

## 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 Deadline

- August 15, 2019 *For workshops taking place between February 1, 2020 and July 31, 2020*
- March 1, 2020 *For workshops taking place between August 1, 2020 and January 31, 2021*

### Contact Information

Contact Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Has your organization previously received an ASTI grant?  Yes  No

### Workshop Information

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

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

Workshop Language:  
 English  Spanish

Proposed Tree Care Academy (TCA) Topic:

- Aerial Lift Training
- Aerial Rescue Training
- Chain Saw Training
- Chipper Operator Training
- Compact Lift Training
- Electrical Hazards Awareness Program (EHAP)
- Ground Operations Training
- SRT Climber Training
- Tree Climber Training

Proposed Non-Tree Care Academy Topic:

- Hazard Tree Identification Training
- Rigging in Arboriculture Training
- Tree Felling Training
- Understanding a Crane Training
- Other \_\_\_\_\_

Tree Care Academy Workshop Manuals:

- Aerial Lift Specialist
- Aerial Rescue Training Program
- Chain Saw Specialist
- Chipper Operator Specialist
- Compact Lift Specialist
- EHAP
- Ground Operations Specialist
- SRT Climber
- Tree Climber Specialist

Non-Tree Care Academy Workshop Manuals:

If you are not using TCA manuals, please provide details of your materials (i.e, manual, etc.)

\_\_\_\_\_

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

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

Instructor Email: \_\_\_\_\_

**Location Information**

(Must be a neutral location such as a manufacturer, dealership, park, etc. Cannot take place at a tree care company.)

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

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

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

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 and/or Mileage (please include your best estimate)  <i>Airfare</i> _____  <i>Mileage</i> _____ X <u>0.58</u> = _____ <i>Number of</i> <i>Per</i> <i>Miles</i> <i>Mile*</i>  <i>*IRS Mileage Rate as of 1/01/19 – Subject to Change</i>	
Instructor Hotel Cost (if applicable) (please include your best estimate)	
Training Manuals  _____ X \$ _____ = _____ <i>Number of</i> <i>Cost of</i> <i>Attendees</i> <i>Manuals</i>  <i>TCA manuals cost \$26.24 each</i>  <i>EHAP manuals cost \$63.75 each; (ASTI will cover \$45. Grantee is responsible for covering the remaining \$18.75 per manual. This will come out of your reimbursement check)</i>	
<b>TOTAL</b>	

## Grant Request & Signature

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

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