outside location, such as a parking lot.
- Adequate parking for attendees must be available.
- Audio visual should be available, either provided by the location or rented. A/V to include a laptop (if the instructor is not bringing one), a DVD player, and a projector and screen.
- If attendees will be participating in hands-on learning activities, the grantee is responsible for providing TCIA/TCIAF evidence of insurance in the amount of \$1,000,000 commercial general liability and \$1,000,000 professional liability. Additionally, the grantee agrees to provide a Certificate of Insurance naming the Tree Care Industry Association, Inc. and the Tree Care Industry Association Foundation, Inc. as additional insured.

I understand and agree to these criteria: ☐ Yes ☐ No

*Return by email, mail or fax to: TCIA*

TCIA, ASTI Grant Office, Attn: Sarah Winslow, 136 Harvey Road, Suite #101, Londonderry, NH 03053

Phone: (603) 314-5380; Fax: (603) 314-5386; Email: [asti@tcia.org](mailto:asti@tcia.org)



## Arborist Safety Training Institute Grant Application

### Host partner(s) agree(s) to:

- Notify TCIA promptly if changes occur to the facility and the criteria stated on this form.
- Promote workshop in local markets.
- Provide on-site personnel to check attendees in/out, obtain attendee signatures, distribute badges and materials, confirm food delivery and make sure the workshop runs on time.
- Return workshop related materials (unused manuals, official rosters, etc.) to TCIA within 48 hours of the workshop's conclusion.

### Grant Cycle

☐ February 15

*(Workshops taking place between Aug. 1 and Jan. 31)*

☐ August 15

*(Workshops taking place between Feb. 1 and July 31)*

### Contact Information

Contact Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Workshop Information

Proposed topic:

☐ Chain Saw Training

☐ Aerial Rescue Training

☐ Chipper Operator Training

☐ Other: \_\_\_\_\_

☐ Aerial Lift Training

Name of Proposed Instructor: \_\_\_\_\_

*First Name*

*Last Name*

*Company*

*Company Website*

Is the proposed Instructor fluent in any language other than English? ☐ Yes ☐ No

If yes, please list here: \_\_\_\_\_

Is the proposed Instructor a TCIA Approved Trainer? ☐ Yes ☐ No

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Proposed date of workshop (*please provide at least one alternate date*): 1) \_\_\_\_\_ (2) \_\_\_\_\_

Target Population: \_\_\_\_\_

Anticipated # of Attendees: \_\_\_\_\_

### **Workshop Materials & CEUs**

Does this training have a workbook or other educational handouts? ☐ Yes ☐ No

Titles of books or manuals included with workshop:

☐ TCA Chain Saw Specialist manual

☐ TCA Aerial Rescue Training manual

☐ TCA Chipper Operator Specialist manual

☐ Other: \_\_\_\_\_

☐ TCA Aerial Lift Specialist manual

If you are not using TCA materials, please provide the title of the workbook and supplemental materials with this application. ASTI may require a copy of the training materials prior to awarding a grant.

Number and type of CEUs available (*Note: If using TCIA training materials, ISA and TCIA have pre-assigned CEUs per workshop*): \_\_\_\_\_

### **Facility Information**

Name & location of host facility: \_\_\_\_\_

(including address, city, state, zip) \_\_\_\_\_

Has the facility been donated? ☐ Yes ☐ No

Facility seating capacity: \_\_\_\_\_ Classroom (long tables with chairs)

\_\_\_\_\_ Rounds (round tables with chairs)

\_\_\_\_\_ Other

Is this facility primarily a conference, educational, meeting, or training facility? ☐ Yes ☐ No

If no, please describe primary function of this facility: \_\_\_\_\_

Does the facility have adequate outside space for parking? ☐ Yes ☐ No

Proximity to hotel (name): \_\_\_\_\_ Proximity to airport (name): \_\_\_\_\_

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### **Additional Information**

Are there other local host partners (i.e. utility, arborist groups, tree care companies, urban forestry programs)?  
Please list all contact information including name, address, phone and email:

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Is the host partner offering additional funding beyond the ASTI grant to: pay the instructor; rent a facility, purchase training materials, provide coffee/lunch for attendees, etc.? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

Estimated total of additional funding: \_\_\_\_\_

Has your organization previously received an ASTI grant? ☐ Yes ☐ No

### **Administrative and Marketing Plan**

Are one or two staff available to help organize the workshop and register attendees on the day of training?  
☐ Yes ☐ No

Does the organization have a way to receive and process registrations for the workshop? ☐ Yes ☐ No

How will you be marketing and promoting this training opportunity to local tree care companies and green industry professionals:

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### **Estimated Budget for Training**

Please provide an estimated budget for the proposed training by completing the Budget Worksheet on the following page. Not all line items will have a dollar value; only the instructor honorarium/fee and the cost of the workbooks are required to be completed. If the program does not have a workbook please place a "0" in that corresponding box.



## BUDGET WORKSHEET

The following budget worksheet is to help you identify the costs associated with your training program.

Please note:

- *ASTI grants are not designed to cover all costs associated with hosting a workshop, rather grants are awarded to help defray the cost of the workshop.*
- *ASTI will fund instructor honorarium up to \$795 for a full-day and \$500 for a half-day of training.*

**Name of Program** \_\_\_\_\_

Budget Item	Estimated Cost
Room Rental Fee	
Instructor Fee/Honorarium (ASTI will fund up to \$500 / half-day and \$795 / full day)	
Airfare	
Mileage	
Hotel	
Books (attendees x cost of books)	
<b>TOTAL</b>	

### ASTI Grant Terms and Conditions

Host partner(s) agree(s) to:

- Notify TCIA promptly if changes occur to the facility and the information included in this application.
- Promote workshop in local markets.
- Provide on-site personnel to check attendees in/out, obtain attendee signatures, distribute badges and materials, confirm food delivery, and make sure the workshop runs on time.
- Return workshop related materials (unused manuals, official rosters, etc.) to TCIA ASTI Grant Office within 48 hours of the workshop's conclusion.

**ASTI Grant Terms and Conditions Acceptance:** ☐ Yes ☐ No

### Grant Request & Signature

Requested Grant Amount: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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