

**AGENDA ITEM # VIII-C.  
FIVE COUNTY ASSOCIATION OF GOVERNMENTS  
OUT OF STATE TRAVEL AUTHORIZATION REQUEST**

Employee Name: Clint Cottam

Date: 1/21/2016

Pursuant to the Five County Association of Governments personnel policies and procedures, I am requesting authorization to travel out of state for the following purposes:

**PURPOSE OF TRAVEL:**

To attend training relating to CSBG training. This includes new legal/policy guidelines, best practices, new federal accountability measures. There will also be networking and meetings with Utah delegation leaders. This conference has been completely paid for by Salt Lake Community Action Partnership.

**PLEASE ATTACH SUPPORTING DOCUMENTATION**

**Estimated Travel Costs:**

Airfare/Surface Transportation	:	<u>\$734.20</u>
Lodging	<u>3</u> Nights @ <u>\$374.00</u>	: <u>\$1,122.00</u>
Per Diem	<u>4</u> Days @ <u>\$69.00</u>	: <u>\$276.00</u>
Registration Fees	<u>3</u> Days	: <u>\$575.00</u>
Other Costs:	:	<u>                    </u>

Explanation of other costs:

**TOTAL ESTIMATED TRAVEL COSTS:** : \$2,707.20

Source of travel funds: Non-federal funds from Salt Lake Community Action Partnership

Budget line item: 0 N/A

CFO Signature: *Aurora J. McCoy* Date: 1/25/16

**DEPUTY OR EXECUTIVE DIRECTOR JUSTIFICATION OF TRAVEL REQUEST:**

As the Deputy Director for Aging & Human services I approve of this travel request. This is an excellent opportunity for Clint as the Five County CAP Director to increase overall understanding of the program guidelines, requirements, and any new regulations. In addition, it offers the opportunity for networking with other CAP Directors from across the Country as well as State and Federal program managers. As a fairly new CAP Director this will provide Clint with additional training to help in the overall administration and management of these programs with all costs being covered by the Salt Lake Community Action Partnership.

Deputy Director Signature: *C. Schmalzer* Date: 1-22-16

Executive Director Signature: *[Signature]* Date: 01 Feb 16

Steering Committee Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Travel Advance Agreement**

I hereby request Salt Lake Community Action Program to advance me the sum of \$ 376.00 in compliance with official travel as authorized on the attached "Authorization for Training and Travel" form. In requesting this advance, I agree to the following conditions:

1. I will, immediately upon returning, complete and submit to Accounting at SLCAP the out of town travel expense report along with
  - a. The expense report must be turned into Accounting completely filled out, with ALL necessary receipts, including: zero balance receipt for hotel, copy of boarding passes, checked baggage receipts if applicable, mileage, etc. If Accounting has not received the completed expense report in 2 weeks, it will be reported to the traveler's supervisor for corrective action.
  - b. A refund of any money advanced in excess of what can be documented will be reimbursed to the agency from the travelers payroll account.
  
2. If I am reimbursed directly by another agency, I will promptly remit the full reimbursement to Salt Lake CAP.

Clint Cotton  
Signature of Employee/Traveler

1/21/16  
Date

Director - Five County CAP  
Title, if not an Employee

\_\_\_\_\_  
Advanced Authorization by Executive Team Member

\_\_\_\_\_  
Date

Clint Cottam

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**From:** Amy Kalmbach <info@ncaf.org>  
**Sent:** Monday, January 11, 2016 9:31 AM  
**To:** Clint Cottam  
**Subject:** Thank you for registering for NCAF's 2016 Legislative Conference

## NCAF's 2016 Legislative Conference

This conference is a great opportunity for Community Action to come to Washington to meet with their Representatives and other members of Congressional leadership and national Community Action champions. Prior to the conference, NCAF will work with you to prepare for your Hill Meetings. We will also have a special session Wednesday for Hill prep.

**Tuesday March 15, 2016 at 10:00 AM EDT**

**-to-**

**Friday March 18, 2016 at 12:00 PM EDT**

**Hyatt Regency Capitol Hill**

Thank you again for registering for our event. This email is confirmation of your successful registration. If any of the information displayed below is incorrect, please contact us as soon as possible.

View and print [my ticket\(s\)](#)

### Personal Information

First Name: Clint  
Last Name: Cottam  
Email Address: ccottam@fivecounty.utah.gov

### Business Information

Job Title: Director  
Company: Five County Community Action Partnership  
City: St. George  
State: Utah  
Address 1: 1070 West 1600 South, Building B  
ZIP Code: 84770  
Phone: 4356745757

**Payment Method:** PayPal

### Payment Summary

<i>Name</i>	<i>Type</i>	<i>Quantity</i>	<i>Fee</i>	<i>Total</i>
Clint Cottam	Regular Conference	1	\$575.00	\$575.00

**Total \$575.00**