

**FY July 1, 2025 - June 30, 2026 UBC  
COMBINED BALANCE SHEET & INCOME STATEMENT  
For February 1 - 28, 2026 (Period 8)**

REVENUE	BUDGET	RECEIVED	ACTUAL YTD	
Surcharge Fees Projected (estimated only)	\$ 914,923.78	\$ 102,583.86	\$ 827,836.62	
Carryover Credit from Previous Years (after all payments)	\$ 3,485,484.97			
<b>Total</b>	\$ -			
ADMINISTRATIVE ENCUMBRANCES	BUDGET	PAID	ACTUAL YTD	BALANCE
Salary and Benefits	\$79,523.62	\$ 6,654.28	\$ 58,294.35	\$21,229.27
Communication Services	\$400.00	\$ -	\$ -	\$400.00
Miscellaneous/Office Supplies & Printing/Library	\$50.00	\$ -	\$ -	\$50.00
<b>Total</b>	<b>\$79,973.62</b>	<b>\$ 6,654.28</b>	<b>\$ 58,294.35</b>	<b>\$21,679.27</b>
ASSOCIATION FUNDING GRANTS		PAID	ACTUAL YTD	
ACI Intermountain Chapter	\$ -	\$ -	\$ -	\$ -
AIA Utah Chapter	\$ -	\$ -	\$ -	\$ -
APWA Utah Chapter	\$ -	\$ -	\$ -	\$ -
Associated General Contractors - Utah (AGC-Utah)	\$ -	\$ -	\$ -	\$ -
Associated Builders & Contractors of Utah (ABC)	\$ -	\$ -	\$ -	\$ -
Beehive Chapter ICC	\$ 7,400.00	\$ -	\$ 3,000.00	\$ 4,400.00
Bonneville Chapter ICC	\$ 38,975.00	\$ 26,560.00	\$ 26,560.00	\$ 12,415.00
Construction Specifications Institute Inc / CSI	\$ -	\$ -	\$ -	\$ -
Home Builders Association of Utah	\$ -	\$ -	\$ -	\$ -
IEA (Intermountain Electrical Association)	\$ -	\$ -	\$ -	\$ -
IEC of Utah (Independent Electrical Contractors)	\$ 19,200.00	\$ -	\$ 6,000.00	\$ 13,200.00
Iron County Home Builders Association	\$ -	\$ -	\$ -	\$ -
Northern Utah Building Inspectors	\$ -	\$ -	\$ -	\$ -
Park City Area Home Builders Association/PCAHBA	\$ -	\$ -	\$ -	\$ -
Rocky Mountain Gas Association	\$ 45,490.05	\$ -	\$ 16,163.27	\$ 29,326.78
Salt Lake Home Builders Association / SLHBA	\$ -	\$ -	\$ -	\$ -
SEAU (Structural Engineers Association)	\$ -	\$ -	\$ -	\$ -
Southern Utah Division IAEI	\$ -	\$ -	\$ -	\$ -
Southern Utah Home Builders Association / SUHBA	\$ -	\$ -	\$ -	\$ -
UAPMO	\$ 23,428.00	\$ -	\$ 7,332.14	\$ 16,095.86
Utah Chapter IAEI	\$ 20,798.00	\$ -	\$ 2,897.43	\$ 17,900.57
Utah Chapter ICC	\$ 59,612.00	\$ -	\$ 6,000.00	\$ 53,612.00
Utah Construction Suppliers Association	\$ -	\$ -	\$ -	\$ -
Utah Division of Occupational and Professional Licensing	\$ -	\$ -	\$ -	\$ -
Utah Plumbing & Heating Contractors Association	\$ 10,900.00	\$ -	\$ -	\$ 10,900.00
Utah Valley Homebuilders Association	\$ -	\$ -	\$ -	\$ -
Ombudsman	\$ 680,317.52	\$ 79,340.55	\$ 441,744.76	\$ 238,572.76
<b>TOTAL</b>	<b>\$ 906,120.57</b>	<b>\$ 105,900.55</b>	<b>\$ 509,697.60</b>	<b>\$ 396,422.97</b>
<b>TOTAL ENCUMBRANCES</b>	<b>\$986,094.19</b>	<b>\$ 112,554.83</b>	<b>\$ 567,991.95</b>	<b>\$418,102.24</b>
REVENUES (LESS ACTUAL EXPENDITURES)		PAID	ACTUAL YTD	
Total Revenue (Surcharges plus carryovers)			\$ 4,313,321.59	
Less Actual Expenditures			\$ 567,991.95	
<b>SUBTOTAL (ACTUAL)</b>			<b>\$ 3,745,329.64</b>	
Less Approved Unpaid Encumbrances			\$418,102.24	
<b>TOTAL RESERVES</b>			<b>\$ 3,327,227.40</b>	

**COMPARISON OF  
1% UBC SURCHARGE COLLECTIONS  
FY 2018-2026  
Inspector Training**

<b>Fiscal Year</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>
<b>1st Qtr</b>	\$ 152,747.76	\$ 50,940.33	\$ 52,724.99	\$ 56,530.02	\$ 70,035.59	\$ 92,620.81	\$ 47,446.75	\$ 83,279.50	\$ 239,970.36
<b>2nd Qtr</b>	\$ 168,140.57	\$ 48,297.34	\$ 83,470.00	\$ 64,175.38	\$ 63,868.88	\$ 63,760.43	\$ 51,118.25	\$ 68,365.85	\$ 91,164.27
<b>3rd Qtr</b>	\$ 129,104.89	\$ 42,605.56	\$ 55,869.82	\$ 62,253.07	\$ 65,189.19	\$ 45,121.05	\$ 71,476.30	\$ 63,664.09	\$ -
<b>4th Qtr</b>	\$ 110,843.87	\$ 40,280.69	\$ 45,761.02	\$ 72,107.51	\$ 55,575.57	\$ 61,285.89	\$ 45,760.11	\$ 67,417.10	\$ -
<b>TOTAL</b>	\$ 560,837.09	\$ 182,123.92	\$ 237,825.83	\$ 255,065.98	\$ 254,669.23	\$ 262,788.18	\$ 215,801.41	\$ 282,726.54	\$ 331,134.63

**FY July 1, 2025 - June 30, 2026 UBC  
COMBINED BALANCE SHEET & INCOME STATEMENT  
For February 1 - 28, 2026 (Period 8) Inspector Training**

REVENUE	BUDGET	RECEIVED	ACTUAL YTD	
Surcharge Fees Projected (estimated only)	\$ 365,969.51	\$ 41,033.54	\$ 331,134.63	
Carryover Credit from Previous Years (after all payments)	\$ 1,195,953.76			
<b>Total</b>	<b>\$ 1,561,923.27</b>			
ADMINISTRATIVE ENCUMBRANCES	BUDGET	PAID	ACTUAL YTD	BALANCE
Salary and Benefits	\$31,809.45	\$ 2,661.71	\$ 23,317.73	\$8,491.72
Communication Services	\$160.00	\$ -	\$ -	\$160.00
Miscellaneous/Office Supplies & Printing/Library	\$20.00	\$ -	\$ -	\$20.00
<b>Total</b>	<b>\$31,989.45</b>	<b>\$ 2,661.71</b>	<b>\$ 23,317.73</b>	<b>\$8,671.72</b>
ASSOCIATION FUNDING GRANTS		PAID	ACTUAL YTD	BALANCE
ACI Intermountain Chapter	\$ -	\$ -	\$ -	\$ -
Beehive Chapter ICC	\$ 7,400.00	\$ -	\$ 3,000.00	\$ 4,400.00
Bonneville Chapter ICC	\$ 38,975.00	\$ 26,560.00	\$ 26,560.00	\$ 12,415.00
Rocky Mountain Gas Association	\$ -	\$ -	\$ -	\$ -
Southern Utah Division IAEI	\$ -	\$ -	\$ -	\$ -
UAPMO	\$ 23,428.00	\$ -	\$ 7,332.14	\$ 16,095.86
Utah Chapter IAEI	\$ 20,798.00	\$ -	\$ 2,897.43	\$ 17,900.57
Utah Chapter ICC	\$ 59,612.00	\$ -	\$ 6,000.00	\$ 53,612.00
<b>TOTAL</b>	<b>\$ 150,213.00</b>	<b>\$ 26,560.00</b>	<b>\$ 45,789.57</b>	<b>\$ 104,423.43</b>
<b>TOTAL ENCUMBRANCES</b>	<b>\$182,202.45</b>	<b>\$ 29,221.71</b>	<b>\$ 69,107.30</b>	<b>\$113,095.15</b>
REVENUES (LESS ACTUAL EXPENDITURES)		PAID	ACTUAL YTD	
Total Revenue (Surcharges plus carryovers)			\$ 1,527,088.39	
Less Actual Expenditures			\$ 69,107.30	
<b>SUBTOTAL (ACTUAL )</b>			<b>\$ 1,457,981.09</b>	
Less Approved Unpaid Encumbrances			\$113,095.15	
<b>TOTAL RESERVES</b>			<b>\$ 1,344,885.94</b>	

**COMPARISON OF  
1% UBC SURCHARGE COLLECTIONS  
FY 2018-2026  
Building Trades**

<b>Fiscal Year</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>
<b>1st Qtr</b>	\$ 151,007.08	\$ 16,980.11	\$ 17,575.00	\$ 18,843.33	\$ 23,345.19	\$ 30,873.60	\$ 15,815.55	\$ 27,759.84	\$ 59,992.60
<b>2nd Qtr</b>	\$ 123,163.86	\$ 16,099.11	\$ 27,823.33	\$ 21,391.80	\$ 21,289.63	\$ 21,253.47	\$ 17,039.42	\$ 22,788.62	\$ 22,791.07
<b>3rd Qtr</b>	\$ 164,455.26	\$ 14,201.85	\$ 18,623.29	\$ 20,751.02	\$ 21,729.73	\$ 15,040.36	\$ 23,825.43	\$ 21,221.02	\$ -
<b>4th Qtr</b>	\$ 137,935.04	\$ 13,426.91	\$ 15,643.84	\$ 24,035.84	\$ 18,525.19	\$ 20,428.63	\$ 15,253.37	\$ 19,683.94	\$ -
<b>TOTAL</b>	\$ 576,561.24	\$ 60,707.98	\$ 79,665.46	\$ 85,021.99	\$ 84,889.74	\$ 87,596.06	\$ 71,933.77	\$ 91,453.42	\$ 82,783.67

**FY July 1, 2025- June 30, 2026 UBC  
 COMBINED BALANCE SHEET & INCOME STATEMENT  
 For February 1 - 28, 2026 (Period 8) Building Trades**

REVENUE	BUDGET	RECEIVED	ACTUAL YTD	
Surcharge Fees Projected (estimated only)	\$ 91,492.38	\$ 10,258.39	\$ 82,783.67	
Carryover Credit from Previous Years (after all payments)	\$ 389,604.36			
<b>Total</b>	<b>\$ 481,096.74</b>			
ADMINISTRATIVE ENCUMBRANCES	BUDGET	PAID	ACTUAL YTD	BALANCE
Salary and Benefits	\$7,952.36	\$ 665.43	\$ 6,817.56	\$1,134.80
Communication Services	\$40.00	\$ -	\$ -	\$40.00
Miscellaneous/Office Supplies & Printing/Library	\$5.00	\$ -	\$ -	\$5.00
<b>Total</b>	<b>\$7,997.36</b>	<b>\$ -</b>	<b>\$ 6,817.56</b>	<b>\$1,179.80</b>
ASSOCIATION FUNDING GRANTS		PAID	ACTUAL YTD	BALANCE
ACI Intermountain Chapter	\$ -	\$ -	\$ -	\$ -
AIA Utah Chapter	\$ -	\$ -	\$ -	\$ -
APWA Utah Chapter	\$ -	\$ -	\$ -	\$ -
Associated General Contractors - Utah (AGC-Utah)	\$ -	\$ -	\$ -	\$ -
Associated Builders & Contractors of Utah (ABC)	\$ -	\$ -	\$ -	\$ -
Home Builders Association of Utah	\$ -	\$ -	\$ -	\$ -
IEA (Intermountain Electrical Association)	\$ -	\$ -	\$ -	\$ -
IEC of Utah (Independent Electrical Contractors)	\$ 8,400.00	\$ -	\$ 600.00	\$ 7,800.00
Iron County Home Builders Association	\$ -	\$ -	\$ -	\$ -
Park City Area Home Builders Association/PCAHBA	\$ -	\$ -	\$ -	\$ -
Rocky Mountain Gas Association	\$ 37,893.00	\$ -	\$ 13,873.38	\$ 24,019.62
Salt Lake Home Builders Association / SLHBA	\$ -	\$ -	\$ -	\$ -
SEAU (Structural Engineers Association)	\$ -	\$ -	\$ -	\$ -
Southern Utah Home Builders Association / SUHBA	\$ 1,751.00	\$ -	\$ -	\$ 1,751.00
Utah Construction Suppliers Association	\$ -	\$ -	\$ -	\$ -
Utah Plumbing & Heating Contractors Association	\$ 6,400.00	\$ -	\$ -	\$ 6,400.00
Utah Valley Homebuilders Association	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	<b>\$ 54,444.00</b>	<b>\$ -</b>	<b>\$ 14,473.38</b>	<b>\$ 39,970.62</b>
<b>TOTAL ENCUMBRANCES</b>	<b>\$62,441.36</b>	<b>\$ -</b>	<b>\$ 21,290.94</b>	<b>\$41,150.42</b>
REVENUES (LESS ACTUAL EXPENDITURES)		PAID	ACTUAL YTD	
Total Revenue (Surcharges plus carryovers)			\$ 563,880.41	
Less Actual Expenditures			\$ 21,290.94	
<b>SUBTOTAL (ACTUAL )</b>			<b>\$ 542,589.47</b>	
Less Approved Unpaid Encumbrances			\$ 41,150.42	
<b>TOTAL RESERVES</b>			<b>\$ 501,439.05</b>	

**COMPARISON OF  
1% UBC SURCHARGE COLLECTIONS  
FY 2018-2026**

<b>Fiscal Year</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>
<b>1st Qtr</b>	\$ 152,747.76	\$ 169,801.08	\$ 175,749.96	\$ 188,433.39	\$ 233,451.99	\$ 308,736.01	\$ 158,155.49	\$ 277,598.36	\$ 599,925.94
<b>2nd Qtr</b>	\$ 168,140.57	\$ 160,991.13	\$ 278,233.36	\$ 213,917.94	\$ 212,896.26	\$ 212,534.78	\$ 170,394.18	\$ 227,886.18	\$ 227,910.68
<b>3rd Qtr</b>	\$ 129,104.89	\$ 142,018.52	\$ 186,232.85	\$ 207,510.26	\$ 217,297.29	\$ 150,403.60	\$ 238,254.33	\$ 212,210.30	\$ -
<b>4th Qtr</b>	\$ 110,843.87	\$ 142,151.38	\$ 152,536.71	\$ 240,358.38	\$ 184,704.30	\$ 204,286.28	\$ 152,533.69	\$ 196,839.46	\$ -
<b>TOTAL</b>	\$ 560,837.09	\$ 614,962.11	\$ 792,752.88	\$ 850,219.97	\$ 848,349.84	\$ 875,960.67	\$ 719,337.69	\$ 914,534.30	\$ 827,836.62

**APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT**

(Submit prior to training program)

Event Title: NEC Grounding & Bonding / NFPA-70E

Event Dates: 6/11/ & 6/12 2026

Request Date: 2/27/2026

**Type of Training (select one)**

- Inspector Training
- Construction Trades Training
- Factory Built Housing

Combination Training:  
 \_\_\_\_\_ % (Inspector)  
 \_\_\_\_\_ % (Const. Trades)

Total Estimated Instructor Fees (*not to exceed \$150 per hour*): \$ ~~4200~~ 1,600

Instructor Travel Expense (*explain on page 2*): \$ -

Additional Projected Costs (*explain on page 2*): \$ -

**Total Grant Amount Requested:** \$ ~~4200~~ 1,600

Complete the following to determine Maximum Grant Request Allowed

$$\begin{array}{rcl}
 \frac{30}{240} & \times & \frac{8}{\$10.00} = \frac{240}{\$2400} \\
 \text{Total Hours (from above)} & & \text{Max. Per student hr.} \qquad \qquad \qquad \text{Total Student Hour Cost}
 \end{array}$$

**Maximum Grant Request Allowed** \$ ~~4200~~ 1,600.00  
*(Lesser of Total Grant Amount Requested and Total Student Hour Cost above.)*

**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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: IEC of Utah Federal ID #: 48-1273742

Street Address: 7044 Commerce Park Drive

City: Midvale State: Utah Zip: 84047

Contact Person: Kelsee Woods Email: kelsee@iecofutah.com

Phone: 801-916-3559 Fax: \_\_\_\_\_

Instructor(s) (If unknown, Assn/Org to be used): Chad German

Location(s): Online- Utah

Training Objectives: NEC Grounding & Bonding / NFPA 70E

Name of Authorized Representative (Print): Kelsee Woods Title: Office Manager

Signature: *Kelsee Woods* Date: 2/27/2026

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: \_\_\_\_\_ Total Miles: \_\_\_\_\_ x \$0.42= \$ \_\_\_\_\_

**Lodging:**

Number of Nights: \_\_\_\_\_ X Cost per Night: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Hotel: \_\_\_\_\_

**Other:**

Meals: \_\_\_\_\_ \$ \_\_\_\_\_

Misc. (please specify): \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total of all Instructor Travel Expenses:** \$ \_\_\_\_\_

**ADDITIONAL PROJECTED COSTS**

Facility Name: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

Webinar Expenses: \$ \_\_\_\_\_

Audio Visual Equipment: \$ \_\_\_\_\_

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$ \_\_\_\_\_

Titles: \_\_\_\_\_

Printing Costs: \$ \_\_\_\_\_

Postage & Handling \$ \_\_\_\_\_

Other (please specify): \$ \_\_\_\_\_

**Total of Additional Projected Costs:** \$ \_\_\_\_\_

OFFICIAL USE ONLY:

**Advisory Committee Recommendation:**

Favorable  Unfavorable      Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved      Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT**

(Submit prior to training program)

Event Title: Understanding the NEC /NFPA-70E-

Event Dates: 8/5/2026

Request Date: 2/27/2026

**Type of Training (select one)**

- Inspector Training
- Construction Trades Training
- Factory Built Housing

Combination Training:  
 \_\_\_\_\_ % (Inspector)  
 \_\_\_\_\_ % (Const. Trades)

Total Estimated Instructor Fees (*not to exceed \$150 per hour*): ~~\$ 600-~~ 800

Instructor Travel Expense (*explain on page 2*): \$ -

Additional Projected Costs (*explain on page 2*): \$ -

**Total Grant Amount Requested:** ~~\$ 600-~~ 800

Complete the following to determine Maximum Grant Request Allowed

<u>30</u>	X	<u>4</u>	=	<u>120</u>
		<i>Total No. Hrs. Per Student</i>		<i>Total Hours</i>
<u>120</u>	X	<u>\$10.00</u>	=	<u>\$ 1200</u>
<i>Total Hours (from above)</i>		<i>Max. Per student hr.</i>		<i>Total Student Hour Cost</i>

**Maximum Grant Request Allowed** ~~\$ 1200-~~ 800.00  
*(Lesser of Total Grant Amount Requested and Total Student Hour Cost above.)*

**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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: IEC of Utah Federal ID #: 48-1273742

Street Address: 7044 Commerce Park Drive

City: Midvale State: Utah Zip: 84047

Contact Person: Kelsee Woods Email: kelsee@iecofutah.com

Phone: 801-916-3559 Fax: \_\_\_\_\_

Instructor(s) (If unknown, Assn/Org to be used): Chad German

Location(s): Online- Utah

Training Objectives: Understanding the NEC / NFPA 70E

Name of Authorized Representative (Print): Kelsee Woods Title: Office Manager

Signature: *Kelsee Woods* Date: 2/27/2026

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: \_\_\_\_\_ Total Miles: \_\_\_\_\_ x \$0.42= \$ \_\_\_\_\_

**Lodging:**

Number of Nights: \_\_\_\_\_ X Cost per Night: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Hotel: \_\_\_\_\_

**Other:**

Meals: \$ \_\_\_\_\_

Misc. (please specify): \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total of all Instructor Travel Expenses:** \$ \_\_\_\_\_

**ADDITIONAL PROJECTED COSTS**

Facility Name: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

Webinar Expenses: \$ \_\_\_\_\_

Audio Visual Equipment: \$ \_\_\_\_\_

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$ \_\_\_\_\_

Titles: \_\_\_\_\_

Printing Costs: \$ \_\_\_\_\_

Postage & Handling \$ \_\_\_\_\_

Other (please specify): \$ \_\_\_\_\_

**Total of Additional Projected Costs:** \$ \_\_\_\_\_

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT**

(Submit prior to training program)

Event Title: NEC Grounding & Bonding / ~~NFPA 70E~~

Event Dates: 10/3/2026

Request Date: 2/27/2026

**Type of Training (select one)**

- Inspector Training
- Construction Trades Training
- Factory Built Housing

Combination Training:  
 \_\_\_\_\_ % (Inspector)  
 \_\_\_\_\_ % (Const. Trades)

Total Estimated Instructor Fees (*not to exceed \$150 per hour*): \$ ~~600~~ 800

Instructor Travel Expense (*explain on page 2*): \$ -

Additional Projected Costs (*explain on page 2*): \$ -

**Total Grant Amount Requested:** \$ ~~600~~ 800

Complete the following to determine Maximum Grant Request Allowed

$$\begin{array}{rcl}
 \frac{30}{120} & \times & \frac{4}{\$10.00} = \frac{120}{\$1200} \\
 \text{Total Hours (from above)} & & \text{Max. Per student hr.} \qquad \qquad \qquad \text{Total Student Hour Cost}
 \end{array}$$

**Maximum Grant Request Allowed** \$ ~~1200~~ 800.00  
 (*Lesser of Total Grant Amount Requested and Total Student Hour Cost above.*)

**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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: IEC of Utah Federal ID #: 48-1273742

Street Address: 7044 Commerce Park Drive

City: Midvale State: Utah Zip: 84047

Contact Person: Kelsee Woods Email: kelsee@iecofutah.com

Phone: 801-916-3559 Fax: \_\_\_\_\_

Instructor(s) (If unknown, Assn/Org to be used): Chad German

Location(s): Online- Utah

Training Objectives: NEC Grounding & Bonding / NFPA 70E

Name of Authorized Representative (Print): Kelsee Woods Title: Office Manager

Signature: *Kelsee Woods* Date: 2/27/2026

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: \_\_\_\_\_ Total Miles: \_\_\_\_\_ x \$0.42= \$ \_\_\_\_\_

**Lodging:**

Number of Nights: \_\_\_\_\_ X Cost per Night: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Hotel: \_\_\_\_\_

**Other:**

Meals: \$ \_\_\_\_\_

Misc. (please specify): \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total of all Instructor Travel Expenses:** \$ \_\_\_\_\_

**ADDITIONAL PROJECTED COSTS**

Facility Name: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

Webinar Expenses: \$ \_\_\_\_\_

Audio Visual Equipment: \$ \_\_\_\_\_

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$ \_\_\_\_\_

Titles: \_\_\_\_\_

Printing Costs: \$ \_\_\_\_\_

Postage & Handling \$ \_\_\_\_\_

Other (please specify): \$ \_\_\_\_\_

**Total of Additional Projected Costs:** \$ \_\_\_\_\_

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT

(Submit prior to training program)

Event Title: Code Updates

Event Dates: 11/4/2026

Request Date: 2/27/2026

**Type of Training (select one)**

Inspector Training

Construction Trades Training

Factory Built Housing

Combination Training:

\_\_\_\_\_ % (Inspector)

\_\_\_\_\_ % (Const. Trades)

Total Estimated Instructor Fees (*not to exceed \$150 per hour*):

~~\$600~~ 800

Instructor Travel Expense (*explain on page 2*)

\$-

Additional Projected Costs (*explain on page 2*)

\$-

**Total Grant Amount Requested:** ~~\$600~~ 800

Complete the following to determine Maximum Grant Request Allowed

$$\begin{array}{rclcl} \overset{30}{\text{Projected No. of Students}} & \times & \overset{4}{\text{Total No. Hrs. Per Student}} & = & \text{120} & \text{Total Hours} \\ \hline 120 & \times & \mathbf{\$10.00} & = & \mathbf{\$ 1200} & \\ \text{Total Hours (from above)} & & \text{Max. Per student hr.} & & \text{Total Student Hour Cost} \end{array}$$

**Maximum Grant Request Allowed** ~~\$600~~ 800.00

(Lesser of Total Grant Amount Requested and Total Student Hour Cost above.)

**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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: IEC of Utah

Federal ID #: 48-1213142

Street Address: 7044 Commerce Park Drive

City: Midvale

State: Utah

84047

Contact Person: Kelsee Woods

Email: kelsee@iecofutah.com

Phone: 801-916-3559

Fax: \_\_\_\_\_

Instructor(s) (If unknown, Assn/Org to be used): Ryan Jack on

Location(s): Online- Utah

Training Objectives: Code Updates

Name of Authorized Representative (Print): Kelsee Woods

Title: Office Manager

Signature: *Kelsee Woods*

Date: 2/27/2026

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: \_\_\_\_\_ Total Miles: \_\_\_\_\_ x \$0.42= \$ \_\_\_\_\_

**Lodging:**

Number of Nights: \_\_\_\_\_ X Cost per Night: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Hotel: \_\_\_\_\_

**Other:**

Meals: \$ \_\_\_\_\_

Misc. (please specify): \_\_\_\_\_ \$ \_\_\_\_\_

**Total of all Instructor Travel Expenses:** \$ \_\_\_\_\_

**ADDITIONAL PROJECTED COSTS**

Facility Name: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

Webinar Expenses: \$ \_\_\_\_\_

Audio Visual Equipment: \$ \_\_\_\_\_

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$ \_\_\_\_\_

Titles: \_\_\_\_\_

Printing Costs: \$ \_\_\_\_\_

Postage & Handling \$ \_\_\_\_\_

Other (please specify): \$ \_\_\_\_\_

**Total of Additional Projected Costs:** \$ \_\_\_\_\_

OFFICIAL USE ONLY:	
<b>Advisory Committee Recommendation:</b>	
<input type="checkbox"/> Favorable <input type="checkbox"/> Unfavorable	Amount Recommended: \$ _____
Reason: _____	Date: _____
<b>Department of Commerce Action:</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Amount: \$ _____
Bureau Manager: _____	Date: _____
Division Director: _____	Date: _____

**APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT**

(Submit prior to training program)

Event Title: Code Updates

Event Dates: 11/18/2026 Request Date: 2/27/2026

**Type of Training (select one)**

- Inspector Training
- Construction Trades Training
- Factory Built Housing

Combination Training:  
 \_\_\_\_\_ % (Inspector)  
 \_\_\_\_\_ % (Const. Trades)

Total Estimated Instructor Fees (*not to exceed \$150 per hour*): \$ ~~600~~ 800

Instructor Travel Expense (*explain on page 2*): \$ -

Additional Projected Costs (*explain on page 2*): \$ -

**Total Grant Amount Requested:** \$ ~~600~~ 800

Complete the following to determine Maximum Grant Request Allowed

<u>30</u>	X	<u>4</u>	=	<u>120</u>	<i>Total Hours</i>
<i>Projected No. of Students</i>		<i>Total No. Hrs. Per Student</i>			
<u>120</u>	X	<u>\$10.00</u>	=	<u>\$ 1200</u>	<i>Total Student Hour Cost</i>
<i>Total Hours (from above)</i>		<i>Max. Per student hr.</i>			

**Maximum Grant Request Allowed** \$ ~~600~~ 800.00

(*Lesser of Total Grant Amount Requested and Total Student Hour Cost above.*)

**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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: IEC of Utah Federal ID #: 48-1273742

Street Address: 7044 Commerce Park Drive

City: Midvale State: Utah Zip: 84047

Contact Person: Kelsee Woods Email: kelsee@iecofutah.com

Phone: 801-916-3559 Fax: \_\_\_\_\_

Instructor(s) (If unknown, Assn/Org to be used): Ryan Jackson

Location(s): Online- Utah

Training Objectives: Code Updates

Name of Authorized Representative (Print): Kelsee Woods Title: Office Manager

Signature: *Kelsee Woods* Date: 2/27/2026

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: \_\_\_\_\_ Total Miles: \_\_\_\_\_ x \$0.42= \$ \_\_\_\_\_

**Lodging:**

Number of Nights: \_\_\_\_\_ X Cost per Night: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Hotel: \_\_\_\_\_

**Other:**

Meals: \$ \_\_\_\_\_

Misc. (please specify): \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total of all Instructor Travel Expenses:** \$ \_\_\_\_\_

**ADDITIONAL PROJECTED COSTS**

Facility Name: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

Webinar Expenses: \$ \_\_\_\_\_

Audio Visual Equipment: \$ \_\_\_\_\_

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$ \_\_\_\_\_

Titles: \_\_\_\_\_

Printing Costs: \$ \_\_\_\_\_

Postage & Handling \$ \_\_\_\_\_

Other (please specify): \$ \_\_\_\_\_

**Total of Additional Projected Costs:** \$ \_\_\_\_\_

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT**

(Submit prior to training program)

Event Title: Code Updates

Event Dates: 11/19/2026 Request Date: 2/27/2026

**Type of Training (select one)**

- Inspector Training
- Construction Trades Training
- Factory Built Housing

Combination Training:  
 \_\_\_\_\_ % (Inspector)  
 \_\_\_\_\_ % (Const. Trades)

Total Estimated Instructor Fees (*not to exceed \$150 per hour*): ~~\$-600--~~ 800.00

Instructor Travel Expense (*explain on page 2*): \$ -

Additional Projected Costs (*explain on page 2*): \$ -

**Total Grant Amount Requested:** ~~\$-600--~~ 800

Complete the following to determine Maximum Grant Request Allowed

<u>30</u>	X	<u>4</u>	=	<u>120</u>	
<i>Projected No. of Students</i>		<i>Total No. Hrs. Per Student</i>		<i>Total Hours</i>	
<u>120</u>	X	<u>\$10.00</u>	=	<u>\$ 1200</u>	
<i>Total Hours (from above)</i>		<i>Max. Per student hr.</i>		<i>Total Student Hour Cost</i>	

**Maximum Grant Request Allowed** ~~\$-600--~~ 800.00

(*Lesser of Total Grant Amount Requested and Total Student Hour Cost above.*)

**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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: IEC of Utah Federal ID #: 48-1273742

Street Address: 7044 Commerce Park Drive

City: Midvale State: Utah Zip: 84047

Contact Person: Kelsee Woods Email: kelsee@iecofutah.com

Phone: 801-916-3559 Fax: \_\_\_\_\_

Instructor(s) (If unknown, Assn/Org to be used): Ryan Jackson

Location(s): Online- Utah

Training Objectives: Code Updates

Name of Authorized Representative (Print): Kelsee Woods Title: Office Manager

Signature: *Kelsee Woods* Date: 2/27/2026

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: \_\_\_\_\_ Total Miles: \_\_\_\_\_ x \$0.42= \$ \_\_\_\_\_

**Lodging:**

Number of Nights: \_\_\_\_\_ X Cost per Night: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Hotel: \_\_\_\_\_

**Other:**

Meals: \$ \_\_\_\_\_

Misc. (please specify): \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total of all Instructor Travel Expenses:** \$ \_\_\_\_\_

**ADDITIONAL PROJECTED COSTS**

Facility Name: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

Webinar Expenses: \$ \_\_\_\_\_

Audio Visual Equipment: \$ \_\_\_\_\_

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$ \_\_\_\_\_

Titles: \_\_\_\_\_

Printing Costs: \$ \_\_\_\_\_

Postage & Handling \$ \_\_\_\_\_

Other (please specify): \$ \_\_\_\_\_

**Total of Additional Projected Costs:** \$ \_\_\_\_\_

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT**

(Submit prior to training program)

Event Title: Code Updates Part 1 and 2

Event Dates: 3/13/2027 Request Date: 2/27/2026

**Type of Training (select one)**

- Inspector Training
- Construction Trades Training
- Factory Built Housing

Combination Training:  
 \_\_\_\_\_ % (Inspector)  
 \_\_\_\_\_ % (Const. Trades)

Total Estimated Instructor Fees (*not to exceed \$150 per hour*): \$-1200- 1600

Instructor Travel Expense (*explain on page 2*): \$ -

Additional Projected Costs (*explain on page 2*): \$ -

**Total Grant Amount Requested:** \$-1200- 1600

Complete the following to determine Maximum Grant Request Allowed

$$\begin{array}{rcl}
 \frac{30}{240} & \times & \frac{8}{\$10.00} = \frac{240}{\$2400} \\
 \text{Total Hours (from above)} & & \text{Max. Per student hr.} \qquad \qquad \qquad \text{Total Student Hour Cost}
 \end{array}$$

**Maximum Grant Request Allowed** \$-1200- 1,600.00

(*Lesser of Total Grant Amount Requested and Total Student Hour Cost above.*)

**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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: IEC of Utah Federal ID #: 48-1273742

Street Address: 7044 Commerce Park Drive

City: Midvale State: Utah Zip: 84047

Contact Person: Kelsee Woods Email: kelsee@iecofutah.com

Phone: 801-916-3559 Fax: \_\_\_\_\_

Instructor(s) (If unknown, Assn/Org to be used): Ryan Jackson

Location(s): Online- Utah

Training Objectives: Code Updates Part 1 and 2

Name of Authorized Representative (Print): Kelsee Woods Title: Office Manager

Signature: *Kelsee Woods* Date: 2/27/2026

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: \_\_\_\_\_ Total Miles: \_\_\_\_\_ x \$0.42= \$ \_\_\_\_\_

**Lodging:**

Number of Nights: \_\_\_\_\_ X Cost per Night: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Hotel: \_\_\_\_\_

**Other:**

Meals: \$ \_\_\_\_\_

Misc. (please specify): \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total of all Instructor Travel Expenses:** \$ \_\_\_\_\_

**ADDITIONAL PROJECTED COSTS**

Facility Name: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

Webinar Expenses: \$ \_\_\_\_\_

Audio Visual Equipment: \$ \_\_\_\_\_

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$ \_\_\_\_\_

Titles: \_\_\_\_\_

Printing Costs: \$ \_\_\_\_\_

Postage & Handling \$ \_\_\_\_\_

Other (please specify): \$ \_\_\_\_\_

**Total of Additional Projected Costs:** \$ \_\_\_\_\_

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT**

(Submit prior to training program)

Event Title: Code Updates Part 1 and 2

Event Dates: 5/19 & 5/20 2027 Request Date: 2/27/2026

**Type of Training (select one)**

- Inspector Training
- Construction Trades Training
- Factory Built Housing

Combination Training:  
 \_\_\_\_\_ % (Inspector)  
 \_\_\_\_\_ % (Const. Trades)

Total Estimated Instructor Fees (*not to exceed \$150 per hour*): \$ ~~1200~~ 1600

Instructor Travel Expense (*explain on page 2*): \$ -

Additional Projected Costs (*explain on page 2*): \$ -

**Total Grant Amount Requested:** \$ ~~1200~~ 1600

Complete the following to determine Maximum Grant Request Allowed

$$\begin{array}{rcl}
 \frac{30}{240} & \times & \frac{8}{\$10.00} = \frac{240}{\$2400} \\
 \text{Total Hours (from above)} & & \text{Max. Per student hr.} \qquad \qquad \qquad \text{Total Student Hour Cost}
 \end{array}$$

**Maximum Grant Request Allowed** \$ ~~1200~~ 1,600.00  
*(Lesser of Total Grant Amount Requested and Total Student Hour Cost above.)*

**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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: IEC of Utah Federal ID #: 48-1273742

Street Address: 7044 Commerce Park Drive

City: Midvale State: Utah Zip: 84047

Contact Person: Kelsee Woods Email: kelsee@iecofutah.com

Phone: 801-916-3559 Fax: \_\_\_\_\_

Instructor(s) (If unknown, Assn/Org to be used): Ryan Jackson

Location(s): Online- Utah

Training Objectives: Code Updates Part 1 and 2

Name of Authorized Representative (Print): Kelsee Woods Title: Office Manager

Signature: *Kelsee Woods* Date: 2/27/2026

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: \_\_\_\_\_ Total Miles: \_\_\_\_\_ x \$0.42= \$ \_\_\_\_\_

**Lodging:**

Number of Nights: \_\_\_\_\_ X Cost per Night: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Hotel: \_\_\_\_\_

**Other:**

Meals: \$ \_\_\_\_\_

Misc. (please specify): \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total of all Instructor Travel Expenses:** \$ \_\_\_\_\_

**ADDITIONAL PROJECTED COSTS**

Facility Name: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

Webinar Expenses: \$ \_\_\_\_\_

Audio Visual Equipment: \$ \_\_\_\_\_

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$ \_\_\_\_\_

Titles: \_\_\_\_\_

Printing Costs: \$ \_\_\_\_\_

Postage & Handling \$ \_\_\_\_\_

Other (please specify): \$ \_\_\_\_\_

**Total of Additional Projected Costs:** \$ \_\_\_\_\_

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT

(Submit prior to training program)

Event Title: Certification Training

Event Dates: July 9 -11, 2026 Request Date: 2/17/2026

**Type of Training (select one)**

- Inspector Training  
 Construction Trades Training  
 Factory Built Housing
- Combination Training:  
 \_\_\_\_\_ % (Inspector)  
 \_\_\_\_\_ % (Const. Trades)

Total Estimated Instructor Fees ( <i>not to exceed \$150 per hour</i> ):	\$ <del>3,600</del> 4800
Instructor Travel Expense ( <i>explain on page 2</i> )	\$ _____
Additional Projected Costs ( <i>explain on page 2</i> )	\$ 2,459.43
<b>Total Grant Amount Requested:</b>	<b>\$ <del>6,059.43</del> 7259.43</b>

Complete the following to determine Maximum Grant Request Allowed

<u>55</u>	X	<u>24</u>	=	<u>1320</u>
<small>Projected No. of Students</small>		<small>Total No. Hrs. Per Student</small>		<small>Total Hours</small>
<u>1320</u>	X	<u>\$10.00</u>	= \$	<u>13,200</u>
<small>Total Hours (from above)</small>		<small>Max. Per student hr.</small>		<small>Total Student Hour Cost</small>

**Maximum Grant Request Allowed \$ ~~6,059.43~~ 7,259.43**  
*(Lesser of Total Grant Amount Requested and Total Student Hour Cost above.)*

**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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: Rocky Mountain Gas Association Federal ID #: 87-0477538

Street Address: 153 S 900 E #3

City: Salt Lake City State: Utah Zip: 84102

Contact Person: John Hill Email: john@utrmga.com

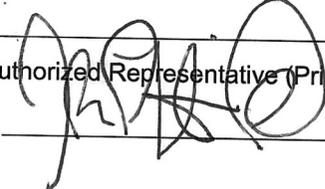
Phone: 801-521-8340 Fax: 801-521-8360

Instructor(s) (If unknown, Assn/Org to be used): Dean Dyatt

Location(s): Enbridge Gas + Virtual

Training Objectives: Properties of gas, principles of combustion, gas piping and combustion air systems, appliance installation codes, appliance deration - green sticker, and venting

Name of Authorized Representative (Print): John Hill Title: Executive Director

Signature:  Date: 2/17/2026

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: \_\_\_\_\_ Total Miles: \_\_\_\_\_ x \$0.42= \$ \_\_\_\_\_

**Lodging:**

Number of Nights: \_\_\_\_\_ X Cost per Night: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Hotel: \_\_\_\_\_

**Other:**

Meals: \$ \_\_\_\_\_

Misc. (please specify): \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total of all Instructor Travel Expenses:** \$ \_\_\_\_\_

**ADDITIONAL PROJECTED COSTS**

Facility Name: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

Webinar Expenses: \$ \_\_\_\_\_

Audio Visual Equipment: \$ \_\_\_\_\_

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$ \_\_\_\_\_

Titles: \_\_\_\_\_

Printing Costs: Study guides (\$1,542.43) + 1/2 newsletter (\$150) \$ 1,692.43

Postage & Handling Mail (150x.78) newsletters \$117 \$ 117

Other (please specify): 1/2 advertising in the newsletter (\$650) \$ 650

**Total of Additional Projected Costs:** \$ 2,459.43

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT

(Submit prior to training program)

**Event Title:** Certification Training offered in Spanish

**Event Dates:** September 8-10, 2026

**Request Date:** 2/17/2026

**Type of Training (select one)**

Inspector Training

Construction Trades Training

Factory Built Housing

Combination Training:

\_\_\_\_\_ % (Inspector)

\_\_\_\_\_ % (Const. Trades)

Total Estimated Instructor Fees (*not to exceed \$150 per hour*):

~~\$ 3,600~~ 4800

Instructor Travel Expense (*explain on page 2*)

\$

Additional Projected Costs (*explain on page 2*)

\$ 1688

**Total Grant Amount Requested:** ~~\$ 5,288~~ 6,488

Complete the following to determine Maximum Grant Request Allowed

<u>20</u>	X	<u>24</u>	=	<u>480</u>
<small>Projected No. of Students</small>		<small>Total No. Hrs. Per Student</small>		<small>Total Hours</small>
<u>480</u>	X	<u>\$10.00</u>	= \$	<u>\$4,800</u>
<small>Total Hours (from above)</small>		<small>Max. Per student hr.</small>		<small>Total Student Hour Cost</small>

**Maximum Grant Request Allowed** ~~\$ 4,800~~ 6,488.00

(Lesser of Total Grant Amount Requested and Total Student Hour Cost above.)

**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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: Rocky Mountain Gas Association

Federal ID #: 87-0477538

Street Address: 153 S 900 E #3

City: Salt Lake City

State: Utah

Zip: 84102

Contact Person: John Hill

Email: john@utrmga.com

Phone: 801-521-8340

Fax: 801-521-8360

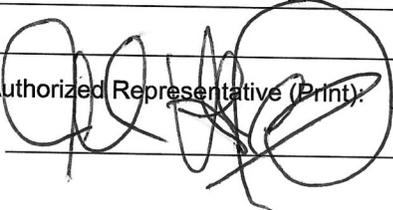
Instructor(s) (If unknown, Assn/Org to be used): Craig Bird

Location(s): Enbridge Gas + Virtual

Training Objectives: Properties of gas, principles of combustion, gas piping and combustion air systems, appliance installation codes, appliance deration - green sticker, and venting

Name of Authorized Representative (Print): John Hill

Title: Executive Director

Signature: 

Date: 2/17/2026

## DETAILED INSTRUCTOR TRAVEL EXPENSES

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: \_\_\_\_\_ Total Miles: \_\_\_\_\_ x \$0.42= \$ \_\_\_\_\_

**Lodging:**

Number of Nights: \_\_\_\_\_ X Cost per Night: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Hotel: \_\_\_\_\_

**Other:**

Meals: \_\_\_\_\_ \$ \_\_\_\_\_

Misc. (please specify): \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total of all Instructor Travel Expenses:** \$ \_\_\_\_\_

## ADDITIONAL PROJECTED COSTS

Facility Name: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

Webinar Expenses: \_\_\_\_\_ \$ \_\_\_\_\_

Audio Visual Equipment: \_\_\_\_\_ \$ \_\_\_\_\_

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \_\_\_\_\_ \$ \_\_\_\_\_

Titles: \_\_\_\_\_

Printing Costs: Study guides (\$771) + 1/2 newsletter (\$150) \$ 921

Postage & Handling Mail (150x.78) newsletters \$117 \$ 117

Other (please specify): 1/2 advertising in the newsletter (\$650) \$ 650

**Total of Additional Projected Costs:** \$ 1,688

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable      Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved      Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT

(Submit prior to training program)

Event Title: Education Summit

Event Dates: September 9th, 2026

Request Date: 2/17/2026

**Type of Training (select one)**

Inspector Training

Construction Trades Training

Factory Built Housing

Combination Training:

\_\_\_\_\_ % (Inspector)

\_\_\_\_\_ % (Const. Trades)

Total Estimated Instructor Fees (*not to exceed \$150 per hour*):

~~\$ 800-~~ 1200

Instructor Travel Expense (*explain on page 2*)

\$

Additional Projected Costs (*explain on page 2*)

\$ 3,917

**Total Grant Amount Requested:** ~~\$ 4,717-~~ 5,117

Complete the following to determine Maximum Grant Request Allowed

<u>100</u>	X	<u>6</u>	=	<u>600</u>
<small>Projected No. of Students</small>		<small>Total No. Hrs. Per Student</small>		<small>Total Hours</small>
<u>600</u>	X	<u>\$10.00</u>	= \$	<u>\$6,000</u>
<small>Total Hours (from above)</small>		<small>Max. Per student hr.</small>		<small>Total Student Hour Cost</small>

**Maximum Grant Request Allowed** ~~\$ 4,717-~~ 5,117.00

*(Lesser of Total Grant Amount Requested and Total Student Hour Cost above.)*

**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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: Rocky Mountain Gas Association

Federal ID #: 87-0477538

Street Address: 153 S 900 E #3

City: Salt Lake City

State: Utah

Zip: 84102

Contact Person: John Hill

Email: john@utrmga.com

Phone: 801-521-8340

Fax: 801-521-8360

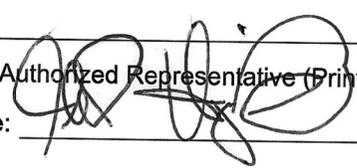
Instructor(s) (If unknown, Assn/Org to be used): Dean Dyatt, Brent Ursenbach, Ryan Reintmeister

Location(s): TBD

Training Objectives: economic outlook, building code update, industry news and events

Name of Authorized Representative (Print): John Hill

Title: Executive Director

Signature: 

Date: 2/17/2026

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: \_\_\_\_\_ Total Miles: \_\_\_\_\_ x \$0.42= \$ \_\_\_\_\_

**Lodging:**

Number of Nights: \_\_\_\_\_ X Cost per Night: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Hotel: \_\_\_\_\_

**Other:**

Meals: \_\_\_\_\_ \$ \_\_\_\_\_

Misc. (please specify): \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total of all Instructor Travel Expenses:** \$ \_\_\_\_\_

**ADDITIONAL PROJECTED COSTS**

Facility Name: TBD Total Cost: \$ 2,000

Webinar Expenses: \$ \_\_\_\_\_

Audio Visual Equipment: \$ 1,000

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$ \_\_\_\_\_

Titles: \_\_\_\_\_

Printing Costs: 1/2 newsletter (\$150) \$ 150

Postage & Handling Mail (150x.78) newsletters \$117 \$ 117

Other (please specify): 1/2 advertising in the newsletter (\$650) \$ 650

**Total of Additional Projected Costs:** \$ 3,917

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT

(Submit prior to training program)

Event Title: Certification Training

Event Dates: September 17 - 19, 2026 Request Date: 2/17/2026

**Type of Training (select one)**

- Inspector Training  
 Construction Trades Training  
 Factory Built Housing

Combination Training:  
 \_\_\_\_\_ % (Inspector)  
 \_\_\_\_\_ % (Const. Trades)

Total Estimated Instructor Fees (not to exceed \$150 per hour): \$ ~~3,600~~ 4800

Instructor Travel Expense (explain on page 2) \$ \_\_\_\_\_

Additional Projected Costs (explain on page 2) \$ 2,459.43

**Total Grant Amount Requested:** \$ ~~6,059.43~~ 7259.43

Complete the following to determine Maximum Grant Request Allowed

<u>55</u>	X	<u>24</u>	=	<u>1320</u>
<small>Projected No. of Students</small>		<small>Total No. Hrs. Per Student</small>		<small>Total Hours</small>
<u>1320</u>	X	<u>\$10.00</u>	= \$	<u>13,200</u>
<small>Total Hours (from above)</small>		<small>Max. Per student hr.</small>		<small>Total Student Hour Cost</small>

**Maximum Grant Request Allowed** \$ ~~6,059.43~~ 7,259.43  
 (Lesser of Total Grant Amount Requested and Total Student Hour Cost above.)

**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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: Rocky Mountain Gas Association Federal ID #: 87-0477538

Street Address: 153 S 900 E #3

City: Salt Lake City State: Utah Zip: 84102

Contact Person: John Hill Email: john@utrmga.com

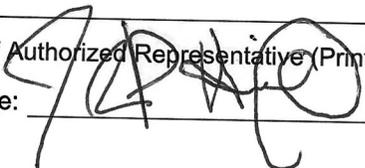
Phone: 801-521-8340 Fax: 801-521-8360

Instructor(s) (If unknown, Assn/Org to be used): Dean Dyatt

Location(s): Enbridge Gas + Virtual

Training Objectives: Properties of gas, principles of combustion, gas piping and combustion air systems, appliance installation codes, appliance deration - green sticker, and venting

Name of Authorized Representative (Print): John Hill Title: Executive Director

Signature:  Date: 2/17/2026

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: \_\_\_\_\_ Total Miles: \_\_\_\_\_ x \$0.42= \$ \_\_\_\_\_

**Lodging:**

Number of Nights: \_\_\_\_\_ X Cost per Night: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Hotel: \_\_\_\_\_

**Other:**

Meals: \$ \_\_\_\_\_

Misc. (please specify): \$ \_\_\_\_\_

\$ \_\_\_\_\_

**Total of all Instructor Travel Expenses:** \$ \_\_\_\_\_

**ADDITIONAL PROJECTED COSTS**

Facility Name: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

Webinar Expenses: \$ \_\_\_\_\_

Audio Visual Equipment: \$ \_\_\_\_\_

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$ \_\_\_\_\_

Titles: \_\_\_\_\_

Printing Costs: Study guides (\$1,542.43) + 1/2 newsletter (\$150) \$ 1,692.43

Postage & Handling Mail (150x.78) newsletters \$117 \$ 117

Other (please specify): 1/2 advertising in the newsletter (\$650) \$ 650

**Total of Additional Projected Costs:** \$ 2,459.43

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT**

(Submit prior to training program)

Event Title: Certification Training

Event Dates: November 12 - 14, 2026 Request Date: 2/17/2026

**Type of Training (select one)**

- Inspector Training
- Construction Trades Training
- Factory Built Housing

Combination Training:  
\_\_\_\_\_% (Inspector)  
\_\_\_\_\_% (Const. Trades)

Total Estimated Instructor Fees (not to exceed \$150 per hour): ~~\$-3,600-~~ 4800

Instructor Travel Expense (explain on page 2) \$

Additional Projected Costs (explain on page 2) \$ 2,459.43

**Total Grant Amount Requested:** ~~\$ -6,059.43-~~ 7259.43

Complete the following to determine Maximum Grant Request Allowed

<u>55</u>	X	<u>24</u>	=	<u>1320</u>
<i>Projected No. of Students</i>		<i>Total No. Hrs. Per Student</i>		<i>Total Hours</i>
<u>1320</u>	X	<u>\$10.00</u>	= \$	<u>13,200</u>
<i>Total Hours (from above)</i>		<i>Max. Per student hr.</i>		<i>Total Student Hour Cost</i>

**Maximum Grant Request Allowed** ~~\$ -6,059.43-~~ 7,259.43  
(Lesser of Total Grant Amount Requested and Total Student Hour Cost above.)

**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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: Rocky Mountain Gas Association Federal ID #: 87-0477538

Street Address: 153 S 900 E #3

City: Salt Lake City State: Utah Zip: 84102

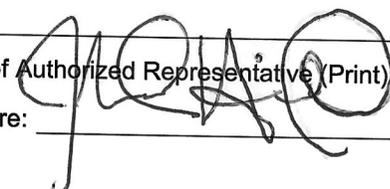
Contact Person: John Hill Email: john@utrmga.com

Phone: 801-521-8340 Fax: 801-521-8360

Instructor(s) (If unknown, Assn/Org to be used): Dean Dyatt

Location(s): Enbridge Gas + Virtual

Training Objectives: Properties of gas, principles of combustion, gas piping and combustion air systems, appliance installation codes, appliance deration - green sticker, and venting

Name of Authorized Representative (Print): John Hill Title: Executive Director  
Signature:  Date: 2/17/2026

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: \_\_\_\_\_ Total Miles: \_\_\_\_\_ x \$0.42= \$ \_\_\_\_\_

**Lodging:**

Number of Nights: \_\_\_\_\_ X Cost per Night: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Hotel: \_\_\_\_\_

**Other:**

Meals: \_\_\_\_\_ \$ \_\_\_\_\_

Misc. (please specify): \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total of all Instructor Travel Expenses:** \$ \_\_\_\_\_

**ADDITIONAL PROJECTED COSTS**

Facility Name: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

Webinar Expenses: \_\_\_\_\_ \$ \_\_\_\_\_

Audio Visual Equipment: \_\_\_\_\_ \$ \_\_\_\_\_

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \_\_\_\_\_ \$ \_\_\_\_\_

Titles: \_\_\_\_\_

Printing Costs: Study guides (\$1,542.43) + 1/2 newsletter (\$150) \$ 1,692.43

Postage & Handling Mail (150x.78) newsletters \$117 \$ 117

Other (please specify): 1/2 advertising in the newsletter (\$650) \$ 650

**Total of Additional Projected Costs:** \$ 2,459.43

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT

(Submit prior to training program)

Event Title: Certification Training

Event Dates: January 7 - 9, 2027

Request Date: 2/17/2026

**Type of Training (select one)**

Inspector Training

Construction Trades Training

Factory Built Housing

Combination Training:

\_\_\_\_\_ % (Inspector)

\_\_\_\_\_ % (Const. Trades)

Total Estimated Instructor Fees (*not to exceed \$150 per hour*):

~~\$ 3,600.-~~ 4800

Instructor Travel Expense (*explain on page 2*)

\$ \_\_\_\_\_

Additional Projected Costs (*explain on page 2*)

\$ 2,459.43

**Total Grant Amount Requested:** ~~\$ -6,059.43-~~ 7259.43

Complete the following to determine Maximum Grant Request Allowed

<u>55</u>	X	<u>24</u>	=	<u>1320</u>
<small>Projected No. of Students</small>		<small>Total No. Hrs. Per Student</small>		<small>Total Hours</small>
<u>1320</u>	X	<u>\$10.00</u>	= \$	<u>13,200</u>
<small>Total Hours (from above)</small>		<small>Max. Per student hr.</small>		<small>Total Student Hour Cost</small>

**Maximum Grant Request Allowed** ~~\$ -6,059.43-~~ 7,259.43

*(Lesser of Total Grant Amount Requested and Total Student Hour Cost above.)*

**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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: Rocky Mountain Gas Association

Federal ID #: 87-0477538

Street Address: 153 S 900 E #3

City: Salt Lake City

State: Utah

Zip: 84102

Contact Person: John Hill

Email: john@utrmga.com

Phone: 801-521-8340

Fax: 801-521-8360

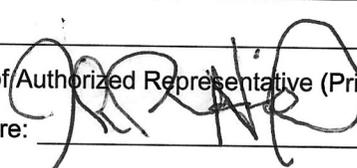
Instructor(s) (If unknown, Assn/Org to be used): Dean Dyatt

Location(s): Enbridge Gas + Virtual

Training Objectives: Properties of gas, principles of combustion, gas piping and combustion air systems, appliance installation codes, appliance deration - green sticker, and venting

Name of Authorized Representative (Print): John Hill

Title: Executive Director

Signature: 

Date: 2/17/2026

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: \_\_\_\_\_ Total Miles: \_\_\_\_\_ x \$0.42= \$ \_\_\_\_\_

**Lodging:**

Number of Nights: \_\_\_\_\_ X Cost per Night: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Hotel: \_\_\_\_\_

**Other:**

Meals: \$ \_\_\_\_\_

Misc. (please specify): \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total of all Instructor Travel Expenses:** \$ \_\_\_\_\_

**ADDITIONAL PROJECTED COSTS**

Facility Name: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

Webinar Expenses: \$ \_\_\_\_\_

Audio Visual Equipment: \$ \_\_\_\_\_

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$ \_\_\_\_\_

Titles: \_\_\_\_\_

Printing Costs: Study guides (\$1,542.43) + 1/2 newsletter (\$150) \$ 1,692.43

Postage & Handling Mail (150x.78) newsletters \$117 \$ 117

Other (please specify): 1/2 advertising in the newsletter (\$650) \$ 650

**Total of Additional Projected Costs:** \$ 2,459.43

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT

(Submit prior to training program)

Event Title: Certification Training

Event Dates: March 11 - 13, 2027 Request Date: 2/17/2026

**Type of Training (select one)**

- Inspector Training  
 Construction Trades Training  
 Factory Built Housing

Combination Training:  
 \_\_\_\_\_ % (Inspector)  
 \_\_\_\_\_ % (Const. Trades)

Total Estimated Instructor Fees (*not to exceed \$150 per hour*): \$~~3,600~~ 4800

Instructor Travel Expense (*explain on page 2*): \$

Additional Projected Costs (*explain on page 2*): \$ 2,459.43

**Total Grant Amount Requested:** \$ ~~6,059.43~~ 7259.43

Complete the following to determine Maximum Grant Request Allowed

<u>55</u>	X	<u>24</u>	=	<u>1320</u>
<small>Projected No. of Students</small>		<small>Total No. Hrs. Per Student</small>		<small>Total Hours</small>
<u>1320</u>	X	<u>\$10.00</u>	= \$	<u>13,200</u>
<small>Total Hours (from above)</small>		<small>Max. Per student hr.</small>		<small>Total Student Hour Cost</small>

**Maximum Grant Request Allowed** \$ ~~6,059.43~~ 7,259.43  
*(Lesser of Total Grant Amount Requested and Total Student Hour Cost above.)*

**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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: Rocky Mountain Gas Association Federal ID #: 87-0477538

Street Address: 153 S 900 E #3

City: Salt Lake City State: Utah Zip: 84102

Contact Person: John Hill Email: john@utrmga.com

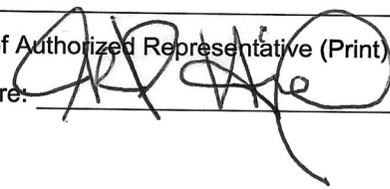
Phone: 801-521-8340 Fax: 801-521-8360

Instructor(s) (if unknown, Assn/Org to be used): Dean Dyatt

Location(s): Enbridge Gas + Virtual

Training Objectives: Properties of gas, principles of combustion, gas piping and combustion air systems, appliance installation codes, appliance deration - green sticker, and venting

Name of Authorized Representative (Print): John Hill Title: Executive Director

Signature:  Date: 2/17/2026

## DETAILED INSTRUCTOR TRAVEL EXPENSES

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: \_\_\_\_\_ Total Miles: \_\_\_\_\_ x \$0.42= \$ \_\_\_\_\_

**Lodging:**

Number of Nights: \_\_\_\_\_ X Cost per Night: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Hotel: \_\_\_\_\_

**Other:**

Meals: \_\_\_\_\_ \$ \_\_\_\_\_

Misc. (please specify): \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total of all Instructor Travel Expenses:** \$ \_\_\_\_\_

## ADDITIONAL PROJECTED COSTS

Facility Name: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

Webinar Expenses: \$ \_\_\_\_\_

Audio Visual Equipment: \$ \_\_\_\_\_

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$ \_\_\_\_\_

Titles: \_\_\_\_\_

Printing Costs: Study guides (\$1,542.43) + 1/2 newsletter (\$150) \$ 1,692.43

Postage & Handling Mail (150x.78) newsletters \$117 \$ 117

Other (please specify): 1/2 advertising in the newsletter (\$650) \$ 650

**Total of Additional Projected Costs:** \$ 2,459.43

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable      Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved      Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT

(Submit prior to training program)

Event Title: Certification Training

Event Dates: May 6 - 8, 2027

Request Date: 2/17/2026

Type of Training (select one)

- Inspector Training
Construction Trades Training
Factory Built Housing

Combination Training:
% (Inspector)
% (Const. Trades)

Total Estimated Instructor Fees (not to exceed \$150 per hour): \$-3,600- 4800
Instructor Travel Expense (explain on page 2) \$
Additional Projected Costs (explain on page 2) \$ 2,459.43
Total Grant Amount Requested: \$-6,059.43- 7,259.43

Complete the following to determine Maximum Grant Request Allowed

Table with 3 columns: Projected No. of Students, Total No. Hrs. Per Student, Total Hours. Includes calculations for Total Student Hour Cost.

Maximum Grant Request Allowed \$-6,059.43- 7,259.43

(Lesser of Total Grant Amount Requested and Total Student Hour Cost above.)

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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: Rocky Mountain Gas Association Federal ID #: 87-0477538

Street Address: 153 S 900 E #3

City: Salt Lake City State: Utah Zip: 84102

Contact Person: John Hill Email: john@utrmga.com

Phone: 801-521-8340 Fax: 801-521-8360

Instructor(s) (If unknown, Assn/Org to be used): Dean Dyatt

Location(s): Enbridge Gas + Virtual

Training Objectives: Properties of gas, principles of combustion, gas piping and combustion air systems, appliance installation codes, appliance deration - green sticker, and venting

Name of Authorized Representative (Print): John Hill Title: Executive Director

Signature: [Handwritten Signature] Date: 2/17/2026

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: \_\_\_\_\_ Total Miles: \_\_\_\_\_ x \$0.42= \$ \_\_\_\_\_

**Lodging:**

Number of Nights: \_\_\_\_\_ X Cost per Night: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Hotel: \_\_\_\_\_

**Other:**

Meals: \_\_\_\_\_ \$ \_\_\_\_\_

Misc. (please specify): \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total of all Instructor Travel Expenses:** \$ \_\_\_\_\_

**ADDITIONAL PROJECTED COSTS**

Facility Name: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

Webinar Expenses: \_\_\_\_\_ \$ \_\_\_\_\_

Audio Visual Equipment: \_\_\_\_\_ \$ \_\_\_\_\_

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \_\_\_\_\_ \$ \_\_\_\_\_

Titles: \_\_\_\_\_

Printing Costs: Study guides (\$1,542.43) + 1/2 newsletter (\$150) \$ 1,692.43

Postage & Handling Mail (150x.78) newsletters \$117 \$ 117

Other (please specify): 1/2 advertising in the newsletter (\$650) \$ 650

**Total of Additional Projected Costs:** \$ 2,459.43

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT**

(Submit prior to training program)

Event Title: Accessibility and Commercial Inspections

Event Dates: September 15 & 16, 2026 Request Date: February 28, 2026

**Type of Training (select one)**

- Inspector Training
- Construction Trades Training
- Factory Built Housing

Combination Training:  
 \_\_\_\_\_% (Inspector)  
 \_\_\_\_\_% (Const. Trades)

Total Estimated Instructor Fees (*not to exceed \$150 per hour*): \$ 3200

Instructor Travel Expense (*explain on page 2*) \$ \_\_\_\_\_

Additional Projected Costs (*explain on page 2*) \$ 500

**Total Grant Amount Requested:** \$ 3700

Complete the following to determine Maximum Grant Request Allowed

<u>70</u>	<b>X</b>	<u>8 (16 hrs)</u>	<b>=</b>	<u>560</u>
<i>Projected No. of Students</i>		<i>Total No. Hrs. Per Student</i>		<i>Total Hours</i>
<u>560</u>	<b>X</b>	<u>\$10.00</u>	<b>= \$</b>	<u>5600</u>
<i>Total Hours (from above)</i>		<i>Max. Per student hr.</i>		<i>Total Student Hour Cost</i>

**Maximum Grant Request Allowed \$** ~~5600~~ 3,700.00

*(Lesser of Total Grant Amount Requested and Total Student Hour Cost above.)*

**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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: Beehive Chapter ICC Federal ID #: 87-0542795

Street Address: C/O Tyler Haynes 56 N State Street

City: Orem State: UT Zip: 84057

Contact Person: Tyler Haynes Email: thhaynes@orem.gov

Phone: 801-318-0382 Fax: \_\_\_\_\_

Instructor(s) (If unknown, Assn/Org to be used): Shums Coda and Associates

Location(s): City Council Chambers, Orem City Hall

Training Objectives: Two days of the same training course for the continuing education of building inspectors, plans examiners and building officials

Name of Authorized Representative (Print): Tyler Haynes Title: Board Member

Signature: *Tyler Houston Haynes* Date: February 28, 2026

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: \_\_\_\_\_ Total Miles: \_\_\_\_\_ x \$0.42= \$ \_\_\_\_\_

**Lodging:**

Number of Nights: \_\_\_\_\_ X Cost per Night: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Hotel: \_\_\_\_\_

**Other:**

Meals: \$ \_\_\_\_\_

Misc. (please specify): \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total of all Instructor Travel Expenses:** \$ \_\_\_\_\_

**ADDITIONAL PROJECTED COSTS**

Facility Name: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

Webinar Expenses: \$ \_\_\_\_\_

Audio Visual Equipment: \$ \_\_\_\_\_

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$ \_\_\_\_\_

Titles: \_\_\_\_\_

Printing Costs: \$ 500 \_\_\_\_\_

Postage & Handling \$ \_\_\_\_\_

Other (please specify): \$ \_\_\_\_\_

**Total of Additional Projected Costs:** \$ 500 \_\_\_\_\_

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT**

(Submit prior to training program)

Event Title: 2024 IBC Updates

Event Dates: April 6 & 7, 2027 Request Date: February 28, 2026

**Type of Training (select one)**

- Inspector Training
- Construction Trades Training
- Factory Built Housing

Combination Training:  
 \_\_\_\_\_% (Inspector)  
 \_\_\_\_\_% (Const. Trades)

Total Estimated Instructor Fees (*not to exceed \$150 per hour*): \$ 3200

Instructor Travel Expense (*explain on page 2*) \$ \_\_\_\_\_

Additional Projected Costs (*explain on page 2*) \$ 500

**Total Grant Amount Requested:** \$ 3700

Complete the following to determine Maximum Grant Request Allowed

<u>70</u>	<b>X</b>	<u>8 (16 hrs)</u>	<b>=</b>	<u>560</u>
<i>Projected No. of Students</i>		<i>Total No. Hrs. Per Student</i>		<i>Total Hours</i>
<u>560</u>	<b>X</b>	<u>\$10.00</u>	<b>= \$</b>	<u>5600</u>
<i>Total Hours (from above)</i>		<i>Max. Per student hr.</i>		<i>Total Student Hour Cost</i>

**Maximum Grant Request Allowed \$** ~~5600~~ 3,700.00

*(Lesser of Total Grant Amount Requested and Total Student Hour Cost above.)*

**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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: Beehive Chapter ICC Federal ID #: 87-0542795

Street Address: C/O Tyler Haynes 56 N State Street

City: Orem State: UT Zip: 84057

Contact Person: Tyler Haynes Email: thhaynes@orem.gov

Phone: 801-318-0382 Fax: \_\_\_\_\_

Instructor(s) (If unknown, Assn/Org to be used): Jason Van Ausdal

Location(s): Vineyard City, Home Builders Association Building

Training Objectives: Two days of the same training course for the continuing education of building inspectors, plans examiners and building officials

Name of Authorized Representative (Print): Tyler Haynes Title: Board Member

Signature: *Tyler Houston Haynes* Date: February 28, 2026

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: \_\_\_\_\_ Total Miles: \_\_\_\_\_ x \$0.42= \$ \_\_\_\_\_

**Lodging:**

Number of Nights: \_\_\_\_\_ X Cost per Night: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Hotel: \_\_\_\_\_

**Other:**

Meals: \$ \_\_\_\_\_

Misc. (please specify): \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total of all Instructor Travel Expenses:** \$ \_\_\_\_\_

**ADDITIONAL PROJECTED COSTS**

Facility Name: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

Webinar Expenses: \$ \_\_\_\_\_

Audio Visual Equipment: \$ \_\_\_\_\_

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$ \_\_\_\_\_

Titles: \_\_\_\_\_

Printing Costs: \$ 500 \_\_\_\_\_

Postage & Handling \$ \_\_\_\_\_

Other (please specify): \$ \_\_\_\_\_

**Total of Additional Projected Costs:** \$ 500 \_\_\_\_\_

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT

(Submit prior to training program)

Event Title 33rd Annual Fall Educational Institute

Event Dates: Dec. 1-3, 2026 Request Date: 2/24/26

**Type of Training (select one)**

- Inspector Training
- Construction Trades Training
- Factory Built Housing

Combination Training:  
100 % (Inspector)  
 \_\_\_\_\_ % (Const Trades)

Total Estimated Instructor Fees (not to exceed \$150 per hour): \$ 20,000

Instructor Travel Expense (explain on page 2) \$ included above

Additional Projected Costs (explain on page 2) \$ 16,000

**Total Grant Amount Requested:** \$ 36,000

Complete the following to determine Maximum Grant Request Allowed

<u>450</u>	X	<u>8 (96)</u>	=	<u>3600</u>
Projected No. of Students		Total No. Hrs Per Student		Total Hours
<u>3600</u>	X	<u>\$10.00</u>	= \$	<u>36,000.00</u>
Total Hours (from above)		Max. per student hr.		Total Student Hour Cost

**Maximum Grant Request Allowed** \$ 36,000.00  
 (Lesser of Total Grant Amount Requested and Total Student Hour Cost above.)

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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: Bonneville Chapter of ICC Federal ID #: 87-0520652

Street Address: P.O. Box 672

City: Farmington State: Utah Zip: 84025

Contact Person: Michael Bosch Email: mbosch@co.weber.ut.us

Phone: 801 399-8379 Fax: N/A

Instructor(s), (If unknown, Assn/Org to be used): Steve Thomas, Doug Thornberg, WC-3, BCS etc...

Location(s): Utah Cultural Celebration Center (UCCC) West Valley City

Training Objectives: Provide up to date code & design requirements for Code officials, Fire Officials, permit techs and Designers + Architects.

Name of Authorized Representative (Print) Michael Bosch Title: Treasurer

Signature: Michael Bosch Date: 2/24/26

See attached proposed training calendar for classes.

12 different classes with @ least 8 different instructors.

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: \_\_\_\_\_ Total Miles: \_\_\_\_\_ x \$0.42= \$ \_\_\_\_\_

**Lodging:**

Number of Nights: \_\_\_\_\_ X Cost per Night: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Hotel: \_\_\_\_\_

**Other:**

Meals: \$ \_\_\_\_\_

Misc. (please specify): \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total of all Instructor Travel Expenses:** \$ Unknown

**ADDITIONAL PROJECTED COSTS**

Facility Name: UCC Total Cost: \$ 8,000.00

Audio Visual Equipment: \$ 1,800.00

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$ 900.00

Titles: Code update books

Printing Costs \$ 4,000.00

Postage & Handling \$ 800.00

Other (please specify): handouts, nametags, certs. \$ 500.00

**Total of Additional Projected Costs:** \$ 16,000.00

OFFICIAL USE ONLY:

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

Department Director: \_\_\_\_\_ Date: \_\_\_\_\_

# Bonneville Chapter 2026 ABM

**Track**      **Course**      **December 01-03**

**IBC Advanced  
Architect Track**

2024 IBC TENANT IMPROVEMENT ASPECTS OF ASSEMBLY, BUSINESS & MERCHANTILE OCCUPANCIES	2024 IBC SIGNIFICANT CHANGES	2024 IBC MULTIFAMILY ACCESSABILITY
SCA – STEVE THOMAS	ICC – DOUG THORNBERG	SCA – STEVE THOMAS

**Code Basics  
Track**

2024 IRC SIGNIFICANT CHANGES WITH UTAH STATE AMENDMENTS	2024 IBC CHAPTER 7 & 9 FIRE RESISTANT RATED CONSTRUCTION & FIRE PROTECTION ELEMENTS	2024 IBC CHAPTER 4 SPECIAL OCCUPACY & USE GROUPS
BCS – GEORGE WILLIAMS	SCA – STEVE THOMAS	ICC – DOUG THORNBERG

**Miscellaneous**

2023 NEC BATTERY BACKUP & SOLAR PLAN REVIEW & INSPECTIONS	2024 IEBC SIGNIFICANT CHANGES	2024 IRC PLAN REVIEWS FIRE & LIFE SAFETY ELEMENTS
WCS – DOUG SMITH	BCS – CHRIS KIMBALL	BCS-GEORGE/CHRIS

**Fire Track**

2024 IBC MEANS OF EGRESS FOR FIRE OFFICIALS	2024 IFC SIGNIFICANT CHANGES & STATE AMENDMENTS	2024 IBC LEGAL ASPECTS Certified Fire Inspector
ICC – DOUG THORNBERG	WCS	WCS

2024 IEBC, 2024 AMMS, 2024 IBC ICCPC, OUTSIDE THE BOX

**APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT**

(Submit prior to training program)

Event Title: Swimming pool Plan review & Inspection

Event Dates: 07/09/2026 Request Date: 2/27/2026

**Type of Training (select one)**

- Inspector Training
  - Construction Trades Training
  - Factory Built Housing
- Combination Training:  
100 % (Inspector)  
       % (Const. Trades)

Total Estimated Instructor Fees (*not to exceed \$200 per hour*): \$ 1600.00

Instructor Travel Expense (*explain on page 2*) \$ 595.00

Additional Projected Costs (*explain on page 2*) \$ 150.00

**Total Grant Amount Requested:** \$ 2345.00

Complete the following to determine Maximum Grant Request Allowed

<u>30</u>	<b>X</b>	<u>8</u>	<b>=</b>	<u>240</u>
<i>Projected No. of Students</i>		<i>Total No. Hrs. Per Student</i>		<i>Total Hours</i>
<u>240</u>	<b>X</b>	<u>\$10.00</u>	<b>= \$</b>	<u>2400</u>
<i>Total Hours (from above)</i>		<i>Max. Per student hr.</i>		<i>Total Student Hour Cost</i>

**Maximum Grant Request Allowed \$ 2345**

*(Lesser of Total Grant Amount Requested and Total Student Hour Cost above.)*

**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. Instructor fees not to exceed \$200 per hour.

Requesting Organization: UAPMO Federal ID #: 87-0440969

Street Address: 3600 S Constitution Blvd

City: West Valley City State: Utah Zip: 84119

Contact Person: Chris Weintz Email: chris.weintz@wvc-ut.gov

Phone: (801)963-3487 Fax: \_\_\_\_\_

Instructor(s) (If unknown, Assn/Org to be used): Don Simons

Location(s): St George

Training Objectives: Training will cover pool construction and safety regulation as per the ISPSC

Name of Authorized Representative (Print): Chris Weintz Title: Education

Signature: Christopher Weintz Date: 2/27/2026

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: Alpine Total Miles: 550 x \$0.70 = \$ 385

**Lodging:**

Number of Nights: 1 X Cost per Night: \$ 180 = \$ 180

Hotel: Red Lion

**Other:**

Meals: \$ 30

Misc. (please specify): \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ 595

**Total of all Instructor Travel Expenses:** \$ \_\_\_\_\_

**ADDITIONAL PROJECTED COSTS**

Facility Name: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

Webinar Expenses: \$ \_\_\_\_\_

Audio Visual Equipment: \$ 100

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$ \_\_\_\_\_

Titles: \_\_\_\_\_

Printing Costs: \$ 50

Postage & Handling \$ \_\_\_\_\_

Other (please specify): \$ \_\_\_\_\_

**Total of Additional Projected Costs:** \$ 150

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_



**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: \_\_\_\_\_ Total Miles: \_\_\_\_\_ x \$0.42= \$ \_\_\_\_\_

**Lodging:**

Number of Nights: \_\_\_\_\_ X Cost per Night: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Hotel: \_\_\_\_\_

**Other:**

Meals: \$ \_\_\_\_\_

Misc. (please specify): \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total of all Instructor Travel Expenses:** \$ \_\_\_\_\_

**ADDITIONAL PROJECTED COSTS**

Facility Name: Freeport Center Total Cost: \$ \_\_\_\_\_

Webinar Expenses: \$ \_\_\_\_\_

Audio Visual Equipment: \$ 50 \_\_\_\_\_

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$ \_\_\_\_\_

Titles: \_\_\_\_\_

Printing Costs: \$ 50 \_\_\_\_\_

Postage & Handling \$ \_\_\_\_\_

Other (please specify): \$ \_\_\_\_\_

**Total of Additional Projected Costs:** \$ 100 \_\_\_\_\_

OFFICIAL USE ONLY:

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT**

(Submit prior to training program)

Event Title: UAPMO Annual Conference 2026 Training

Event Dates: November 17 - 20, 2026 Request Date: Feb 27, 2026

**Type of Training (select one)**

- Inspector Training
  - Construction Trades Training
  - Factory Built Housing
- Combination Training:  
93 % (Inspector)  
7 % (Const. Trades)

Total Estimated Instructor Fees (*not to exceed \$200 per hour*): \$ 4800

Instructor Travel Expense (*explain on page 2*) \$ 1860

Additional Projected Costs (*explain on page 2*) \$ 1700

**Total Grant Amount Requested:** \$ 8360

Complete the following to determine Maximum Grant Request Allowed

60	X	24	=	1440
<i>Projected No. of Students</i>		<i>Total No. Hrs. Per Student</i>		<i>Total Hours</i>
1440	X	<b>\$10.00</b>	= \$	14400
<i>Total Hours (from above)</i>		<i>Max. Per student hr.</i>		<i>Total Student Hour Cost</i>

**Maximum Grant Request Allowed \$ 8360**  
(*Lesser of Total Grant Amount Requested and Total Student Hour Cost above.*)

**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. Instructor fees not to exceed \$200 per hour.

Requesting Organization: UAPMO Federal ID #: 87-0440969

Street Address: 3600 S Constitution Blvd

City: West Valley City State: Utah Zip: \*4119

Contact Person: Chris Weintz Email: chris.weintz@wvc-ut.gov

Phone: (801)963-3487 Fax: \_\_\_\_\_

Instructor(s) (If unknown, Assn/Org to be used): Jason Van Ausdal, Brent Ursenbach & Joe Touhuni

Location(s): St George

Training Objectives: Detail review of plumbing and mechanical system within building structures and how they should be installed , inspected and operated

Name of Authorized Representative (Print): Chris Weintz Title: Education Committee

Signature: Christopher Weintz Date: 2/27/26

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: SLC Total Miles: 1800 x \$0.70= \$ 1260

**Lodging:**

Number of Nights: 3 X Cost per Night: \$ 150 = \$ 450

Hotel: \_\_\_\_\_

**Other:**

Meals: \_\_\_\_\_ \$ 150

Misc. (please specify): \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total of all Instructor Travel Expenses:** \$ 1860

**ADDITIONAL PROJECTED COSTS**

Facility Name: Red Lion Total Cost: \$ 1000

Webinar Expenses: \_\_\_\_\_ \$ 100

Audio Visual Equipment: \_\_\_\_\_ \$ 100

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \_\_\_\_\_ \$ \_\_\_\_\_

Titles: \_\_\_\_\_

Printing Costs: \_\_\_\_\_ \$ 200

Postage & Handling \_\_\_\_\_ \$ 300

Other (please specify): \_\_\_\_\_ \$ \_\_\_\_\_

**Total of Additional Projected Costs:** \$ 1700

OFFICIAL USE ONLY:

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT**

(Submit prior to training program)

Event Title: Mechanical Duct Systems

Event Dates: April 8th 2027 Request Date: Feb 27, 2026

**Type of Training (select one)**

- Inspector Training
- Construction Trades Training
- Factory Built Housing
- Combination Training: 100 % (Inspector)
- \_\_\_\_\_ % (Const. Trades)

Total Estimated Instructor Fees (*not to exceed \$200per hour*): \$ 1600

Instructor Travel Expense (*explain on page 2*) \$ \_\_\_\_\_

Additional Projected Costs (*explain on page 2*) \$ 50

**Total Grant Amount Requested:** \$ 1650

Complete the following to determine Maximum Grant Request Allowed

<u>30</u>	<b>X</b>	<u>8</u>	<b>=</b>	<u>2400</u>
<i>Projected No. of Students</i>		<i>Total No. Hrs. Per Student</i>		<i>Total Hours</i>
<u>240</u>	<b>X</b>	<u>\$10.00</u>	<b>= \$</b>	<u>2400</u>
<i>Total Hours (from above)</i>		<i>Max. Per student hr.</i>		<i>Total Student Hour Cost</i>

**Maximum Grant Request Allowed \$ 1650**  
(*Lesser of Total Grant Amount Requested and Total Student Hour Cost above.*)

**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. Instructor fees not to exceed \$200 per hour.

Requesting Organization: UAPMO Federal ID #: 87-0440969

Street Address: 3600 S Constitution Blvd

City: West Valley City State: UT Zip: 84119

Contact Person: Chris Weintz Email: chris.weintz@wvc-ut.gov

Phone: (801)963-3487 Fax: \_\_\_\_\_

Instructor(s) (If unknown, Assn/Org to be used): Jason Van Ausdal

Location(s): Sandy

Training Objectives: Understanding of air flow through duct transions

Name of Authorized Representative (Print): Chris Weintz Title: Education Committee

Signature: Christopher Weintz Date: 2/27/2026

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: \_\_\_\_\_ Total Miles: \_\_\_\_\_ x \$0.42= \$ \_\_\_\_\_

**Lodging:**

Number of Nights: \_\_\_\_\_ X Cost per Night: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Hotel: \_\_\_\_\_

**Other:**

Meals: \$ \_\_\_\_\_

Misc. (please specify): \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total of all Instructor Travel Expenses:** \$ \_\_\_\_\_

**ADDITIONAL PROJECTED COSTS**

Facility Name: \_\_\_\_\_ Sandy City \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

Webinar Expenses: \$ \_\_\_\_\_

Audio Visual Equipment: \$ \_\_\_\_\_

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$ \_\_\_\_\_

Titles: \_\_\_\_\_

Printing Costs: \$ \_\_\_\_\_ 50

Postage & Handling \$ \_\_\_\_\_

Other (please specify): \$ \_\_\_\_\_

**Total of Additional Projected Costs:** \$ \_\_\_\_\_ 50

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT**

(Submit prior to training program)

Event Title: Soares Grounding & Bonding 2023 NEC

Event Dates: October 10th and 11th, 2026

Request Date: 2/26/2026

**Type of Training (select one)**

- Inspector Training
- Construction Trades Training
- Factory Built Housing

Combination Training:  
60 % (Inspector)  
40 % (Const. Trades)

Total Estimated Instructor Fees (*not to exceed \$150 per hour*): \$~~2,000~~-3200

Instructor Travel Expense (*explain on page 2*): \$ 176.40

Additional Projected Costs (*explain on page 2*): \$ 700

**Total Grant Amount Requested:** \$~~2,876.40~~ 4076.40

Complete the following to determine Maximum Grant Request Allowed

$$\frac{100}{\text{Projected No. of Students}} \times \frac{16 \text{ hrs}}{\text{Total No. Hrs. Per Student}} = 800$$

$$\frac{800}{\text{Total Hours (from above)}} \times \frac{\$10.00}{\text{Max. Per student hr.}} = \$ 8,000 \frac{16,000}{\text{Total Student Hour Cost}}$$

**Maximum Grant Request Allowed** \$~~2,876.40~~ 4,076.40

(*Lesser of Total Grant Amount Requested and Total Student Hour Cost above.*)

**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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: Utah Chapter IAEI Federal ID #: 87-0556819

Street Address: 11842 S Graycliff Rd

City: Riverton State: UT Zip: 84096

Contact Person: Layne Western Email: layne@bcscodgroup.com

Phone: 801-870-4302 Fax: \_\_\_\_\_

Instructor(s) (If unknown, Assn/Org to be used): Chris Jensen

Location(s): Scheels Training Center Sandy

Training Objectives: Soares Grounding & Bonding 2023 NEC

Name of Authorized Representative (Print): Layne Western Title: Treasurer

Signature:  Date: 2/26/2026

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: Logan Total Miles: 420 x \$0.42= \$ 176.40

**Lodging:**

Number of Nights: \_\_\_\_\_ X Cost per Night: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Hotel: \_\_\_\_\_

**Other:**

Meals: \$ \_\_\_\_\_

Misc. (please specify): \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total of all Instructor Travel Expenses:** \$ 176.40

**ADDITIONAL PROJECTED COSTS**

Facility Name: Scheels Training Center Sandy Total Cost: \$ 500.00

Webinar Expenses: \$ \_\_\_\_\_

Audio Visual Equipment: \$ \_\_\_\_\_

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$ \_\_\_\_\_

Titles: \_\_\_\_\_

Printing Costs: \$ 100.00

Postage & Handling \$ \_\_\_\_\_

Other (please specify): CEU Certificates \$ 100.00

**Total of Additional Projected Costs:** \$ 700.00

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT**

(Submit prior to training program)

Event Title: IAEI One & Two Family Dwellings 2023

Event Dates: March 10th and 11th, 2027

Request Date: 2/26/2026

**Type of Training (select one)**

- Inspector Training
- Construction Trades Training
- Factory Built Housing

Combination Training:  
60 % (Inspector)  
40 % (Const. Trades)

Total Estimated Instructor Fees (*not to exceed \$150 per hour*):

~~\$2,400.00~~ 3200.00

Instructor Travel Expense (*explain on page 2*)

\$

Additional Projected Costs (*explain on page 2*)

\$ 5600.00

**Total Grant Amount Requested:** ~~\$5,600.00~~ 8,800.00

Complete the following to determine Maximum Grant Request Allowed

$$\frac{100}{\text{Projected No. of Students}} \times \frac{16 \text{ hrs}}{\text{Total No. Hrs. Per Student}} = 800 \text{ Total Hours}$$

$$\frac{800}{\text{Total Hours (from above)}} \times \frac{\$10.00}{\text{Max. Per student hr.}} = \$8,000 \text{ Total Student Hour Cost}$$

**Maximum Grant Request Allowed** ~~\$8,000.00~~ 8,800.00

(*Lesser of Total Grant Amount Requested and Total Student Hour Cost above.*)

**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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: Utah Chapter IAEI

Federal ID #: 87-0556819

Street Address: 11842 S Graycliff Rd

City: Riverton

State: UT

Zip: 84096

Contact Person: Layne Western

Email: layne@bcscodgroup.com

Phone: 801-870-4302

Fax: \_\_\_\_\_

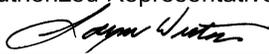
Instructor(s) (If unknown, Assn/Org to be used): Doug Smith

Location(s): Scheels Training Center Sandy

Training Objectives: IAEI One & Two Family Dwellings 2023

Name of Authorized Representative (Print): Layne Western

Title: Treasurer

Signature: 

Date: 2/26/2026

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: \_\_\_\_\_ Total Miles: \_\_\_\_\_ x \$0.42= \$ \_\_\_\_\_

**Lodging:**

Number of Nights: \_\_\_\_\_ X Cost per Night: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Hotel: \_\_\_\_\_

**Other:**

Meals: \$ \_\_\_\_\_

Misc. (please specify): \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total of all Instructor Travel Expenses:** \$ \_\_\_\_\_

**ADDITIONAL PROJECTED COSTS**

Facility Name: Scheels Training Center Sandy Total Cost: \$ 500.00

Webinar Expenses: \$ \_\_\_\_\_

Audio Visual Equipment: \$ \_\_\_\_\_

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$ \_\_\_\_\_

Titles: IAEI One & Two Family Dwelling 2023

Printing Costs: \$ \_\_\_\_\_

Postage & Handling \$ 5,000.00

Other (please specify): CEU Certificates \$ 100.00

**Total of Additional Projected Costs:** \$ 5,600.00

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT**

(Submit prior to training program)

Event Title: IAEI Annual Business and Training Meeting

Event Dates: May 2-5, 2027 Request Date: 2/26/2026

**Type of Training (select one)**

- Inspector Training
- Construction Trades Training
- Factory Built Housing

Combination Training:  
70 % (Inspector)  
30 % (Const. Trades)

Total Estimated Instructor Fees (*not to exceed \$150 per hour*): \$ 2,400 3600

Instructor Travel Expense (*explain on page 2*): \$ 921.60

Additional Projected Costs (*explain on page 2*): \$7,000

**Total Grant Amount Requested:** ~~\$10,321.60~~ 11521.60

Complete the following to determine Maximum Grant Request Allowed

<u>100</u>	X	<u>18</u>	=	<u>1,800</u>	
<i>Projected No. of Students</i>		<i>Total No. Hrs. Per Student</i>			<i>Total Hours</i>
<u>1,800</u>	X	<u>\$10.00</u>	=	<u>\$ 18,000</u>	
<i>Total Hours (from above)</i>		<i>Max. Per student hr.</i>			<i>Total Student Hour Cost</i>

**Maximum Grant Request Allowed** ~~\$11,721.60~~ 11,521.60  
*(Lesser of Total Grant Amount Requested and Total Student Hour Cost above.)*

**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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: Utah Chapter IAEI Federal ID #: 87-0556819

Street Address: 11842 S Graycliff Rd

City: Riverton State: UT Zip: 84096

Contact Person: Layne Western Email: \_\_\_\_\_

Phone: 801-870-4302 Fax: \_\_\_\_\_

Instructor(s) (If unknown, Assn/Org to be used): Utah Chapter IAEI, Chris Jensen, Doug Smith, Ryan Jackson

Location(s): Wendover, NV

Training Objectives: 2027 IAEI Annual Business and Training Meeting (2023 NEC Training, Transformers, Solar, Residential)

Name of Authorized Representative (Print): Layne Western Title: Treasurer

Signature:  Date: 2/26/2026

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: Logan Total Miles: 480 x \$0.42= \$ 201.60

**Lodging:**

Number of Nights: 6 X Cost per Night: \$ 120 = \$ 720

Hotel: Rainbow

**Other:**

Meals: \$ \_\_\_\_\_

Misc. (please specify): \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total of all Instructor Travel Expenses:** \$ 921.60

**ADDITIONAL PROJECTED COSTS**

Facility Name: Rainbow Convention Center Total Cost: \$ 2,600

Webinar Expenses: \$ \_\_\_\_\_

Audio Visual Equipment: \$ 250

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$ 3,600

Titles: IAEI 2026 Ferm's Fast Finder Index - 100 @ \$36 Each

Printing Costs: \$ \_\_\_\_\_

Postage & Handling \$ \_\_\_\_\_

Other (please specify): CEU Certificates/Paper/Ink/Envelopes \$ 550

**Total of Additional Projected Costs:** \$ 7,000

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT

(Submit prior to training program)

Event Title: Sept. 2nd -NFPA-70E, Conductor Sizing and Overcurrent Protection Sept 3rd - 2023 Changes

Event Dates: September 2-3, 2026

Request Date: February 25, 2026

Type of Training (select one)

- Inspector Training
Construction Trades Training
Factory Built Housing

Combination Training: 25% (Inspector) 75% (Const. Trades)

Total Estimated Instructor Fees (not to exceed \$150 per hour): \$ 3,200.00
Instructor Travel Expense (explain on page 2) \$ 649.92
Additional Projected Costs (explain on page 2) \$ 1,450.00

Total Grant Amount Requested: \$ 5,299.92

Complete the following to determine Maximum Grant Request Allowed

Table with 3 columns: Projected No. of Students, Total No. Hrs. Per Student, Total Hours. Values: 50, 16, 800; 800, \$10.00, \$8000.

Maximum Grant Request Allowed \$ 5,299.92

(Lesser of Total Grant Amount Requested and Total Student Hour Cost above.)

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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: Utah Chapter Southern Utah Division of IAEI Federal ID #: 87-0548602

Street Address: 2603 Santa Clara Drive

City: Santa Clara State: Utah Zip: 84765

Contact Person: Cody Mitchell Email: cmitchell@santaclarautah.gov

Phone: 435.669.9487 435.656.4690 ext. 226 Fax:

Instructor(s) (If unknown, Assn/Org to be used): Ryan Jackson

Location(s): St. George, Utah

Training Objectives: Provide continuing education training opportunities to licensed electricians and certified building inspectors.

Name of Authorized Representative (Print): Cody Mitchell Title: President

Signature: [Handwritten Signature] Date: 2/25/2026

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: West Valley Total Miles: 602 x ~~\$0.42~~ <sup>\$0.46</sup> = \$276.92

**Lodging:**

Number of Nights: 2 X Cost per Night: \$110.00 = \$220.00

Hotel: \_\_\_\_\_

**Other:**

Meals: \$ \_\_\_\_\_

Misc. (please specify): Daily per dium \$51/day (1) Travel Day (2) Instructing \$153.00

\$ \_\_\_\_\_

**Total of all Instructor Travel Expenses:** \$649.92

**ADDITIONAL PROJECTED COSTS**

Facility Name: Banquet Room Total Cost: \$1,100.00

Webinar Expenses: \$ \_\_\_\_\_

Audio Visual Equipment: \$ \_\_\_\_\_

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$ \_\_\_\_\_

Titles: \_\_\_\_\_

Printing Costs: \$ 250.00

Postage & Handling \$ 100.00

Other (please specify): \$ \_\_\_\_\_

**Total of Additional Projected Costs:** \$1,450.00

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT**

(Submit prior to training program)

Event Title: 2024 IBC Code Update and Significant Changes

Event Dates: May 19-20th, 2026 Request Date: February 25, 2026

**Type of Training (select one)**

- Inspector Training
- Construction Trades Training
- Factory Built Housing

Combination Training:  
 \_\_\_\_\_ % (Inspector)  
 \_\_\_\_\_ % (Const. Trades)

Total Estimated Instructor Fees (not to exceed \$150 per hour): \$ 3200

Instructor Travel Expense (explain on page 2) \$

Additional Projected Costs (explain on page 2) \$ 100

**Total Grant Amount Requested: \$ 3300**

Complete the following to determine Maximum Grant Request Allowed

50	X	8	(16hrs)	=	400	
<i>Projected No. of Students</i>		<i>Total No. Hrs. Per Student</i>			<i>Total Hours</i>	
400	X	\$10.00		=	\$ 4000	
<i>Total Hours (from above)</i>		<i>Max. Per student hr.</i>			<i>Total Student Hour Cost</i>	

**Maximum Grant Request Allowed \$ 3300**

(Lesser of Total Grant Amount Requested and Total Student Hour Cost above.)

**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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: Utah Chapter ICC Federal ID #: 87-0040-05382

Street Address: 5526 West 13400 South

City: Herriman State: Utah Zip: 84096

Contact Person: Drew Dorrance Email: ddorrance@sslc.gov

Phone: 801-834-5410 Fax: \_\_\_\_\_

Instructor(s) (If unknown, Assn/Org to be used): WC3

Location(s): Sandy, Utah

Training Objectives: This training will focus on changes to the International Building Code

Name of Authorized Representative (Print): Drew Dorrance Title: Education Committee

Signature:  Date: 02/25/26

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: \_\_\_\_\_ Total Miles: \_\_\_\_\_ x \$0.42= \$ \_\_\_\_\_

**Lodging:**

Number of Nights: \_\_\_\_\_ X Cost per Night: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Hotel: \_\_\_\_\_

**Other:**

Meals: \$ \_\_\_\_\_

Misc. (please specify): \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total of all Instructor Travel Expenses:** \$ \_\_\_\_\_

**ADDITIONAL PROJECTED COSTS**

Facility Name: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

Webinar Expenses: \$ \_\_\_\_\_

Audio Visual Equipment: \$ 100 \_\_\_\_\_

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$ \_\_\_\_\_

Titles: \_\_\_\_\_

Printing Costs: \$ \_\_\_\_\_

Postage & Handling \$ \_\_\_\_\_

Other (please specify): \$ \_\_\_\_\_

**Total of Additional Projected Costs:** \$ 100 \_\_\_\_\_

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT**

(Submit prior to training program)

Event Title: A.I. and Plan Review

Event Dates: August 18-19, 2026

Request Date: February 25, 2026

**Type of Training (select one)**

Inspector Training

Construction Trades Training

Factory Built Housing

Combination Training:

\_\_\_\_\_ % (Inspector)

\_\_\_\_\_ % (Const. Trades)

Total Estimated Instructor Fees (not to exceed \$150 per hour):

\$ 3200

Instructor Travel Expense (explain on page 2)

\$

Additional Projected Costs (explain on page 2)

\$ 100

**Total Grant Amount Requested: \$ 3300**

Complete the following to determine Maximum Grant Request Allowed

<u>50</u>	X	<u>8 (16 hrs)</u>	=	<u>400</u>	
<i>Projected No. of Students</i>		<i>Total No. Hrs. Per Student</i>			<i>Total Hours</i>
<u>400</u>	X	<u>\$10.00</u>	=	<u>\$ 4000</u>	
<i>Total Hours (from above)</i>		<i>Max. Per student hr.</i>			<i>Total Student Hour Cost</i>

**Maximum Grant Request Allowed \$ 3300**

(Lesser of Total Grant Amount Requested and Total Student Hour Cost above.)

**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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: Utah Chapter ICC

Federal ID #: 87-0040-05382

Street Address: 5526 West 13400 South

City: Herriman

State: Utah

Zip: 84096

Contact Person: Drew Dorrance

Email: ddorrance@sslc.gov

Phone: 801-834-5410

Fax: \_\_\_\_\_

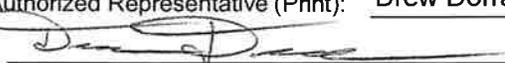
Instructor(s) (If unknown, Assn/Org to be used): BCS

Location(s): Sandy, Utah

Training Objectives: This training will focus on how A.I will affect plan reviews and the building code industry

Name of Authorized Representative (Print): Drew Dorrance

Title: Education Committee

Signature: 

Date: 02/25/26

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: \_\_\_\_\_ Total Miles: \_\_\_\_\_ x \$0.42= \$ \_\_\_\_\_

**Lodging:**

Number of Nights: \_\_\_\_\_ X Cost per Night: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Hotel: \_\_\_\_\_

**Other:**

Meals: \$ \_\_\_\_\_

Misc. (please specify): \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total of all Instructor Travel Expenses:** \$ \_\_\_\_\_

**ADDITIONAL PROJECTED COSTS**

Facility Name: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

Webinar Expenses: \$ \_\_\_\_\_

Audio Visual Equipment: \$ 100 \_\_\_\_\_

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$ \_\_\_\_\_

Titles: \_\_\_\_\_

Printing Costs: \$ \_\_\_\_\_

Postage & Handling \$ \_\_\_\_\_

Other (please specify): \$ \_\_\_\_\_

**Total of Additional Projected Costs:** \$ 100 \_\_\_\_\_

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT**

(Submit prior to training program)

Event Title: Single Family Inspections, In-Field Training

Event Dates: September 15-17th, 2026

Request Date: February 25, 2026

**Type of Training (select one)**

Inspector Training

Construction Trades Training

Factory Built Housing

Combination Training:

\_\_\_\_\_ % (Inspector)

\_\_\_\_\_ % (Const. Trades)

Total Estimated Instructor Fees (*not to exceed \$150 per hour*):

\$ 3200

Instructor Travel Expense (*explain on page 2*)

\$

Additional Projected Costs (*explain on page 2*)

\$

**Total Grant Amount Requested: \$ 3200**

Complete the following to determine Maximum Grant Request Allowed

<u>50</u>	X	<u>8 (16 hrs)</u>	=	<u>400</u>	
<i>Projected No. of Students</i>		<i>Total No. Hrs. Per Student</i>			<i>Total Hours</i>
<u>400</u>	X	<u>\$10.00</u>	=	<u>\$ 4000</u>	
<i>Total Hours (from above)</i>		<i>Max. Per student hr.</i>			<i>Total Student Hour Cost</i>

**Maximum Grant Request Allowed \$ 3200**

(*Lesser of Total Grant Amount Requested and Total Student Hour Cost above.*)

**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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: Utah Chapter ICC

Federal ID #: 87-0040-05382

Street Address: 5526 West 13400 South

City: Herriman

State: Utah

Zip: 84096

Contact Person: Drew Dorrance

Email: ddorrance@sslc.gov

Phone: 801-834-5410

Fax: \_\_\_\_\_

Instructor(s) (If unknown, Assn/Org to be used): Jason Van Ausdal

Location(s): Cedar City and Davis County, Utah

Training Objectives: This Training Focuses on performing on site inspections for Single Family Homes.

Name of Authorized Representative (Print): Drew Dorrance

Title: Education Committee

Signature: 

Date: 02/25/26

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: \_\_\_\_\_ Total Miles: \_\_\_\_\_ x \$0.42= \$ \_\_\_\_\_

**Lodging:**

Number of Nights: \_\_\_\_\_ X Cost per Night: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Hotel: \_\_\_\_\_

**Other:**

Meals: \_\_\_\_\_ \$ \_\_\_\_\_

Misc. (please specify): \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total of all Instructor Travel Expenses:** \$ \_\_\_\_\_

**ADDITIONAL PROJECTED COSTS**

Facility Name: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

Webinar Expenses: \$ \_\_\_\_\_

Audio Visual Equipment: \$ \_\_\_\_\_

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$ \_\_\_\_\_

Titles: \_\_\_\_\_

Printing Costs: \$ \_\_\_\_\_

Postage & Handling \$ \_\_\_\_\_

Other (please specify): \$ \_\_\_\_\_

**Total of Additional Projected Costs:** \$ \_\_\_\_\_

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT**

(Submit prior to training program)

Event Title: Fire Walls and Fire Assemblies

Event Dates: January 12-13, 2027

Request Date: February 25, 2026

Type of Training (select one)

Inspector Training

Construction Trades Training

Factory Built Housing

Combination Training:

\_\_\_\_\_ % (Inspector)

\_\_\_\_\_ % (Const. Trades)

Total Estimated Instructor Fees (not to exceed \$150 per hour):

\$ 3200

Instructor Travel Expense (explain on page 2)

\$

Additional Projected Costs (explain on page 2)

\$ 100

**Total Grant Amount Requested: \$ 3300**

Complete the following to determine Maximum Grant Request Allowed

50	X	8 (16 hrs)	=	400	
<i>Projected No. of Students</i>		<i>Total No. Hrs. Per Student</i>			<i>Total Hours</i>
400	X	\$10.00	=	\$ 4000	
<i>Total Hours (from above)</i>		<i>Max. Per student hr.</i>			<i>Total Student Hour Cost</i>

**Maximum Grant Request Allowed \$ 3300**

(Lesser of Total Grant Amount Requested and Total Student Hour Cost above.)

**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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: Utah Chapter ICC

Federal ID #: 87-0040-05382

Street Address: 5526 West 13400 South

City: Herriman

State: Utah

Zip: 84096

Contact Person: Drew Dorrance

Email: ddorrance@sslc.gov

Phone: 801-834-5410

Fax: \_\_\_\_\_

Instructor(s) (If unknown, Assn/Org to be used): Shums Coda

Location(s): Sandy, Utah

Training Objectives: This class will focus on Chapter 7 of the IBC, Fire Walls and Fire Assemblies

Name of Authorized Representative (Print): Drew Dorrance

Title: Education Committee

Signature: 

Date: 02/25/26

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: \_\_\_\_\_ Total Miles: \_\_\_\_\_ x \$0.42= \$ \_\_\_\_\_

**Lodging:**

Number of Nights: \_\_\_\_\_ X Cost per Night: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Hotel: \_\_\_\_\_

**Other:**

Meals: \$ \_\_\_\_\_

Misc. (please specify): \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total of all Instructor Travel Expenses:** \$ \_\_\_\_\_

**ADDITIONAL PROJECTED COSTS**

Facility Name: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

Webinar Expenses: \$ \_\_\_\_\_

Audio Visual Equipment: \$ 100 \_\_\_\_\_

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$ \_\_\_\_\_

Titles: \_\_\_\_\_

Printing Costs: \$ \_\_\_\_\_

Postage & Handling \$ \_\_\_\_\_

Other (please specify): \$ \_\_\_\_\_

**Total of Additional Projected Costs:** \$ 100 \_\_\_\_\_

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT**

(Submit prior to training program)

Event Title: Utah Chapter ICC Trainings and Annual Business Meeting

Event Dates: February 15-19, 2027 Request Date: February 25, 2026

**Type of Training (select one)**

Inspector Training

Construction Trades Training

Factory Built Housing

Combination Training:

\_\_\_\_\_ % (Inspector)

\_\_\_\_\_ % (Const. Trades)

Total Estimated Instructor Fees (not to exceed \$150 per hour): \$ 15200

Instructor Travel Expense (explain on page 2) \$ 3012

Additional Projected Costs (explain on page 2) \$ 25000

**Total Grant Amount Requested: \$ 43212**

Complete the following to determine Maximum Grant Request Allowed

160 X 28 = 4480

Projected No. of Students X Total No. Hrs. Per Student = Total Hours

4480 X \$10.00 = \$ 44800

Total Hours (from above) X Max. Per student hr. = Total Student Hour Cost

**Maximum Grant Request Allowed \$ 43212**

(Lesser of Total Grant Amount Requested and Total Student Hour Cost above.)

**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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: Utah Chapter ICC Federal ID #: 87-0040-05382

Street Address: 5526 West 13400 South

City: Herriman State: Utah Zip: 84096

Contact Person: Drew Dorrance Email: ddorrance@sslc.gov

Phone: 801-834-5410 Fax: \_\_\_\_\_

Instructor(s) (If unknown, Assn/Org to be used): Shums Coda, WC3, and BCS, Don Simmons

Location(s): St. George, Utah Courtyard by Marriot

Training Objectives: See Attached Sheet

Name of Authorized Representative (Print): Drew Dorrance Title: Education Committee

Signature:  Date: 02/25/26

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: 3 U.S. Flights Total Cost: \$ 900

**Mileage:**

City of Origin: 3 From SLC Total Miles: 600 x \$0.42= \$ 912

**Lodging:**

Number of Nights: 10 X Cost per Night: \$ 120 = \$ 1200

Hotel: Courtyard by Marriot

**Other:**

Meals: \$

Misc. (please specify): \$

\$

**Total of all Instructor Travel Expenses:** \$ 3012

**ADDITIONAL PROJECTED COSTS**

Facility Name: Courtyard by Marriot Total Cost: \$ 10000

Webinar Expenses: \$

Audio Visual Equipment: \$ 5000

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$

Titles:

Printing Costs: \$ 2000

Postage & Handling \$ 500

Other (please specify): \$ 7500

**Total of Additional Projected Costs:** \$ 25000

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$

Reason:  Date:

**Department of Commerce Action:**

Approved  Not Approved Amount: \$

Bureau Manager:  Date:

Division Director:  Date:



**Utah Chapter ICC**  
Drew Dorrance  
Education Committee Member  
220 East Morris Avenue  
South Salt Lake City, UT 84115  
Phone 801-834-5410

## **Agenda for ABM February 15-19, 2027**

### **Tuesday February 16, 2027**

2024 IBC Code Updates  
2024 IMC/IFGC Updates  
NEC- Solar and ESS Inspections and Plan reviews

### **Wednesday February 17, 2027**

2024 IEBC Overview and Updates  
Wildland Urban Interface Code  
Multi-Family and Hotels: Type A, B and Accessible units

### **Thursday February 18, 2027**

Swimming Pools and Spas  
On- Site Commercial Inspections  
2024 IECC Updates

### **Friday February 19, 2027**

Gas Lines/propane storage tanks

**APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT**

(Submit prior to training program)

Event Title: New Inspector and Permit Technician Training

Event Dates: March 23-24, 2027 Request Date: February 25, 2026

**Type of Training (select one)**

Inspector Training

Combination Training:

Construction Trades Training

\_\_\_\_\_ % (Inspector)

Factory Built Housing

\_\_\_\_\_ % (Const. Trades)

Total Estimated Instructor Fees (not to exceed \$150 per hour): \$ 3200

Instructor Travel Expense (explain on page 2) \$

Additional Projected Costs (explain on page 2) \$ 100

**Total Grant Amount Requested:** \$ 3300

Complete the following to determine Maximum Grant Request Allowed

50 X 16 = 800

Projected No. of Students X Total No. Hrs. Per Student = Total Hours

800 X \$10.00 = \$ 8000

Total Hours (from above) X Max. Per student hr. = Total Student Hour Cost

**Maximum Grant Request Allowed \$ 3300**

(Lesser of Total Grant Amount Requested and Total Student Hour Cost above.)

**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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: Utah Chapter ICC Federal ID #: 87-0040-05382

Street Address: 5526 West 13400 South

City: Herriman State: Utah Zip: 84096

Contact Person: Drew Dorrance Email: ddorrance@sslc.gov

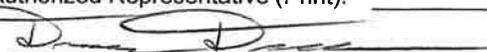
Phone: 801-834-5410 Fax: \_\_\_\_\_

Instructor(s) (If unknown, Assn/Org to be used): Building Code Services

Location(s): Sandy City Hall

Training Objectives: IRC updates, plan reviews, and permit technicians discussion.

Name of Authorized Representative (Print): Drew Dorrance Title: Education Committee

Signature:  Date: 02/25/26

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**Mileage:**

City of Origin: \_\_\_\_\_ Total Miles: \_\_\_\_\_ x \$0.42= \$ \_\_\_\_\_

**Lodging:**

Number of Nights: \_\_\_\_\_ X Cost per Night: \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Hotel: \_\_\_\_\_

**Other:**

Meals: \_\_\_\_\_ \$ \_\_\_\_\_

Misc. (please specify): \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total of all Instructor Travel Expenses:** \$ \_\_\_\_\_

**ADDITIONAL PROJECTED COSTS**

Facility Name: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

Webinar Expenses: \_\_\_\_\_ \$ \_\_\_\_\_

Audio Visual Equipment: \_\_\_\_\_ \$ 100 \_\_\_\_\_

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \_\_\_\_\_ \$ \_\_\_\_\_

Titles: \_\_\_\_\_

Printing Costs: \_\_\_\_\_ \$ \_\_\_\_\_

Postage & Handling \_\_\_\_\_ \$ \_\_\_\_\_

Other (please specify): \_\_\_\_\_ \$ \_\_\_\_\_

**Total of Additional Projected Costs:** \$ 100 \_\_\_\_\_

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT**

(Submit prior to training program)

Event Title: 2026 Installation Training St. George/Santa Clara

Event Dates: TBD Fall 2026

Request Date: 02/23/2026

**Type of Training (select one)**

Inspector Training

Construction Trades Training

Factory Built Housing

Combination Training:

\_\_\_\_\_ % (Inspector)

\_\_\_\_\_ % (Const. Trades)

Total Estimated Instructor Fees (*not to exceed \$150 per hour*): \$ 3250.00

Instructor Travel Expense (*explain on page 2*): \$ 2163.00

Additional Projected Costs (*explain on page 2*): \$ 450.00

**Total Grant Amount Requested: \$ 5863.00**

Complete the following to determine Maximum Grant Request Allowed

<u>30</u>	X	<u>4</u>	=	<u>120</u>	
<i>Projected No. of Students</i>		<i>Total No. Hrs. Per Student</i>			<i>Total Hours</i>
<u>120</u>	X	<u>\$10.00</u>	=	<u>\$ 1200.00</u>	
<i>Total Hours (from above)</i>		<i>Max. Per student hr.</i>			<i>Total Student Hour Cost</i>

**Maximum Grant Request Allowed \$ ~~-1200.00~~ 5,863.00**

(Lesser of Total Grant Amount Requested and Total Student Hour Cost above.)

**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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: Utah Housing Alliance

Federal ID #: 82-0529806

Street Address: PO Box 1196

City: Berthoud

State: CO

Zip: 80513

Contact Person: Tawny Peyton

Email: tawny@coloradohome.org

Phone: 303-832-2022

Fax: 800-998-3208

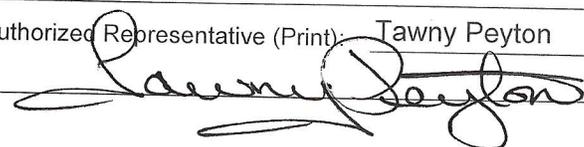
Instructor(s) (If unknown, Assn/Org to be used): TBD

Location(s): St. George or Santa Clara, UT

Training Objectives: To educate installers and inspectors on manufactured home installation techniques and proper procedures

Name of Authorized Representative (Print): Tawny Peyton

Title: Executive Director

Signature: 

Date: 02/23/2026

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: Denver, CO & Eastern USA Total Cost: \$ 700.00

**Mileage:**

City of Origin: Buena Vista, CO Total Miles: 150.00 x \$0.42= \$ 63.00

**Lodging:**

Number of Nights: 4 X Cost per Night: \$ 100.00 = \$ 400.00

Hotel: St. George, UT or Santa Clara UT and SLC, UT

**Other:**

Meals: \$ 250.00

Misc. (please specify): rental car, fuel, airport parking \$ 750.00

\$

**Total of all Instructor Travel Expenses:** \$ 2163.00

**ADDITIONAL PROJECTED COSTS**

Facility Name: TBD Total Cost: \$ 300.00

Webinar Expenses: \$

Audio Visual Equipment: \$ 150.00

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$

Titles:

Printing Costs: \$

Postage & Handling \$

Other (please specify): \$

**Total of Additional Projected Costs:** \$ 450.00

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$

Reason:  Date:

**Department of Commerce Action:**

Approved  Not Approved Amount: \$

Bureau Manager:  Date:

Division Director:  Date:

APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT

(Submit prior to training program)

Event Title: 2026 Installation Training St. George/Santa Clara

Event Dates: TBD Fall 2026

Request Date: 02/23/2026

Type of Training (select one)

Inspector Training

Combination Training:

Construction Trades Training

\_\_\_\_\_ % (Inspector)

Factory Built Housing

\_\_\_\_\_ % (Const. Trades)

Total Estimated Instructor Fees (not to exceed \$150 per hour): \$ 3250.00

Instructor Travel Expense (explain on page 2) \$ 2163.00

Additional Projected Costs (explain on page 2) \$ 450.00

Total Grant Amount Requested: \$ 5863.00

Complete the following to determine Maximum Grant Request Allowed

<u>30</u>	X	<u>4</u>	=	<u>120</u>
<i>Projected No. of Students</i>		<i>Total No. Hrs. Per Student</i>		<i>Total Hours</i>
<u>120</u>	X	<u>\$10.00</u>	=	<u>\$ 1200.00</u>
<i>Total Hours (from above)</i>		<i>Max. Per student hr.</i>		<i>Total Student Hour Cost</i>

Maximum Grant Request Allowed \$ ~~1200.00~~ 5,863.00

(Lesser of Total Grant Amount Requested and Total Student Hour Cost above.)

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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: Utah Housing Alliance

Federal ID #: 82-0529806

Street Address: PO Box 1196

City: Berthoud

State: CO

Zip: 80513

Contact Person: Tawny Peyton

Email: tawny@coloradohome.org

Phone: 303-832-2022

Fax: 800-998-3208

Instructor(s) (If unknown, Assn/Org to be used): TBD

Location(s): St. George or Santa Clara, UT

Training Objectives: To educate installers and inspectors on manufactured home installation techniques and proper procedures

Name of Authorized Representative (Print): Tawny Peyton

Title: Executive Director

Signature:

Date: 02/23/2026

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: Denver, CO & Eastern USA Total Cost: \$ 700.00

**Mileage:**

City of Origin: Buena Vista, CO Total Miles: 150.00 x \$0.42= \$ 63.00

**Lodging:**

Number of Nights: 4 X Cost per Night: \$ 100.00 = \$ 400.00

Hotel: St. George, UT or Santa Clara UT and SLC, UT

**Other:**

Meals: \$ 250.00

Misc. (please specify): rental car, fuel, airport parking \$ 750.00

\$

**Total of all Instructor Travel Expenses:** \$ 2163.00

**ADDITIONAL PROJECTED COSTS**

Facility Name: TBD Total Cost: \$ 300.00

Webinar Expenses: \$

Audio Visual Equipment: \$ 150.00

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$

Titles:

Printing Costs: \$

Postage & Handling \$

Other (please specify): \$

**Total of Additional Projected Costs:** \$ 450.00

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$

Reason:  Date:

**Department of Commerce Action:**

Approved  Not Approved Amount: \$

Bureau Manager:  Date:

Division Director:  Date:

APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT

(Submit prior to training program)

Event Title: 2027 Installation Training Orem, Utah

Event Dates: TBD Spring 2027

Request Date: 02/23/2026

Type of Training (select one)

- Inspector Training
Construction Trades Training
Factory Built Housing

- Combination Training:
% (Inspector)
% (Const. Trades)

Total Estimated Instructor Fees (not to exceed \$150 per hour): \$ 3250.00

Instructor Travel Expense (explain on page 2) \$ 1713.00

Additional Projected Costs (explain on page 2) \$ 600.00

Total Grant Amount Requested: \$ 5563.00

Complete the following to determine Maximum Grant Request Allowed

30 X 4 = 120
Projected No. of Students Total No. Hrs. Per Student Total Hours
120 X \$10.00 = \$ 1200.00
Total Hours (from above) Max. Per student hr. Total Student Hour Cost

Maximum Grant Request Allowed \$ 1200.00

(Lesser of Total Grant Amount Requested and Total Student Hour Cost above.)

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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: Utah Housing Alliance Federal ID #: 82-0529806

Street Address: PO Box 1196

City: Berthoud State: CO Zip: 80513

Contact Person: Tawny Peyton Email: tawny@coloradohome.org

Phone: 303-832-2022 Fax: 800-998-3208

Instructor(s) (If unknown, Assn/Org to be used): TBD

Location(s): Orem, UT

Training Objectives: To educate installers and inspectors on manufactured home installation techniques and proper procedures

Name of Authorized Representative (Print): Tawny Peyton Title: Executive Director

Signature: [Handwritten Signature] Date: 02/23/2026

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: Denver, CO & Eastern USA Total Cost: \$ 700.00

**Mileage:**

City of Origin: Buena Vista, CO Total Miles: 150.00 x \$0.42= \$ 63.00

**Lodging:**

Number of Nights: 2 X Cost per Night: \$ 100.00 = \$ 200.00

Hotel: SLC, UT

**Other:**

Meals: \$ 250.00

Misc. (please specify): rental car, fuel, airport parking \$ 500.00

\$

**Total of all Instructor Travel Expenses:** \$ 1713.00

**ADDITIONAL PROJECTED COSTS**

Facility Name: TBD Total Cost: \$ 300.00

Webinar Expenses: \$ 150.00

Audio Visual Equipment: \$ 150.00

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$

Titles:

Printing Costs: \$

Postage & Handling \$

Other (please specify): \$

**Total of Additional Projected Costs:** \$ 600.00

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$

Reason:  Date:

**Department of Commerce Action:**

Approved  Not Approved Amount: \$

Bureau Manager:  Date:

Division Director:  Date:

**APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT**

(Submit prior to training program)

Event Title: 2027 Installation Training Kaysville, Utah

Event Dates: TBD Spring 2027

Request Date: 02/23/2026

**Type of Training (select one)**

- Inspector Training
- Construction Trades Training
- Factory Built Housing

Combination Training:  
 \_\_\_\_\_% (Inspector)  
 \_\_\_\_\_% (Const. Trades)

Total Estimated Instructor Fees (*not to exceed \$150 per hour*): \$ 3250.00

Instructor Travel Expense (*explain on page 2*): \$ 1713.00

Additional Projected Costs (*explain on page 2*): \$ 600.00

**Total Grant Amount Requested: \$ 5563.00**

Complete the following to determine Maximum Grant Request Allowed

<u>30</u>	X	<u>4</u>	=	<u>120</u>	
<i>Projected No. of Students</i>		<i>Total No. Hrs. Per Student</i>			<i>Total Hours</i>
<u>120</u>	X	<u>\$10.00</u>	=	<u>\$ 1200.00</u>	
<i>Total Hours (from above)</i>		<i>Max. Per student hr.</i>			<i>Total Student Hour Cost</i>

**Maximum Grant Request Allowed \$ 1200.00**

(*Lesser of Total Grant Amount Requested and Total Student Hour Cost above.*)

**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. Instructor fees not to exceed \$150 per hour.

Requesting Organization: Utah Housing Alliance Federal ID #: 82-0529806

Street Address: PO Box 1196

City: Berthoud State: CO Zip: 80513

Contact Person: Tawny Peyton Email: tawny@coloradohome.org

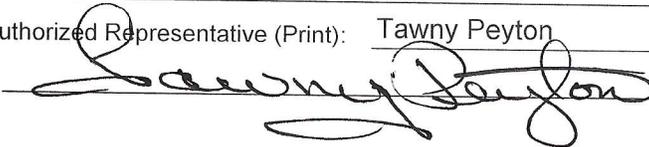
Phone: 303-832-2022 Fax: 800-998-3208

Instructor(s) (If unknown, Assn/Org to be used): TBD

Location(s): Kaysville, UT

Training Objectives: To educate installers and inspectors on manufactured home installation techniques and proper procedures

Name of Authorized Representative (Print): Tawny Peyton Title: Executive Director

Signature:  Date: 02/23/2026

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: Denver, CO & Eastern USA Total Cost: \$ 700.00

**Mileage:**

City of Origin: Buena Vista, CO Total Miles: 150.00 x \$0.42= \$ 63.00

**Lodging:**

Number of Nights: 2 X Cost per Night: \$ 100.00 = \$ 200.00

Hotel: SLC, UT

**Other:**

Meals: \$ 250.00

Misc. (please specify): rental car, fuel, airport parking \$ 500.00

\$

**Total of all Instructor Travel Expenses:** \$ 1713.00

**ADDITIONAL PROJECTED COSTS**

Facility Name: TBD Total Cost: \$ 300.00

Webinar Expenses: \$ 150.00

Audio Visual Equipment: \$ 150.00

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$

Titles: \_\_\_\_\_

Printing Costs: \$

Postage & Handling \$

Other (please specify): \$

**Total of Additional Projected Costs:** \$ 600.00

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$ \_\_\_\_\_

Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Commerce Action:**

Approved  Not Approved Amount: \$ \_\_\_\_\_

Bureau Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT

(Submit prior to training program)

Event Title: 2027 Installation Training Kaysville, Utah

Event Dates: TBD Spring 2027

Request Date: 02/23/2026

**Type of Training (select one)**

- Inspector Training  
 Construction Trades Training  
 Factory Built Housing

Combination Training:  
 \_\_\_\_\_% (Inspector)  
 \_\_\_\_\_% (Const. Trades)

Total Estimated Instructor Fees (*not to exceed \$150 per hour*): \$ 3250.00  
 Instructor Travel Expense (*explain on page 2*): \$ 1713.00  
 Additional Projected Costs (*explain on page 2*): \$ 600.00

**Total Grant Amount Requested:** \$ 5563.00

Complete the following to determine Maximum Grant Request Allowed

<u>30</u>	<u>X</u>	<u>4</u>	<u>=</u>	<u>120</u>	<i>Total Hours</i>
<i>Projected No. of Students</i>		<i>Total No. Hrs. Per Student</i>			
<u>120</u>	<u>X</u>	<u>\$10.00</u>	<u>=</u>	<u>\$ 1200.00</u>	<i>Total Student Hour Cost</i>
<i>Total Hours (from above)</i>		<i>Max. Per student hr.</i>			

**Maximum Grant Request Allowed** ~~\$ 1200.00~~ **5,563.00**

*(Lesser of Total Grant Amount Requested and Total Student Hour Cost above.)*

**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)
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5. Instructor fees not to exceed \$150 per hour.

Requesting Organization: Utah Housing Alliance Federal ID #: 82-0529806

Street Address: PO Box 1196

City: Berthoud State: CO Zip: 80513

Contact Person: Tawny Peyton Email: tawny@coloradohome.org

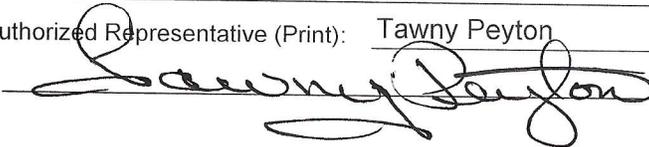
Phone: 303-832-2022 Fax: 800-998-3208

Instructor(s) (If unknown, Assn/Org to be used): TBD

Location(s): Kaysville, UT

Training Objectives: To educate installers and inspectors on manufactured home installation techniques and proper procedures

Name of Authorized Representative (Print): Tawny Peyton Title: Executive Director

Signature:  Date: 02/23/2026

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: Denver, CO & Eastern USA Total Cost: \$ 700.00

**Mileage:**

City of Origin: Buena Vista, CO Total Miles: 150.00 x \$0.42= \$ 63.00

**Lodging:**

Number of Nights: 2 X Cost per Night: \$ 100.00 = \$ 200.00

Hotel: SLC, UT

**Other:**

Meals: \$ 250.00

Misc. (please specify): rental car, fuel, airport parking \$ 500.00

\$

**Total of all Instructor Travel Expenses:** \$ 1713.00

**ADDITIONAL PROJECTED COSTS**

Facility Name: TBD Total Cost: \$ 300.00

Webinar Expenses: \$ 150.00

Audio Visual Equipment: \$ 150.00

Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$

Titles:

Printing Costs: \$

Postage & Handling \$

Other (please specify): \$

**Total of Additional Projected Costs:** \$ 600.00

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$

Reason:  Date:

**Department of Commerce Action:**

Approved  Not Approved Amount: \$

Bureau Manager:  Date:

Division Director:  Date:

APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT

(Submit prior to training program)

Event Title: 2027 Installation Training Orem, Utah

Event Dates: TBD Spring 2027

Request Date: 02/23/2026

Type of Training (select one)

- Inspector Training
Construction Trades Training
Factory Built Housing

- Combination Training:
% (Inspector)
% (Const. Trades)

Total Estimated Instructor Fees (not to exceed \$150 per hour): \$ 3250.00

Instructor Travel Expense (explain on page 2) \$ 1713.00

Additional Projected Costs (explain on page 2) \$ 600.00

Total Grant Amount Requested: \$ 5563.00

Complete the following to determine Maximum Grant Request Allowed

30 X 4 = 120
Projected No. of Students Total No. Hrs. Per Student Total Hours
120 X \$10.00 = \$ 1200.00
Total Hours (from above) Max. Per student hr. Total Student Hour Cost

Maximum Grant Request Allowed \$-1200.00- 5,563.00

(Lesser of Total Grant Amount Requested and Total Student Hour Cost above.)

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:

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Requesting Organization: Utah Housing Alliance Federal ID #: 82-0529806

Street Address: PO Box 1196

City: Berthoud State: CO Zip: 80513

Contact Person: Tawny Peyton Email: tawny@coloradohome.org

Phone: 303-832-2022 Fax: 800-998-3208

Instructor(s) (If unknown, Assn/Org to be used): TBD

Location(s): Orem, UT

Training Objectives: To educate installers and inspectors on manufactured home installation techniques and proper procedures

Name of Authorized Representative (Print): Tawny Peyton Title: Executive Director

Signature: [Handwritten Signature] Date: 02/23/2026

**DETAILED INSTRUCTOR TRAVEL EXPENSES**

**Airfare:**

City of Origin: Denver, CO & Eastern USA Total Cost: \$ 700.00

**Mileage:**

City of Origin: Buena Vista, CO Total Miles: 150.00 x \$0.42= \$ 63.00

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**Total of all Instructor Travel Expenses:** \$ 1713.00

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Textbooks, Workbooks, &/or Code Update Books (NO CODE BOOKS): \$

Titles:

Printing Costs: \$

Postage & Handling \$

Other (please specify): \$

**Total of Additional Projected Costs:** \$ 600.00

**OFFICIAL USE ONLY:**

**Advisory Committee Recommendation:**

Favorable  Unfavorable Amount Recommended: \$

Reason:  Date:

**Department of Commerce Action:**

Approved  Not Approved Amount: \$

Bureau Manager:  Date:

Division Director:  Date: