2024 OFWIM Conference Travel Grant Application Form

fame: Date:				
Position Title:				
Agency/Organization:				
Address: Phone #: Fax #:				
E-mail Address:				
L man radi oss.				
Assistance Needs:	,	Estimated costs to attend:	I can cover these costs:	I need help with these:
Travel – Airfare	(round trip)			
Travel – Car	miles @ \$ /mi; car rental fees			
Lodging (room sharing is not required, but can be considered to keep costs down)	nights @ \$			
Meals (some meals covered within cost of registration)	\$ /day			
Other Costs?	Explain:			
TOTAL				
Please check the situation	(s) that best describe your need	d for this award:	_	•
I would not be al	ble to attend the conference ot	herwise.		
It would increase	e the likelihood of getting trav	el approval from 1	ny agency.	
It would offset u	sing personal funds.			
It would enable	multiple staff from my agency.	organization to a	ttend.	
It would enable l	better travel arrangements (e.	g., car rental, priv	ate room, convenie	ent flight schedule).