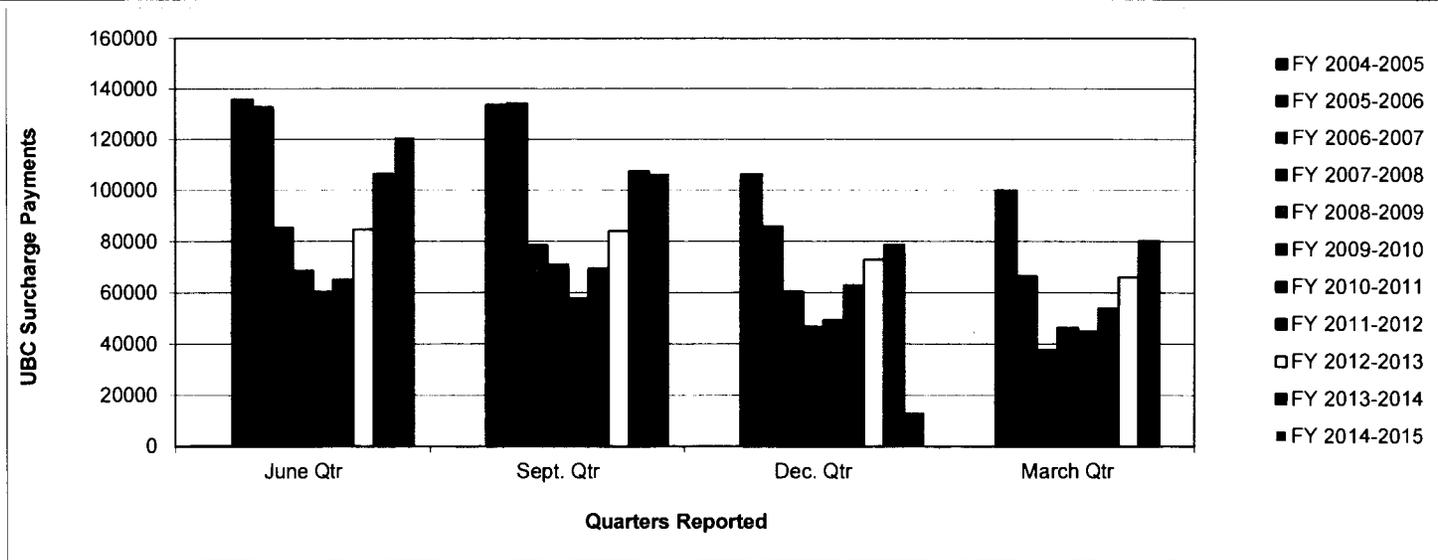


**FY July 1, 2014 - June 30, 2015 UBC
COMBINED BALANCE SHEET & INCOME STATEMENT
For December 1-31, 2014**

| | | | | |
|---|-----------------------|--------------------|------------------------|----------------------|
| Surcharge Fees Projected (estimated only) | \$372,484.50 | \$2,342.52 | \$227,400.20 | |
| Carryover Credit from Previous Years (after all payments) | \$975,909.00 | | | |
| Total | \$1,348,393.50 | \$2,342.52 | \$227,400.20 | |
| Salary and Benefits | \$ 63,705.86 | \$ 4,520.32 | \$ 28,328.88 | \$ 35,376.98 |
| Communication Services | \$ 500.00 | \$ 35.75 | \$ 221.10 | \$ 278.90 |
| Miscellaneous/Office Supplies & Printing/Library | \$ 50.00 | \$ - | \$ - | \$ - |
| Total | \$ 64,255.86 | \$ 4,556.07 | \$ 28,549.98 | \$ 35,655.88 |
| Bridgerland Applied Tech College | \$ 25,400.00 | \$ 1,301.50 | \$ 2,581.50 | \$ 22,818.50 |
| Davis Applied Tech College | | | | \$ - |
| Dixie State College (Dixie Applied Tech College) | \$ 10,380.00 | \$ - | \$ - | \$ 10,380.00 |
| Salt Lake Community College | | | | \$ - |
| Southwest Applied Technology College | \$ 7,200.00 | \$ - | \$ - | \$ 7,200.00 |
| Uintah Basin ATC | \$ 7,200.00 | \$ 3,680.00 | \$ 4,115.26 | \$ 3,084.74 |
| Utah Electrical JATC/IBEW | | | | \$ - |
| TOTAL | \$ 50,180.00 | \$ 4,981.50 | \$ 6,696.76 | \$ 43,483.24 |
| AIA Utah Chapter | | \$ - | \$ - | |
| ASHRAE | \$13,975.00 | \$ - | \$ - | \$13,975.00 |
| Associated General Contractors - Utah / AGC-Utah | | \$ - | \$ - | |
| Associated Builders & Contractors of Utah | | \$ - | \$ - | |
| Beehive Chapter ICC | \$ 23,500.00 | | \$ 15,120.00 | \$ 8,380.00 |
| Bonneville Chapter ICC | \$ 45,001.70 | \$ - | \$ - | \$ 45,001.70 |
| Construction Specifications Institute Inc / CSI | | \$ - | \$ - | |
| Fire Marshal's Association of Utah | | \$ - | \$ - | |
| IEC of Utah (Independent Electrical Contractors) | \$ 29,140.00 | | \$ 12,170.00 | \$ 16,970.00 |
| Iron County Home Builders Association | \$ 8,300.00 | | \$ 1,379.41 | \$ 6,920.59 |
| Northern Utah Building Inspectors | | \$ - | \$ - | |
| Park City Area Home Builders Association/PCAHBA | | \$ - | \$ - | |
| Rocky Mountain Gas Association | \$ 36,550.00 | \$ - | \$ - | \$ 36,550.00 |
| Salt Lake Home Builders Association / SLHBA | | \$ - | \$ - | |
| SEAU (Structural Engineers Association) | \$ 21,000.00 | \$ - | \$ - | \$ 21,000.00 |
| Southern Utah Home Builders Association / SUHBA | \$ 24,000.00 | \$ 686.58 | \$ 686.58 | \$ 23,313.42 |
| Southern Utah Division IAEI | \$ 4,400.00 | \$ 2,400.00 | \$ 5,874.14 | \$ (1,474.14) |
| UAPMO | \$ 27,650.00 | | \$ 1,041.64 | \$ 26,608.36 |
| Utah Chapter IAEI | \$ 26,000.00 | | \$ 5,241.00 | \$ 20,759.00 |
| Utah Chapter ICC | \$ 105,996.00 | \$1,440.00 | \$ 37,987.83 | \$ 68,008.17 |
| Utah Construction Suppliers Association | \$ 7,500.00 | \$ - | \$ - | \$ 7,500.00 |
| Utah Plumbing & Heating Contractors Association | \$ 10,500.00 | \$ - | \$ - | \$ 10,500.00 |
| Utah Homebuilders Association | | \$ - | \$ - | |
| Utah Division of Occupational and Professional Licensing | | \$ - | \$ - | |
| Utah Valley Homebuilders Association | | \$ - | \$ - | |
| TOTAL | \$ 383,512.70 | \$ 4,526.58 | \$ 79,500.60 | \$ 304,012.10 |
| | | | | |
| Total Revenue (Surcharges plus carryovers) | | | \$ 1,203,309.20 | |
| Less Actual Expenditures | | | \$ 114,747.34 | |
| Less Approved Unpaid Encumbrances | | | \$ 383,151.22 | |

**COMPARISON OF
1% UBC SURCHARGE COLLECTIONS
FY 2006-2015**

| Fiscal Year | 2006-07 | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | 2012-2013 | 2013-2014 | 2014-2015 |
|--------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---------------------|---------------------|-------------------|
| June Qtr | \$ 135,710.61 | \$ 132,637.33 | \$ 85,378.72 | \$ 68,570.26 | \$ 60,238.80 | \$ 64,988.48 | \$84,695.49 | \$106,262.49 | \$120,891.64 |
| Sept. Qtr | \$ 133,527.80 | \$ 134,091.44 | \$ 78,464.64 | \$ 70,983.02 | \$ 57,735.96 | \$ 69,482.84 | \$84,004.48 | \$107,454.12 | \$106,508.56 |
| Dec. Qtr | \$ 106,137.29 | \$ 85,720.69 | \$ 60,315.33 | \$ 46,730.96 | \$ 49,352.78 | \$ 62,816.00 | \$72,946.39 | \$78,524.12 | \$13,423.84 |
| March Qtr | \$ 99,860.01 | \$ 66,497.04 | \$ 37,660.88 | \$ 46,339.44 | \$ 44,810.88 | \$ 53,879.52 | \$66,074.50 | \$80,243.77 | |
| TOTAL | \$ 475,235.71 | \$ 418,946.50 | \$ 261,819.57 | \$ 232,623.68 | \$ 212,138.42 | \$ 251,166.84 | \$307,720.86 | \$372,484.50 | 240,824.04 |





APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT

(Submit prior to training program)

Request Date: 12/8/14 Total Estimated Instructors Fees (total a & b below): \$ 3732

New Request: a. Instructor Fees: \$ _____

b. Instructor Expense (travel/meals): \$ 3732

Additional Funding Request: Code Books (if requesting): \$ _____

***Total Grant Amount Requested: \$ 3732**

* If total amount requested is MORE than the lowest of items 1-2 below, include a brief explanation of costs. Title and price of code books must be specified. **Attach page 2 of this form.**

We understand and acknowledge that if this application is approved, the maximum amount that will be reimbursed will be the **lowest** of items 1-3 below. If appropriate, the amount may be reduced under items 4 and 5:

1. \$10.00 per student hour of actual instruction. (# students actually attending x # hours course duration x \$10.00)
2. The actual reimbursable costs supported by paid invoices not to exceed # 3 or
3. The amount of grant as requested above (although additional costs may be paid if the cost results from excess attendance over anticipated).
4. Funding grants will be reimbursed only for expenditures which have been negotiated in good faith to ensure the best reasonable value.
5. Any instructor fees in excess of \$150.00 per hour will be subject to further review and approval by the Committee, the Division and the Department. (This is a maximum amount established for review purposes only and is not intended to be used as a guaranteed amount. Good faith negotiations are required as in item 4 above.)

Requesting Organization: ACI Intermountain Chapter Federal I.D. #: [REDACTED]

Street Address: PO Box 95622

City: South Jordan State: UT Zip: 84095

Contact Person: Tammy Meldrum Email Address: director@aciintermountain.com

Phone: 801-250-3444 Fax: n/a

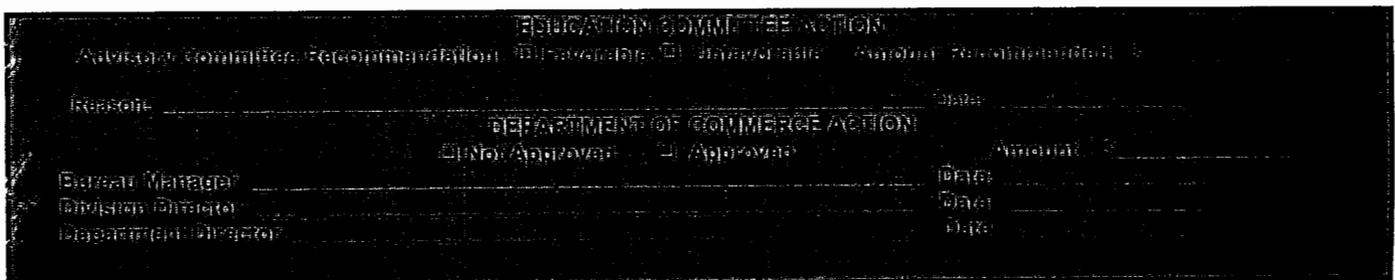
Event Title: ACI Intermountain Chapter Concrete Spring Symposium

Date(s) of Training: 3/26/15 Location(s): Utah State Office Building and Utah State Capitol

Training Objectives: To further the education of concrete in relation to technical practice, scientific investigation and research.

Projected Number of Students: 200 Projected Number of Hours of Instruction: 6

| | |
|--|---|
| <p><u>Tammy Meldrum</u> Name of Authorized Representative (Print)</p> <p><u>Tammy Meldrum</u> Signature of Authorized Representative</p> <p><small>Digitally signed by Tammy Meldrum DN: cn=Tammy Meldrum, o=ACI Intermountain Chapter, ou=Intermountain Chapter, email=director@aciintermountain.com, c=US Date: 2014.12.12 14:16:28 -0700</small></p> | <p>_____ Executive Director</p> <p>_____ Title</p> <p><u>12/12/14</u> Date of Signature</p> |
|--|---|



APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT

Page 2 – Required if total amount requested is MORE than the lowest amount of items 1-3 on page one of application.

Include a brief explanation for requested amount:

The Intermountain Chapter ACI Concrete Symposium is designed to offer expert presentations on concrete related construction and materials for the Utah construction industry. Local and National speakers are selected because of their expertise in important concrete construction related fields. They are requested to discuss industry standard codes and specifications for these concrete applications. Topics, presenters, and applicable codes are given below. All proceeds from this conference will be used to help fund student activities for the Engineering and Construction University's within the Chapter boundaries. Presentation topics are as follows:

Innovative Applications of Precast Concrete on Complex, Long Span Urban Bridges--By Gregg A Reese, PE, CE
Codes/Standards; ACI 318 Building Code Requirements for Structural Concrete

Engineering the Impossible - Building a Sustainable future Green Sense Concrete--By Andreas Tselebidis
Codes/Standards; ACI 318 Building Code Requirements for Structural Concrete, ASTM C94, ACI Sustainability

Concrete Resiliency and the Utah State Capitol Seismic Retrofit--By Jerod Johnson, PhD, PE
Codes/Standards; ACI 318 Building Code Requirements for Structural Concrete, IBC

Mechanism, Causes and Repair of Surface Defects--By Kim Basham, PhD, PE, FACI
Codes/Standards; ACI 318 Building Code Requirements for Structural Concrete, ACI 201 Guide for Durable Concrete

Internally-Cured Concrete and Circular Tendon Prestressed Water Tanks-By Erik Holk PE
Codes/Standards; AWWA D115



DEPARTMENT OF COMMERCE
 Division of Occupational and Professional Licensing
 160 East 300 South, Main Lobby
 P.O. Box 146741
 Salt Lake City, UT 84114-6741
 (801) 530-6078



APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT

(Submit prior to training program)

Request Date: 12/29/2014

New Request: \$ 9,795.84
 Additional Funding Request: \$ _____

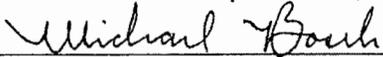
| | |
|-------------------------------------|--------------------|
| Total Grant Amount Requested: | \$ <u>9,795.84</u> |
| Total Instructors Fees (estimated): | \$ <u>0.00</u> |
| Instructor Fees: | \$ <u>0.00</u> |
| Instructor Expenses (travel/meals): | \$ <u>0.00</u> |

We understand and acknowledge that even if this application is approved the maximum amount that will be reimbursed will be the lowest of items 1-4 below. If appropriate, may be reduced under items 5 and 6:

1. If the event is not held \$0.00 cost is reimbursable
2. \$10.00 per student hour of actual instruction. (# students actually attending x # hours course duration x \$10.00)
3. The actual reimbursable costs supported by paid invoices not to exceed # 4 or
4. The amount of grant as requested above (although additional costs may be paid if the cost results from excess attendance over anticipated).
5. Funding grants will be reimbursed only for expenditures which have been negotiated in good faith to ensure the best reasonable value.
6. Any instructor fees in excess of \$150.00 per hour will be subject to further review and approval by the Committee, the Division and the Department. (This is a maximum amount established for review purposes only and is not intended to be used as a guaranteed amount. Good faith negotiations are required as in item 5 above.)

Requesting Organization: Bonneville Chapter of ICC Federal I.D. #: ██████████
 Street Address: 908 W. Gordon Ave., Suite 201
 City: Layton State: UT Zip: 84041
 Contact Person: Chris Kimball Email Address: chris@kimballeng.com
 Phone: 801-547-8133 Fax: 801-820-9089
 Event Title: 2012 IBC Training

Date(s) of Training: 10/06/2014 - 06/29/2015 Location(s): Farmington City Offices
 Training Objectives: To help individuals to become certified as IBC combination inspectors.
 Projected Number of Students: 40 Projected Number of Hours of Instruction: 64

| | |
|---|--------------------------------------|
| <u>Michael Bosch</u> Name of Authorized Representative (Print) | <u>Treasurer</u> Title |
|  Signature of Authorized Representative | <u>12/30/14</u> Date of Signature |

EDUCATION COMMITTEE ACTION

Advisory Committee Recommendation: Favorable Unfavorable

Date: / / Amount Recommended: \$

Reason: _____

DEPARTMENT OF COMMERCE ACTION

| | | |
|---------------------------------------|---|------------------|
| <input type="checkbox"/> Not Approved | <input type="checkbox"/> Approved | Amount: \$ _____ |
| Bureau Manager: _____ | Date: <u> </u> / <u> </u> / <u> </u> | |
| Division Director: _____ | Date: <u> </u> / <u> </u> / <u> </u> | |
| Department Director: _____ | Date: <u> </u> / <u> </u> / <u> </u> | |

International Code Council
 4051 W. Flossmoor Rd.
 Country Club Hills IL 60478

| | |
|-------|------------|
| Quote | 0003058 |
| Date | 12/19/2014 |
| Page | 1 |

Bill To:

West Coast Code Consultants Inc
 2400 Camino Ramon Apt 240
 San Ramon CA 94583

Ship To:

West Coast Code Consultants Inc
 908 W. Gordon Ave, Suite#201
 Layton UT 84041

| Purchase Order No. | Customer ID | Salesperson ID | Shipping Method | Payment Terms | Req Ship Date | Master No. |
|--------------------|-------------|--------------------------|-----------------|---------------|-----------------------|-------------------|
| | 5311292 | PCMS | DIST >500 | UPONRECEIPT | 0/0/0000 | 489,604 |
| Quantity | Item Number | Description | UOM | Discount | Unit Price | Ext. Price |
| 30 | 3300S12 | '12 IMC SOFT | EA | \$0.00 | \$52.00 | \$1,560.00 |
| 30 | 3200S12 | '12 IPC SOFT | EA | \$0.00 | \$54.60 | \$1,638.00 |
| 30 | 3600S12 | '12 IFGC SOFT | EA | \$0.00 | \$52.00 | \$1,560.00 |
| 50 | 5000S11 | '11 NFPA ELECTRICAL SOFT | EA | \$0.00 | \$80.55 | \$4,027.50 |
| | | | | | Subtotal | \$8,785.50 |
| | | | | | Misc | \$0.00 |
| | | | | | Tax | \$571.06 |
| | | | | | Freight | \$439.28 |
| | | | | | Trade Discount | \$0.00 |
| | | | | | Total | \$9,795.84 |

DEPARTMENT OF COMMERCE
 Division of Occupational and Professional Licensing
 160 East 300 South, Main Lobby
 P.O. Box 146741
 Salt Lake City, UT 84114-6741
 (801) 530-6078



REQUEST FOR REIMBURSEMENT

(Submit after completion date of the training program)

We, the sponsors of the proposed training, are requesting reimbursement for the following costs which we have incurred and for which we have attached an invoice, the original receipts, a roster of attendees, and a copy of the training announcement, advertising and agenda.

Select one:

- We provided the training program as outlined in our original application. **(Complete Sections A & C)**
- We provided the training program as outlined in our original application but request committee approval for additional reimbursement above the lesser of the \$10 per student hour or cost of approved actual expenditures. **(Complete Sections A, B & C.)**
- We did not hold the training as outlined in the original application but are requesting reimbursement for allowable expenses. **(Complete Section B & C)**

Section A:

Instructor's Name(s): Kimball Engineering
 Seminar Title/Subject: 2012 IRC/ IBC Training
 Date(s) of Training: 10/06/2014- Current (Will proceed every monday until 06/29/2015)
 Location of Training: Farmington City Hall

| Educational Expenditures | |
|--|-------------------------------------|
| 1. Total Instructor Fees and Travel/Meals (not to exceed \$3,000 for an 8 hr day) Total a and b below: | \$ 0 |
| a. Instructor Fees: | \$ 0 |
| b. Instructor Travel (total i-iv): | \$ 0 |
| i. Airfare | \$ _____ |
| ii. Mileage | \$ _____ |
| iii. Meals | \$ _____ |
| iv. Other (please specify) | \$ _____ |
| 2. Textbooks, Workbooks, Code Update Books (Use Section C for Code books) | \$ 5500.85 |
| Titles: <u>2012 IBC (30), 2012 IRC (30)</u> | |
| 3. Facility Cost: | \$ 0 |
| 4. Audio Visual Equipment: | \$ 396.00 Webinar Fee's |
| 5. Printing | \$ 0 |
| 6. Postage and handling | \$ 0 |
| 7. Other (please detail): | \$ 0 |
| Total of Educational Expenditures (1-7): | \$ 5896.85 396.00 |

| Cost Per Student | |
|---|------------------------------------|
| 1. Number of actual students in attendance: | <u>69 or more</u> |
| 2. Training duration in hours: | <u>2 hours each Monday to date</u> |
| 3. Total hours of training (line 1 x line 2) | <u>138</u> |
| Maximum Cost Per Student Hour \$10.00 (line 3 x \$10.00) | \$ 1380 |

Total Reimbursement Request (Lower of Total Educational Expenditures or Maximum Cost Per Student): \$ ~~5896.85~~ 396.00

DEPARTMENT OF COMMERCE
 Division of Occupational and Professional Licensing
 160 East 300 South, Main Lobby
 P.O. Box 146741
 Salt Lake City, UT 84114-6741
 (801) 530-6078



REQUEST FOR REIMBURSEMENT

(Submit after completion date of the training program)

We, the sponsors of the proposed training, are requesting reimbursement for the following costs which we have incurred and for which we have attached an invoice, the original receipts, a roster of attendees, and a copy of the training announcement, advertising and agenda.

Select one:

- We provided the training program as outlined in our original application. **(Complete Sections A & C)**
- We provided the training program as outlined in our original application but request committee approval for additional reimbursement above the lesser of the \$10 per student hour or cost of approved actual expenditures. **(Complete Sections A, B & C.)**
- We did not hold the training as outlined in the original application but are requesting reimbursement for allowable expenses. **(Complete Section B & C)**

Section A:

Instructor's Name(s): Dave Levanger
Seminar Title/Subject: UAPMO Annual Conference - IPC IMC Workshop
Date(s) of Training: 11/19/14
Location of Training: St. George, UT

| Educational Expenditures | |
|--|----------------------|
| 1. Total Instructor Fees and Travel/Meals (not to exceed \$3,000 for an 8 hr day) Total a and b below: | \$ <u>800</u> |
| a. Instructor Fees: | \$ <u>800.00</u> |
| b. Instructor Travel (total i-iv): | \$ <u>0</u> |
| i. Airfare | \$ _____ |
| ii. Mileage | \$ _____ |
| iii. Meals | \$ _____ |
| iv. Other (please specify) | \$ _____ |
| 2. Textbooks, Workbooks, Code <u>Update</u> Books (Use Section C for Code books) | \$ _____ |
| Titles: _____ | |
| 3. Facility Cost: | \$ _____ |
| 4. Audio Visual Equipment: | \$ _____ |
| 5. Printing | \$ _____ |
| 6. Postage and handling | \$ _____ |
| 7. Other (please detail): | \$ _____ |
| Total of Educational Expenditures (1-7): | \$ <u>800</u> |

| Cost Per Student | |
|---|-----------------------|
| 1. Number of actual students in attendance: | <u>30</u> |
| 2. Training duration in hours: | <u>4</u> |
| 3. Total hours of training (line 1 x line 2) | <u>120</u> |
| Maximum Cost Per Student Hour \$10.00 (line 3 x \$10.00) | \$ <u>1200</u> |

Total Reimbursement Request (Lower of Total Educational Expenditures or Maximum Cost Per Student) : \$ **800.00**

Section B:

- | | |
|--|------------------|
| 1. Code Books (No more than one/title/attendee. Application must include a roster.) Title(s): _____ | \$ _____ |
| Number purchased: _____ Total cost of Code Books: | \$ _____ |
| 2. Advertising Materials | \$ _____ |
| 3. Printing Costs | \$ _____ |
| 4. Delivery or Mailing Costs: | \$ _____ |
| 5. DOPL Licensee Mailing List: | \$ _____ |
| 6. DOPL Continuing Education upload fee: | \$ 32.00 |
| Total Section B Reimbursement (lines 1-6) | \$ 32 |
| Total Reimbursement Request (Sections A & B): | \$ 832.00 |

| | |
|------------------------------------|--|
| Section B: Committee Action | |
| Amount: \$ _____ | |
| Date: ____/____/____ | |

Section C:

I/we hereby verify that these expenses have been paid by our organization. I/we further verify that the instructor (if training was held) was adequately qualified by education and experience to teach the course, and was adequately prepared to teach the course by making an outline of the program, making appropriate audio or visual aids, preparing or arranging for handouts or study guides, arranging for any needed equipment and provided the training for the full time period and subject matter presented in the funding request.

I/we also verify we have engaged in good faith negotiations to obtain the best reasonable value for the costs associated above.

| | |
|---|---|
| UAPMO | XXXXXXXXXX |
| Organization Name Karen E. Richards | Federal I.D. Number Board of Directors |
| Authorized Representative (Type/Print) Karen E. Richards <i>Karen Richards</i> | Title 11/6/15 |
| Signature | Date |

| | | |
|--------------------------------------|----------------------|------------------|
| DEPARTMENT OF COMMERCE ACTION | | |
| Purpose: <u>Funding Grant</u> | ORG: <u>2180</u> | Amount: \$ _____ |
| Bureau Manager: _____ | Date: ____/____/____ | |
| Division Director: _____ | Date: ____/____/____ | |
| Department Director: _____ | Date: ____/____/____ | |

DEPARTMENT OF COMMERCE
 Division of Occupational and Professional Licensing
 160 East 300 South, Main Lobby
 P.O. Box 146741
 Salt Lake City, UT 84114-6741
 (801) 530-6078



REQUEST FOR REIMBURSEMENT

(Submit after completion date of the training program)

We, the sponsors of the proposed training, are requesting reimbursement for the following costs which we have incurred and for which we have attached an invoice, the original receipts, a roster of attendees, and a copy of the training announcement, advertising and agenda.

Select one:

- We provided the training program as outlined in our original application. **(Complete Sections A & C)**
- We provided the training program as outlined in our original application but request committee approval for additional reimbursement above the lesser of the \$10 per student hour or cost of approved actual expenditures. **(Complete Sections A, B & C.)**
- We did not hold the training as outlined in the original application but are requesting reimbursement for allowable expenses. **(Complete Section B & C)**

Section A:

Instructor's Name(s): IAPMO - Dan Rademacher
Seminar Title/Subject: UAPMO Annual Conference - IPC Back to Basics; IMC Back to Basics
Date(s) of Training: 11/20/14 & 11/21/14
Location of Training: St. George, UT

| Educational Expenditures | |
|---|----------------|
| 1. Total Instructor Fees and Travel/Meals <i>(not to exceed \$3,000 for an 8 hr day)</i> Total a and b below: | \$ 5000 |
| a. Instructor Fees: | \$ 5000.00 |
| b. Instructor Travel <i>(total i-iv)</i> : | \$ 0 |
| i. Airfare | \$ _____ |
| ii. Mileage | \$ _____ |
| iii. Meals | \$ _____ |
| iv. Other <i>(please specify)</i> | \$ _____ |
| 2. Textbooks, Workbooks, Code <u>Update</u> Books (Use Section C for Code books) | \$ _____ |
| Titles: _____ | |
| 3. Facility Cost: | \$ _____ |
| 4. Audio Visual Equipment: | \$ _____ |
| 5. Printing | \$ _____ |
| 6. Postage and handling | \$ _____ |
| 7. Other <i>(please detail)</i> : | \$ _____ |
| Total of Educational Expenditures (1-7): | \$ 5000 |

| Cost Per Student | |
|---|----------------|
| 1. Number of actual students in attendance: | <u>68</u> |
| 2. Training duration in hours: | <u>8</u> |
| 3. Total hours of training (line 1 x line 2) | <u>544</u> |
| Maximum Cost Per Student Hour \$10.00 (line 3 x \$10.00) | \$ 5440 |

Total Reimbursement Request *(Lower of Total Educational Expenditures or Maximum Cost Per Student)* : \$ 5000.00

Section B:

- | | |
|---|------------------------------------|
| 1. Code Books (No more than one/title/attendee. Application must include a roster.) | |
| Title(s): _____ | |
| Number purchased: _____ | Total cost of Code Books: \$ _____ |
| 2. Advertising Materials | \$ _____ |
| 3. Printing Costs | \$ _____ |
| 4. Delivery or Mailing Costs: | \$ _____ |
| 5. DOPL Licensee Mailing List: | \$ _____ |
| 6. DOPL Continuing Education upload fee: | \$ 96.00 |
| | |
| Total Section B Reimbursement (lines 1-6) | \$ 96 |
| Total Reimbursement Request (Sections A & B): | \$ 5096.00 |

| |
|--|
| <p align="center">Section B: Committee Action</p> <p>Amount: \$ _____</p> <p>Date: ____/____/____</p> |
|--|

Section C:

I/we hereby verify that these expenses have been paid by our organization. I/we further verify that the instructor (if training was held) was adequately qualified by education and experience to teach the course, and was adequately prepared to teach the course by making an outline of the program, making appropriate audio or visual aids, preparing or arranging for handouts or study guides, arranging for any needed equipment and provided the training for the full time period and subject matter presented in the funding request.

I/we also verify we have engaged in good faith negotiations to obtain the best reasonable value for the costs associated above.

| | |
|--|-----------------------|
| UAPMO | XXXXXXXXXX |
| Organization Name | Federal I.D. Number |
| Karen E. Richards | Board of Directors |
| Authorized Representative (Type/Print) | Title |
| Karen E. Richards, <i>Karen Richards</i> | 11/6/15 |
| Signature | Date |

| | | |
|--------------------------------------|------------------|----------------------|
| DEPARTMENT OF COMMERCE ACTION | | |
| Purpose: <u>Funding Grant</u> | ORG: <u>2180</u> | Amount: \$ _____ |
| Bureau Manager: _____ | | Date: ____/____/____ |
| Division Director: _____ | | Date: ____/____/____ |
| Department Director: _____ | | Date: ____/____/____ |

DEPARTMENT OF COMMERCE
 Division of Occupational and Professional Licensing
 160 East 300 South, Main Lobby
 P.O. Box 146741
 Salt Lake City, UT 84114-6741
 (801) 530-6078



REQUEST FOR REIMBURSEMENT

(Submit after completion date of the training program)

We, the sponsors of the proposed training, are requesting reimbursement for the following costs which we have incurred and for which we have attached an invoice, the original receipts, a roster of attendees, and a copy of the training announcement, advertising and agenda.

Select one:

- We provided the training program as outlined in our original application. (Complete Sections A & C)
- We provided the training program as outlined in our original application but request committee approval for additional reimbursement above the lesser of the \$10 per student hour or cost of approved actual expenditures. (Complete Sections A, B & C.)
- We did not hold the training as outlined in the original application but are requesting reimbursement for allowable expenses. (Complete Section B & C)

Section A:

Instructor's Name(s): _____
Seminar Title/Subject: UAPMO Annual Conference
Date(s) of Training: 11/19/14 - 1/22/14
Location of Training: St. George, UT

| Educational Expenditures | |
|--|-----------------------------|
| 1. Total Instructor Fees and Travel/Meals (not to exceed \$3,000 for an 8 hr day) Total a and b below: | \$ 0 |
| a. Instructor Fees: | \$ _____ |
| b. Instructor Travel (total i-iv): | \$ 0 |
| i. Airfare | \$ _____ |
| ii. Mileage | \$ _____ |
| iii. Meals | \$ _____ |
| iv. Other (please specify): | \$ _____ |
| 2. Textbooks, Workbooks, Code <u>Update</u> Books (Use Section C for Code books) | \$ _____ |
| Titles: _____ | |
| 3. Facility Cost: | \$ 3112.52 |
| 4. Audio Visual Equipment: | \$ 450 |
| 5. Printing | \$ 0 |
| 6. Postage and handling | \$ 0 |
| 7. Other (please detail): | \$ 23.71 Batteries, Tickets |
| Total of Educational Expenditures (1-7): | \$ 3586.23 |

| Cost Per Student | |
|---|----------------|
| 1. Number of actual students in attendance: | 43 |
| 2. Training duration in hours: | 8 |
| 3. Total hours of training (line 1 x line 2) | 344 |
| Maximum Cost Per Student Hour \$10.00 (line 3 x \$10.00) | \$ 3440 |

Total Reimbursement Request (Lower of Total Educational Expenditures or Maximum Cost Per Student) : \$ 3440.00

Section B:

- | | |
|---|--------------------------------|
| 1. Code Books (No more than one/title/attendee. Application must include a roster.) | |
| Title(s): _____ | |
| Number purchased: _____ | Total cost of Code Books: \$ 0 |
| 2. Advertising Materials | \$ 0 |
| 3. Printing Costs | \$ 552.88 |
| 4. Delivery or Mailing Costs: | \$ 175.00 |
| 5. DOPL Licensee Mailing List: | \$ 0 |
| 6. DOPL Continuing Education upload fee: | \$ 0 |
| Total Section B Reimbursement (lines 1-6) | \$ 727.88 |
| Total Reimbursement Request (Sections A & B): | \$ 4167.88 |

| | |
|------------------------------------|-------|
| Section B: Committee Action | |
| Amount: \$ | _____ |
| Date: ____/____/____ | _____ |

Section C:

I/we hereby verify that these expenses have been paid by our organization. I/we further verify that the instructor (if training was held) was adequately qualified by education and experience to teach the course, and was adequately prepared to teach the course by making an outline of the program, making appropriate audio or visual aids, preparing or arranging for handouts or study guides, arranging for any needed equipment and provided the training for the full time period and subject matter presented in the funding request.

I/we also verify we have engaged in good faith negotiations to obtain the best reasonable value for the costs associated above.

| | |
|--|-----------------------|
| UAPMO | XXXXXXXXXX |
| Organization Name | Federal I.D. Number |
| Karen E. Richards | Board of Directors |
| Authorized Representative (Type/Print) | Title |
| <i>Karen E. Richards</i> | 1/6/15 |
| Signature | Date |

| | | |
|-------------------------------|------------------|------------------|
| DEPARTMENT OF COMMERCE ACTION | | |
| Purpose: <u>Funding Grant</u> | ORG: <u>2170</u> | Amount: \$ _____ |
| Bureau Manager: _____ | Date: _____ | |
| Division Director: _____ | Date: _____ | |
| Department Director: _____ | Date: _____ | |



REQUEST FOR REIMBURSEMENT

(Submit after completion date of the training program)

We, the sponsors of the proposed training, are requesting reimbursement for the following costs which we have incurred and for which we have attached an invoice, the original receipts, a roster of attendees, and a copy of the training announcement, advertising and agenda.

Select one:

- We provided the training program as outlined in our original application. **(Complete Sections A & C)**
- We provided the training program as outlined in our original application but request committee approval for additional reimbursement above the lesser of the \$10 per student hour or cost of approved actual expenditures. **(Complete Sections A, B & C.)**
- We did not hold the training as outlined in the original application but are requesting reimbursement for allowable expenses. **(Complete Section B & C)**

Section A:

Instructor's Name(s): Ryan Jackson
Seminar Title/Subject: Grounding and Bonding
Date(s) of Training: November 13, 2014
Location of Training: IEC Office 7044 South Commerce Park Drive Midvale, Utah 84047

| Educational Expenditures | |
|---|---------------|
| 1. Total Instructor Fees and Travel/Meals <i>(not to exceed \$3,000 for an 8 hr day)</i> Total a and b below: | \$ 625 |
| a. Instructor Fees: | \$ 625.00 |
| b. Instructor Travel (total i-iv): | \$ 0 |
| i. Airfare | \$ _____ |
| ii. Mileage | \$ _____ |
| iii. Meals | \$ _____ |
| iv. Other (please specify) | \$ _____ |
| 2. Textbooks, Workbooks, Code <u>Update</u> Books (Use Section C for Code books) | \$ _____ |
| Titles: _____ | |
| 3. Facility Cost: | \$ _____ |
| 4. Audio Visual Equipment: | \$ _____ |
| 5. Printing | \$ _____ |
| 6. Postage and handling | \$ _____ |
| 7. Other (please detail): | \$ _____ |
| Total of Educational Expenditures (1-7): | \$ 625 |

| Cost Per Student | |
|---|---------------|
| 1. Number of actual students in attendance: | 19 |
| 2. Training duration in hours: | 4 |
| 3. Total hours of training (line 1 x line 2) | 76 |
| Maximum Cost Per Student Hour \$10.00 (line 3 x \$10.00) | \$ 760 |

Total Reimbursement Request *(Lower of Total Educational Expenditures or Maximum Cost Per Student)* : \$ 625.00

Section B:

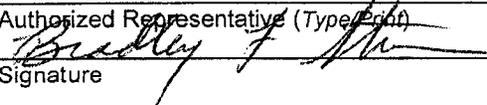
- | | | |
|---|-------------------------|------------------------------------|
| 1. Code Books (No more than one/title/attendee. Application must include a roster.) | | |
| Title(s): _____ | Number purchased: _____ | Total cost of Code Books: \$ _____ |
| 2. Advertising Materials | | \$ _____ |
| 3. Printing Costs | | \$ _____ |
| 4. Delivery or Mailing Costs: | | \$ _____ |
| 5. DOPL Licensee Mailing List: | | \$ _____ |
| 6. DOPL Continuing Education upload fee: | | \$ 100.00 |
| Total Section B Reimbursement (lines 1-6) | | \$ 100 |
| Total Reimbursement Request (Sections A & B): | | \$ 725.00 |

| |
|---|
| <p align="center">Section B: Committee Action</p> <p>Amount: \$ _____</p> <p>Date: / /</p> |
|---|

Section C:

I/we hereby verify that these expenses have been paid by our organization. I/we further verify that the instructor (if training was held) was adequately qualified by education and experience to teach the course, and was adequately prepared to teach the course by making an outline of the program, making appropriate audio or visual aids, preparing or arranging for handouts or study guides, arranging for any needed equipment and provided the training for the full time period and subject matter presented in the funding request.

I/we also verify we have engaged in good faith negotiations to obtain the best reasonable value for the costs associated above.

| | |
|---|---|
| IEC of Utah |  |
| Organization Name | Federal I.D. Number |
| Bradley F. Stevens | Executive Director |
| Authorized Representative (Type/Print) | Title |
|  | 12/15/2014 |
| Signature | Date |

| | | |
|--------------------------------------|------------|-------------------|
| DEPARTMENT OF COMMERCE ACTION | | |
| Purpose: _____ | ORG: _____ | Amount: \$ _____ |
| Bureau Manager: _____ | | Date: / / |
| Division Director: _____ | | Date: / / |
| Department Director: _____ | | Date: / / |

DEPARTMENT OF COMMERCE
 Division of Occupational and Professional Licensing
 160 East 300 South, Main Lobby
 P.O. Box 146741
 Salt Lake City, UT 84114-6741
 (801) 530-6078



REQUEST FOR REIMBURSEMENT

(Submit after completion date of the training program)

We, the sponsors of the proposed training, are requesting reimbursement for the following costs which we have incurred and for which we have attached an invoice, the original receipts, a roster of attendees, and a copy of the training announcement, advertising and agenda.

Select one:

- We provided the training program as outlined in our original application. **(Complete Sections A & C)**
- We provided the training program as outlined in our original application but request committee approval for additional reimbursement above the lesser of the \$10 per student hour or cost of approved actual expenditures. **(Complete Sections A, B & C.)**
- We did not hold the training as outlined in the original application but are requesting reimbursement for allowable expenses. **(Complete Section B & C)**

Section A:

Instructor's Name(s): Ryan Jackson
Seminar Title/Subject: Grounding and Bonding
Date(s) of Training: November 15, 2014
Location of Training: Courtyard Marriott Sandy, Utah

| Educational Expenditures | |
|---|-------------------|
| 1. Total Instructor Fees and Travel/Meals <i>(not to exceed \$3,000 for an 8 hr day)</i> Total a and b below: | \$ 1250 |
| a. Instructor Fees: | \$ 1250 |
| b. Instructor Travel (total i-iv): | \$ 0 |
| i. Airfare | \$ _____ |
| ii. Mileage | \$ _____ |
| iii. Meals | \$ _____ |
| iv. Other (please specify) | \$ _____ |
| 2. Textbooks, Workbooks, Code <u>Update</u> Books (Use Section C for Code books) | \$ _____ |
| Titles: _____ | |
| 3. Facility Cost: | \$ 243.14 |
| 4. Audio Visual Equipment: | \$ _____ |
| 5. Printing | \$ _____ |
| 6. Postage and handling | \$ _____ |
| 7. Other (please detail): | \$ _____ |
| Total of Educational Expenditures (1-7): | \$ 1493.14 |

| Cost Per Student | |
|---|----------------|
| 1. Number of actual students in attendance: | 24 |
| 2. Training duration in hours: | 8 |
| 3. Total hours of training (line 1 x line 2) | 192 |
| Maximum Cost Per Student Hour \$10.00 (line 3 x \$10.00) | \$ 1920 |

Total Reimbursement Request *(Lower of Total Educational Expenditures or Maximum Cost Per Student)* : \$ 1493.14

Section B:

- | | | |
|--|-------------------------|------------------------------------|
| 1. Code Books (No more than one/title/attendee. Application must include a roster.) Title(s): _____ | Number purchased: _____ | Total cost of Code Books: \$ _____ |
| 2. Advertising Materials | | \$ _____ |
| 3. Printing Costs | | \$ _____ |
| 4. Delivery or Mailing Costs: | | \$ _____ |
| 5. DOPL Licensee Mailing List: | | \$ _____ |
| 6. DOPL Continuing Education upload fee: | | \$ 202 _____ |
| Total Section B Reimbursement (lines 1-6) | | \$ 202 _____ |
| Total Reimbursement Request (Sections A & B): | | \$ 1695.14 _____ |

Section B: Committee Action

Amount: \$ _____

Date: ____/____/____

Section C:

I/we hereby verify that these expenses have been paid by our organization. I/we further verify that the instructor (if training was held) was adequately qualified by education and experience to teach the course, and was adequately prepared to teach the course by making an outline of the program, making appropriate audio or visual aids, preparing or arranging for handouts or study guides, arranging for any needed equipment and provided the training for the full time period and subject matter presented in the funding request.

I/we also verify we have engaged in good faith negotiations to obtain the best reasonable value for the costs associated above.

| | |
|--|---------------------|
| IEC of Utah | ██████████ |
| Organization Name | Federal I.D. Number |
| Bradley F. Stevens | Executive Director |
| Authorized Representative (Type/Print) | Title |
| <i>Bradley F. Stevens</i> | 12/15/2014 |
| Signature | Date |

DEPARTMENT OF COMMERCE ACTION

Purpose: _____ ORG: _____ Amount: \$ _____

Bureau Manager: _____ Date: ____/____/____

Division Director: _____ Date: ____/____/____

Department Director: _____ Date: ____/____/____

DEPARTMENT OF COMMERCE
 Division of Occupational and Professional Licensing
 160 East 300 South, Main Lobby
 P.O. Box 146741
 Salt Lake City, UT 84114-6741
 (801) 530-6078



REQUEST FOR REIMBURSEMENT

(Submit after completion date of the training program)

We, the sponsors of the proposed training, are requesting reimbursement for the following costs which we have incurred and for which we have attached an invoice, the original receipts, a roster of attendees, and a copy of the training announcement, advertising and agenda.

Select one:

- We provided the training program as outlined in our original application. **(Complete Sections A & C)**
- We provided the training program as outlined in our original application but request committee approval for additional reimbursement above the lesser of the \$10 per student hour or cost of approved actual expenditures. **(Complete Sections A, B & C.)**
- We did not hold the training as outlined in the original application but are requesting reimbursement for allowable expenses. **(Complete Section B & C)**

Section A:

Instructor's Name(s): Ryan Jackson
Seminar Title/Subject: Changes to the 2014 NEC
Date(s) of Training: November 8, 2014
Location of Training: IEC Office 7044 South Commerce Park Drive Midvale, Utah 84047

| Educational Expenditures | |
|---|-------------------|
| 1. Total Instructor Fees and Travel/Meals <i>(not to exceed \$3,000 for an 8 hr day)</i> Total a and b below: | \$ 1250 |
| a. Instructor Fees: | \$ 1250.00 |
| b. Instructor Travel (total i-iv): | \$ 0 |
| i. Airfare | \$ _____ |
| ii. Mileage | \$ _____ |
| iii. Meals | \$ _____ |
| iv. Other (please specify) | \$ _____ |
| 2. Textbooks, Workbooks, Code <u>Update</u> Books (Use Section C for Code books) | \$ 885.00 |
| Titles: <u>Changes to the 2014 NEC by Mike Holt</u> | |
| 3. Facility Cost: | \$ _____ |
| 4. Audio Visual Equipment: | \$ _____ |
| 5. Printing | \$ _____ |
| 6. Postage and handling | \$ 33.66 |
| 7. Other (please detail): | \$ _____ |
| Total of Educational Expenditures (1-7): | \$ 2168.66 |

| Cost Per Student | |
|---|----------------|
| 1. Number of actual students in attendance: | <u>28</u> |
| 2. Training duration in hours: | <u>8</u> |
| 3. Total hours of training (line 1 x line 2) | <u>224</u> |
| Maximum Cost Per Student Hour \$10.00 (line 3 x \$10.00) | \$ 2240 |

Total Reimbursement Request *(Lower of Total Educational Expenditures or Maximum Cost Per Student)* : \$ 2168.66

Section B:

- | | |
|---|------------------------------------|
| 1. Code Books (No more than one/title/attendee. Application must include a roster.) | |
| Title(s): _____ | |
| Number purchased: _____ | Total cost of Code Books: \$ _____ |
| 2. Advertising Materials | \$ _____ |
| 3. Printing Costs | \$ _____ |
| 4. Delivery or Mailing Costs: | \$ _____ |
| 5. DOPL Licensee Mailing List: | \$ _____ |
| 6. DOPL Continuing Education upload fee: | \$ 304 _____ |
| Total Section B Reimbursement (lines 1-6) | \$ 304 _____ |
| Total Reimbursement Request (Sections A & B): | \$ 2472.66 _____ |

| |
|--|
| <p align="center">Section B: Committee Action</p> <p>Amount: \$ _____</p> <p>Date: ____/____/____</p> |
|--|

Section C:

I/we hereby verify that these expenses have been paid by our organization. I/we further verify that the instructor (if training was held) was adequately qualified by education and experience to teach the course, and was adequately prepared to teach the course by making an outline of the program, making appropriate audio or visual aids, preparing or arranging for handouts or study guides, arranging for any needed equipment and provided the training for the full time period and subject matter presented in the funding request.

I/we also verify we have engaged in good faith negotiations to obtain the best reasonable value for the costs associated above.

| | |
|--|---------------------|
| IEC of Utah | _____ |
| Organization Name | Federal I.D. Number |
| Bradley F. Stevens | Executive Director |
| Authorized Representative (Type/Print) | Title |
| <i>Bradley F. Stevens</i> | 12/15/2014 |
| Signature | Date |

| | | |
|--------------------------------------|------------|----------------------|
| DEPARTMENT OF COMMERCE ACTION | | |
| Purpose: _____ | ORG: _____ | Amount: \$ _____ |
| Bureau Manager: _____ | | Date: ____/____/____ |
| Division Director: _____ | | Date: ____/____/____ |
| Department Director: _____ | | Date: ____/____/____ |