

## Arborist Safety Training Institute Grant Application

The Arborist Safety Training Institute (ASTI) provides grants to help fund half or full-day workshops that can be presented locally at a reasonable cost to the participant.

### Grant Deadlines

- August 15, 2018      *For workshops taking place between February 1, 2019 and July 31, 2019.*
- March 1, 2019      *For workshops taking place between August 1, 2019 and January 31, 2020.*

### Contact Information

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

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

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

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

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

Has your organization previously received an ASTI grant?     Yes     No

### Workshop Information

Proposed Workshop Date: \_\_\_\_\_

Anticipated Number of Attendees: \_\_\_\_\_

Proposed Topic:

- |  |  |
|--|--|
| <input type="checkbox"/> Chain Saw Training        | <input type="checkbox"/> Aerial Rescue Training                      |
| <input type="checkbox"/> Chipper Operator Training | <input type="checkbox"/> Electrical Hazards Awareness Program (EHAP) |
| <input type="checkbox"/> Aerial Lift Training      | <input type="checkbox"/> Other: _____                                |

Language:

- English       Spanish

Tree Care Academy Workshop Manuals:

- Chain Saw Manual (3.75 ISA and CTSP CEUs)
- Chipper Operator Manual (3.75 ISA and CTSP CEUs)
- Aerial Lift Manual (3.75 ISA and CTSP CEUs)
- Aerial Rescue Manual (7.0 ISA and CTSP CEUs)
- EHAP Manual (7.0 ISA and CTSP CEUs)
- \*Other: \_\_\_\_\_

\*If you are not using TCA manuals, please provide a copy of your materials to the ASTI Grants Office at least six weeks prior to your workshop date.

Instructor Name: \_\_\_\_\_

Company: \_\_\_\_\_

Company Website: \_\_\_\_\_

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

**Location Information**

Name of Location: \_\_\_\_\_

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

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

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

Is the facility being donated?  Yes  No      If not, what is the cost? \_\_\_\_\_

Do you have a local host partner?  Yes  No

If so, name of host partner: \_\_\_\_\_

## Estimated Budget for Training

The following budget worksheet is to help identify your anticipated grant amount.

Budget Item	Estimated Cost
Instructor Honorarium <input type="checkbox"/> \$495 for half-day workshop <input type="checkbox"/> \$795 for full day workshop	
Instructor Airfare or Mileage <input type="checkbox"/> Airfare <input type="checkbox"/> Mileage  $\frac{\text{Number of Miles}}{\text{Miles}} \times \frac{0.535}{\text{Per Mile*}} = \text{_____}$ <i>*IRS Mileage Rate as of 1/01/17 – Subject to Change</i>	
Instructor Hotel (if applicable)	
Training Manuals*  $\frac{\text{Number of Attendees}}{\text{Attendees}} \times \$ \frac{\text{Cost of Manuals}}{\text{Manuals}} = \text{_____}$	
<b>TOTAL</b>	

## Grant Request & Signature

I have read and agree to the ASTI Grant Terms and Conditions:  Yes  No

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

<i>For TCIA Use Only</i>	
Date Application Received: _____	Notes: _____
ROC: _____	_____