

Purpose

The North Florida Economic Development Partnership Scholarship (NFEDP) program is designed to assist NFEDP members with expenses related to participation in economic development related events to include but not limited to conferences, summits, training workshops, certification programs, prospect recruitment, educational and other special events.

The Partnership considers all of these events as continuing education opportunities that assist NFEDP in increasing their economic development knowledge and networking with other economic development professionals. Examples include, but are not limited to programs offered through the Florida Economic Development Council, the International Economic Development Council, accredited colleges and universities, Enterprise Florida, Inc., DEO and other state agencies, Florida Chamber of Commerce and the National Chamber of Commerce. The Partnership does not intend to limit program choices, but rather to encourage individual growth and increase the overall knowledge of the region.

Scholarship Criteria

- Membership in the NFEDP
- Currently employed by an Economic Development Organization within a member county, city or actively involved in economic development through work affiliation with a member city, county or regional office or;
- Sitting county commissioners within the 15 counties served by the NFEDP who actively pursue economic development as part of their ongoing duties.

Scholarship Application

Eligible scholarship expenses include tuition/registration, lodging, travel, and meals. The application requires estimated expenses in order to manage the scholarship program budget. Completed applications should be completed and faxed or emailed to the attention of Natalie Reeder (<u>nsavoie@iog.fsu.edu</u>) or Shannon Walter (<u>swalter@iog.fsu.edu</u>) or (fax) 850/487-0041. Application and the required form (Exhibit K) to request reimbursement are attached. Exhibit K and supporting documentation *MUST* be completed and submitted to the staff identified above within 5 business days of the end of the attended event. The scholarship program is funded in part by the Florida Department of Economic Opportunity which requires Exhibit K and supporting documentation (hotel, toll, travel, etc.) receipts.





Regional Rural Development Grants Program Scholarship Reimbursement Form

Name:					
Email:					
Date(s) Traveled:					
Departed from:			Date:	Time:	
Traveled to:		/ Retur	n Date:	Time:	
Mileage Roundtrip: _	(*.445) =	or	Airfare:		
Hotel Room Rate:		(*# of nights:) =		
Tolls:	Parking:	Portage	:		
IEMO Registration F	ee:				
Address/City/ST/Zi	vered with the co Breakfast Breakfast Breakfast Breakfast Breakfast t Payable to: p:	onference are not Lunch Lunch Lunch Lunch Lunch	Dinr Dinr Dinr Dinr Dinr Tota	ner ner ner ner 1:	
Signature of Applicat				Date	
				emailed to Natalie Sav ter@iog.fsu.edu).	'oie
3200 Commonwealth	I BLVD. SUITE 7 • TAI	LAHASSEE, FL 3230)3 • Phone: 8	350-487-1870 • FAX: 850-48	37-0041
				LCHRIST, HAMILTON, JEFFE	RSON,

The scholarship program is funded in part through the Florida Department of Economic Opportunity Regional Rural Development Grant and NFEDP Corporate Partners.

		TRAVELER:					DATE:				
STATE OF FI	LORIDA VOUCHER FOR REIMBURSEMENT OF TRAVEL EXPENSES						DEPARTURE I	ROM:			
		AFFILIATION:		TITLE:			RESIDENCE (C	CITY)			
Date	Travel Performed From Point of Origin to Destination		Purpose or Reason (Name of Conference)	Hour of Departure and Hour of Return	Meals for Class A & B Travel	Lodging (attach receipts)	Per Diem	Map Mileage Claimed	Vicinity Mileage Claimed		er Expenses
										Туре	Amount
					-		-				
Statement of h	ow travel builds professional capacity:				Column	Column	Column	0	0	Column	Summary
					Total	Total	Total	0.445	0.445	Total	Total
					\$0.00	\$0.00	\$0.00	\$ -	\$ -		\$ -
							<i></i>	Ŷ	Ŷ		Ŷ
					NET AMOUNT	DUE TRAVELER					\$ 0.00
											\$ 0.00
were actually i	r or affirm and declare that this claim for reimbond ncurred by me as necessary; that per diem clair ion fees claimed by me, and that this voucher c	ned has been ap	propriately reduced by any meals or lodging	included in the	Pursuant to Se the purpose(s)	-	8) (a), Florida Sta	tutes, I herel	by certify or a	affirm that to the best of m	y knowledge the travel was for
Statutes.					GRANTEE SIG	GNATURE:					
TRAVELER'S	SIGNATURE:	1			TITLE:						
SIGNATURE D	ATE:	TITLE:			SIGNATURE D	DATE:					
		-		_	Grant No:		_	Phone No.:			-
				GENERAL INSTR							
	 Continuous travel of 24 hours or more away Continuous travel of less than 24 hours whic 				Lunch w	hen travel begir	s before 6 a.m. a is before 12 Noc s before 6 p.m. a	on and extend	ds beyond 2 p	o.m.	
	wance shall be made for meals when travel is c shall be those prescribed by Section 112.061, F				0	ccurs during nig	ht-time hours du	e to special a	issignment.		sis of 6-hour cycles
beginning at th	e hour of departure from official headquarters.	Hour of departu	re and hour of return should be shown for all	travel. Claims for a							
Per diem shall	ing Expenses" column and include the appropri be completed at one-fourth of authorized rate for	or each quarter o	r fraction thereof. Travel over a period of 24	hours or more will b							
all travel. Whe		ns should not be	used. Claims for actual lodging at single occ	upancy rate plus me				urn should be	e shown for		
	hen claiming per diem, the meal allowance columns should not be used. Claims for actual lodging at single occupancy rate plus meal allowances should be put in the "Per Diem dging Expenses" column and include the appropriate meal allowances in the "Meals for Class A & B Travel" column. I must appear in the separate column. When travel is by common carrier and billed directly to the traveler, the amount and description should be included in the "Other Expenses" column. A copy of the ticket or invoice should be attached to this form		ached to this form.								
The name of th	e common carrier should be inserted in the "Ma el expenses which may be reimbursed include: (p Mileage Claim	ed" column in these instances. Additionally, j	justification must be	provided for us	e of a rental car	larger than a Cl	ass "B" car.			
conference reg	istration fee. If meals are included in the registr	ation fee, per die	m should be reduced accordingly. Receipts	should be obtained	when required.	The official Dep	artment of Trans	sportation ma	p should be		
	ting mileage from point of origin to destination w n receipt must be attached. Any fraudulent clain					iai Capacity" see	Suon must de co	mpietea. Ada	nonany, a co	ру ог ап адепба апо	



Instructions for compiling and submitting a reimbursement request. REIMBURSEMENT <u>must be</u> <u>submitted within 5 business days from the end of the event.</u>

Checklist for completing "Exhibit K":

- 1. Must provide a copy of registration confirmation and proof of payment
- 2. Event Agenda
- 3. Toll Receipts (if this applies)
- 4. Time of departure and time of return to home base
- 5. Summary completed with brief explanation as to how travel builds professional capacity (*Exhibit K is in excel format. The referenced statement/summary is on line 24 of the form. Click on the block and type the statement in the space just below the tool bar.*)
- Cab, Taxi or car service (If transportation was provided during the event- personal travel will not be reimbursed without written justification.
- Hotel Receipt (Only hotel and applicable taxes will be reimbursed. Please draw a line through any charges other than nightly rate + taxes and deduct from total.)
- 8. How you traveled: via airfare, rental car, company (state, city or county) vehicle, car pool or personal vehicle. ** If you drive personal car please list map miles (city to city) and vicinity (inside city) miles separately in the appropriate columns on Exhibit K. Use www2.dot.state.fl.us to determine map miles if city is not listed-use MapQuest. Rate of reimbursement is .445 per mile.
- 9. Meals: If meals were provided during the event you will <u>not</u> be reimbursed. Otherwise, Breakfast is \$6.00 daily, Lunch is \$11.00 daily and Dinner is \$19.00 daily. (On the return day home, you are eligible for per diem depending on the time you return. If meals were provided this day, they will need to be deducted from per diem amount based on the rates above.

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	STATE OF FLORIDA VOUCHER FOR REIMBURSEMENT					DEPARTURE FROM	ROM:		Tallahassee, Florida	lorida
		AFFILIATION: NFEDP	TITLE:	Dire	Director	RESIDENCE (CITY)	TY)		Tallahassee, Florida	lorida
Date	Travel Performed From Point of Origin to Destination	Purpose or Reason (Name of Conference)	Hour of Departure and Hour of	Meals for Class A & B Traval	Lodging (attach	Per Diem	Map Mileage	Vicinity Mileage	Other	Other Expenses
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07/25/13	07/25/13 Tallahasse to Orlando	Event Name	8:00am	\$11.00	00 688		CPC	00		\$8 FD
	via personal vehicle	***dinner provided		2			41-3		conference registration	\$300.00
									parking	\$20.00
07/26/13		**breakfast, lunch and dinner provided			\$ 89.00					
07/27/13		**dinner provided		\$ 6.00	\$00.98					
07/28/13	07/28/13 Orlando to Tallahassee		3:00PM			\$ 60.00	242	20		
	via personal vehicle									
Statement of h	Statement of how travel builds professional capacity: Please complete this as requested	omplete this as requested		Column	Column	Column	484	40	Column	Summary
17-15				Total	Total	Total	0.445	0.445	Total	Total
						States and and			Section of the section of the	
				\$28.00	\$267.0 <mark>0</mark>	\$60.00	\$ 215.38	\$ 17.80		\$ 328.50
				NET AMOUNT DUE TRAVELER	OUE TRAVELER					\$ 916.68
I hereby certify	r or affirm and declare that this claim for reimbur	hereby certify or affirm and declare that this claim for reimbursement is true and correct in every material matter; that the travel expenses	e travel expenses	Durchant to Sec	+ion 112 061 (a	(a) Elorida Stat	I harahi	for the or of	firm that to the hert of mu	Directions to Santion 112 OE1 (2) [Initial Statistics haraphy capity, or affirm shart to the heat of my innovided as the travel war for
were actually ii event registrati	ncurred by me as necessary; that per diem claim ion fees claimed by me, and that this voucher coi	were actually incurred by me as necessary; that per diem claimed has been appropriately reduced by any meals or lodging included in the event registration fees claimed by me, and that this voucher conforms in every respect with the requirements of Section 112.061, Florida	included in the 12.061, Florida	rursuant to section 112.061 the purpose(s) stated above.	stated above.	(a), FIOrida Stat	utes, I hereo	certity or at	tirm that to the best of my	knowledge the travel was for
statutes.	CI.	nd i		GRANTEE SIGNATURE:	INATURE:					
TRAVELER'S SIGNATURE:	LYUMLE			TITLE:						
SIGNATURE DATE:	8 2113	meductor		SIGNATURE DATE:	ATE:					
				Grant No:		-	Phone No.			
Class A travel Class B travel NOTE: No allo	Class A travel Continuous travel of 24 hours or more away from official headquarters. Class B travel Continuous travel of less than 24 hours which involves overnight abser OTE: No allowance shall be made for meals when travel is contined to the city or town	Class A travel – Continuous travel of 24 hours or more away from official headquarters. Class B travel – Continuous travel of less than 24 hours which involves overnight absence from official headquarters. NOTE: No allowance shall be made for meals when travel is contined to the city or town of official residence or immediate vicinity.	GENERAL INSTRUCTIONS Breakfas Lunch Dinner cinity.	JCTIONS Breakfast wt Lunch wt Dinner wt	ICTIONS Breakfast when travel begins before 6 a.m. and extends beyond 8 a.m. Lunch when travel begins before 12 Noon and extends beyond 2 p.m. Dinner when travel begins before 6 p.m. and extends beyond 8 p.m. or when travel occurs during night-time hours due to special assignment.	before 6 a.m. ar i before 12 Noor before 6 p.m. ar t-time hours due	nd extends by and extends nd extends b to special as	yond 8 a.m. beyond 2 p. syond 8 p.m. signment.	m. or when travel	
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Incidential trave conference regi	el expenses which may be reimbursed include: (a istration fee. If meals are included in the registrat.	Incidential travel expenses which may be reimbursed include: (a) reasonable taxi fare; (b) ferry fares and bridge, road, and tunnel tolls; (c) storage and parking fees; (d) telephone and telegraph expenses; (e) convention or conference registration fee. If meals are included in the registration fee, per diem should be reduced accordingly. Receints should be reduced accordingly. Receints should be reduced accordingly.	unnel tolls; (c) storag should be obtained v	ge and parking f	ees; (d) telephor The official Dens	the and telegraph	expenses; (conventior 	or	
used in comput and registration	ting mileage from point of origin to destination whu receipt must be attached. Any fraudulent claim t	used in computing mileage from point of origin to destination whenever possible. If travel is to a conference or convention, the "Statement of Building Professional Capacity" section must be completed. Additionally, a copy of an agenda and registration receipt must be attached. Any fraudulent claim for mileage, per diem or other travel expense is subject to prosecution as a misdemaanor.	e "Statement of Build osecution as a misd	ding Profession: emeanor.	al Capacity" sect	on must be com	pleted. Addit	onally, a cop	y of an agenda and	

Exhibit K