



National Organization of State Offices of Rural Health Educational Exchange Program Application

Date of Application: _____

Full or partial funds may be used to support travel to meet with another SORH to assist SORH staff to develop or enhance their expertise or knowledge, leadership skills, adopt a promising practice, or improve effectiveness of program management, strategy planning and implementation.

STEP 1: Determine if you are eligible to apply. Only applicants who work for a SORH and are endorsed by a SORH are eligible for funding. (1 applicant per application)

Name of Applicant: _____ State: _____

Phone Number: _____ email: _____

Name of SORH Director: _____

Applicant checked with SORH Director and the SORH Director has certified that the applicant is a SORH employee and endorses this application

Does your office have other funds that can be used for this activity? no yes

If yes, please explain: _____

STEP 2: Reason for exchange: (choose one)

- Develop or enhance their rural health expertise or knowledge
- Cultivate their leadership skills
- Adopt a promising practice
- Improve their program management and/or strategic planning and implementation effectiveness

For which are you requesting support: (choose one)

Visit another SORH Where/State: _____

SORH/Staff visit you SORH Contact: _____ State: _____

Goals to accomplish for your SORH through Exchange:

- 1) _____
- 2) _____
- 3) _____

STEP 3: Complete your funding request.

Dates of Exchange: Arrival Date: _____ Departure Date: _____ Total Travel Days: _____

Transportation: Air Car (Est Mileage x GSA Mileage Rate) Est. Transportation Amount: \$ _____

Lodging: _____ # of nights @ \$ _____ Rate per night (inc. taxes) Est. Lodging Amount: \$ _____

Per Diem: _____ # of days @ \$ _____ Federal GSA Rate (per day) Est. Per Diem Amount: \$ _____

TOTAL REQUEST: \$ _____

NOTE: All travel is reimbursed according to NOSORH travel reimbursement policies and the Federal General Services Administration per diem guidelines (available at www.gsa.gov). Reimbursement for all other funded expenses must be documented with matching invoice or receipt and accompanied by a NOSORH Travel Reimbursement form. Request for payment along with a completed evaluation form is to be submitted within 30 days of completion of the experience. Travel reimbursement requests which exceed 10 percent of the original request will only be reimbursed with submission of a request to the NOSORH Executive Director to pay exceeded expenses and justification which is then approved by the NOSORH Executive Director.

I have read and agree to submit reimbursement request along with the evaluation within 30 days of the activity as stated in the NOSORH travel reimbursement policy. (please initial)

STEP 4: Submit your application: Please complete the form, then submit via email to chris.salyers@nosorh.org or fax to: (586) 336-4629. All applications are reviewed expediently (usually within 1 week) by the NOSORH Educational Exchange Committee Co-Chairs.

FOR COMMITTEE USE ONLY Date Approved _____ Approved By _____