



Workshops & Training Application

Application Information and Check-List



Applications must be submitted **no sooner than 45 days and no later than 30 days prior** to the Workshop/Training that you are attending.

The Muckleshoot Workshops & Training Program provides funding for enrolled tribal members to attend workshops, conferences, or trainings outside of the Reservation for personal and educational improvement and growth. An amount not to exceed \$1,800 will be available once every 2 years (January 1st-December 31st) for tribal members who wish to attend training sessions or workshops. Workshop funds will pay for registration fees, airfare and other travel expenses, hotel, and per diem.

All applications should be submitted to Workshops & Training Staff.

Application Contacts

Laurie Starr-Williams

253-876-3381

Laurie.Williams@Muckleshoot.nsn.us

OR

Workshops&Training@Muckleshoot.nsn.us

Workshops & Training Office

Scholarship Building #2

39877 172nd Ave SE

Auburn, WA 98092

Workshop and Training Application Checklist:

- State ID
- Tribal ID
- Statement of Reason Letter
- Muckleshoot Enrollment Verification completed by an Enrollment Officer
- Itinerary for Flights
 - You should book your flight prior to filling out this application and if you are eligible, submit for reimbursement. If you have extenuating circumstances, contact Laurie Starr-Williams.
- Hotel Reservation Confirmation (Billing Statement)
 - Please note that most hotels require you to have a debit card or credit card to make a reservation
- Proof of Workshop/Training Registration
- Workshop/Training Agenda
- Workshop Budget
- Travel Advance Form**
 - You are required to turn in a Travel Advance form along with this application. This can be obtained from the Muckleshoot Pilchuck Website, the Workshops & Training Department, or the Finance Department.
- Letter from Official/Counselor/Instructor (If attending for part of a program or group)
 - This should explain your involvement with the program and length of involvement.

I certify that the information provided is true and accurate. I understand that falsifying information is grounds for immediate denial of my application and/or termination of funding per "Council Resolution 11-260," and may also result in garnishment of my Per Capita and 5 year disqualification per "Council Resolution 11-269".

Name: _____

Signature: _____

Date: _____



Workshops & Training Application

Basic Information



Background Information

Legal Name: _____

Other Names Used: _____

Age: _____ DOB: _____ Enrollment #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone #: _____ Cell Phone #: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone #: _____

Workshop/Training Information

Workshop Name: _____

Dates: _____ Location: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____



Workshops & Training Application

Statement of Reason Letter



In the space provided below, please write *at least one paragraph, but no more than 1 page*, stating the purpose of the workshop, training, or conference you are attending, and what you expect to gain through your participation.



Workshops & Training Application

Workshop Budget



\$ _____ Workshop/Training Registration Fee

\$ _____ Travel

\$ _____ Lodging

\$ _____ Per Diem (Use Tribal Rate)

\$ _____ Mileage (Use Tribal Rate)

\$ _____ Shuttle Fee

\$ _____ Total Request **(SHOULD NOT EXCEED \$1800)**

Funding Acceptance Agreement

Please read each statement below and check the box to signify that you agree to the terms

- I understand that I must submit my application no sooner than 45 days and no later than 30 days prior to the workshop I am attending
- I understand that I am required to submit a Travel Advance with this application.
- I understand that I am required to write a Statement of Reason Letter as a part of my application. In this letter I will explain the purpose of my attendance at the Workshop/Training and what I expect to gain through my participation.
- I understand that I am required to complete a Travel Reconciliation form within 15 working days upon return from the workshop, training, or conference I am attending; otherwise, garnishment of my Per Capita may occur
- I understand that if I am attending the workshop, training, or conference for a program that I am involved with, then I must submit a letter from a program Official/Counselor/Instructor explaining my involvement with the program and length of time involved.
- I understand that falsifying information is grounds for immediate denial of this application and termination of funding. I understand that penalties include ineligibility to apply for funds for 5 years and that any misused funds or funds owed to the Workshops and Training/Scholarship Program will need to be paid; otherwise, garnishment of my Per Capita and/or Payroll will take place until all repayments have been satisfied.

My signature below indicates that I have read, understand and agree to all terms listed above.

Signature: _____

Date: _____



Workshops & Training Application

Muckleshoot Tribe Enrollment Verification



Enrolled Name: _____

Social Security Number: _____

DOB: _____ Enrollment Number: _____

Please bring your State ID and Tribal ID to the Workshops & Training Staff when you turn in your application.

If you do not have a tribal ID, please bring this form to the Enrollment Office and have an Enrollment Officer complete the form below.

| |
|---|
| <p>I, _____ hereby certify that <i>(Enrollment Officer)</i></p> <p>_____ is an enrolled member of the Muckleshoot Indian Tribe <i>(Applicant)</i></p> <p>with the Enrollment Number of _____ to the Muckleshoot Scholarship Program. <i>(Enrollment Number)</i></p> <p>Signature: _____ Date: _____</p> |
|---|

Trip Planning 101

Flight Options

- Purchase flight and provide receipt for reimbursement.
- Using a travel agency. Travel agencies may cost more and could charge service fees. You are not required to use a travel agency. Below are a few that are used often.

Catalyst Travel (888) 353-3216

Charges a \$40.00 services fee

Love Travel (253) 833-5540

Charges a \$25.00 services fee and accepts our Purchase Orders.

Registration

Make sure to follow the instructions from the vendor for registration. We can process Purchase Orders, check for the vendor or call finance to discuss other options.

Hotel

- Check to see if there is a discount code for the conference/workshop you are attending for a discount.
- The traveler is responsible to make the hotel arrangements. If they do not have a personal credit card to reserve a room please call the finance department to discuss the options.
- The traveler is responsible for incidentals.
- Traveler must get an itemized receipt when checking out of hotel.

Travel Advance

This can be found in the finance building or on [Pilchuck](#) website under the finance tab and in the travel documents folder. This will need to be filled out and signed by the traveler.

Per Diem: There is a spreadsheet available on [Pilchuck](#) website that has per diem for each city listed in it. You could also visit <http://www.gsa.gov> to find out the per diem. On the website you will go to Per Diem Rates and type in the city name & state or the ZIP code. It will bring up the rates and you will take the number under "Meals & Inc. Exp.**" and dividing it by 4. That will give you the quarterly Per Diem rate. If you do not see the city you are traveling to on the website or spreadsheet, then use the county it is in, if the county is not listed then use the Standard Rate. **WE DO NOT NEED YOUR MEAL RECEIPTS.** Per Diem is given based on how long you are traveling. We do not need to know where you ate with the money given for food. 😊

MUCKLESHOOT INDIAN TRIBE

39015 172nd Avenue S.E. • Auburn, Washington 98092-9763

Phone: (253) 939-3311 • Fax: (253) 876-2987

REQUEST FOR TRAVEL ADVANCE

| | | | |
|------------------|-------|-----|------------------------|
| NAME: | | | Did you attach? |
| ADDRESS: | | | Registration |
| CITY | STATE | ZIP | Agenda |
| PURPOSE OF TRIP: | | | Airfare |
| DESTINATION: | | | Hotel |

| DEPART FROM: | DATE | TIME | ARRIVE AT: | DATE | TIME |
|--------------|------|------|------------|------|------|
| | | | | | |
| | | | | | |

| DAYS | S | M | T | W | Th | F | S | S | M | T | W | Th | F | S |
|--------------------|---|---|---|---|----|---|---|---|---|---|---|----|---|---|
| ACTUAL DATES | | | | | | | | | | | | | | |
| Midnight - 6:00 AM | | | | | | | | | | | | | | |
| 6:00 AM - NOON | | | | | | | | | | | | | | |
| NOON - 6:00 PM | | | | | | | | | | | | | | |
| 6:00 PM - Midnight | | | | | | | | | | | | | | |

| | | | | | | |
|---------------------------|-------|----------|-----------------------------|----------|---|----------|
| Total Nights/Lodging: | _____ | X | GSA Lodging Rate: | \$ _____ | = | \$ _____ |
| Total Quarters for Meals: | _____ | X | Quarterly Rate | \$ _____ | = | \$ _____ |
| | | | Other | | = | \$ _____ |
| | | | Miles Parking Gas | | = | \$ _____ |
| | | | Shuttle Taxi | | = | \$ _____ |
| | | | Baggage Fees | | = | \$ _____ |
| | | | Grand total of all expenses | | = | \$ _____ |

I certify that the services will be performed and the expenses incurred as stated above; that they are necessary and proper, that this voucher has been examined, and that the total is just and reasonable. **I hereby agree to submit receipts and a Travel Reconciliation within 14 days of my return;** should I neglect to submit all required receipts, I authorize this advance to be withheld from my next payroll check or next Per-Capita distribution if not an employee.

Traveler's Signature