Reimbursement Review

Original Approval	Submitted for Reimbursement
▪ Approved for $4,500.00 ▪ Instructor Fees: $2000.00 (16 hours @ $125.00 per hour) - $2000	▪ Requested Amount: $3,547.56 ▪ Instructor Fees: $3,279.00 (8 hours @ $125 per hour = $1000.00)

DEPARTMENT OF COMMERCE
Division of Occupational and Professional Licensing
160 East 300 South, Main Lobby
P.O. Box 146741
Salt Lake City, UT 84114-6741
(801) 530-6454

REQUEST FOR REIMBURSEMENT FORM

(to be submitted at the completion of the training program)

We, the sponsors of the proposed training, are requesting reimbursement for the following costs which we have incurred and for which we have attached an invoice, the original receipts, a roster of attendees, and a copy of the training announcement, advertising and agenda. We provided the training program as outlined in our original application except for the following changes (*attach additional pages if needed*):

---

1. Instructor's Name(s): **Steve Thomas**
2. Seminar Title/Subject: **2012 IRC Prescriptive Wall Bracing**
3. Date(s) of Training: **April 16 and 17 2013**
4. Location of Training: **Sandy Utah**

5. Instructor Fees and Travel/Meals (*not to exceed $3,000 for an 8 hour day*)		$ 3,279.00 ✓
6. Textbooks, Workbooks, Code Update Books Title(s):		$ 0
7. Facility Cost:		$ 0
8. Audio Visual Equipment:		$ 0
9. Printing:		$ 268.56 ✓
10. Postage and handling:		$ 0
11. Other (*please detail*):		$ 0
12. Total Educational Expenditures:		$ 3,547.56
13. Number of actual students	49	
14. Training duration in hours	8	
15. Total hours of training (*line 13 x line 14*)	392	
16. Maximum cost - per student hour $10.00 (*line 15 x $10.00*)		$ 3,920.00

Total Reimbursement Request (*Lower of Total Educational Expenditures (line 12) or Maximum (line 16)*): $ 3,547.56

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

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

Utah Chapter ICC
Organization Name

[redacted]
Federal I.D. Number

Michael McDonald
Authorized Representative (*Type/Print*)

Education Coordinator
Title

Signature

6/14/13
Date

Reimbursement Review

Original Approval	Submitted for Reimbursement
▪ Approved for $4,500.00 ▪ Instructor Fees: $2000.00 (16 hours @ $125.00 per hour) - $2000	▪ Requested Amount: $3,563.13 ▪ Instructor Fees: $3,423.00 (8 hours @ $125 per hour = $1000.00)

DEPARTMENT OF COMMERCE
Division of Occupational and Professional Licensing
160 East 300 South, Main Lobby
P.O. Box 146741
Salt Lake City, UT 84114-6741
(801) 530-6454

REQUEST FOR REIMBURSEMENT FORM

(to be submitted at the completion of the training program)

We, the sponsors of the proposed training, are requesting reimbursement for the following costs which we have incurred and for which we have attached an invoice, the original receipts, a roster of attendees, and a copy of the training announcement, advertising and agenda. We provided the training program as outlined in our original application except for the following changes (*attach additional pages if needed*):

---

1. Instructor's Name(s): **Gary Pringey**		
2. Seminar Title/Subject: **2012 Accessibility Update**		
3. Date(s) of Training: **May 21st and 22nd, 2013**		
4. Location of Training: **Sandy Utah**		
5. Instructor Fees and Travel/Meals (*not to exceed $3,000 for an 8 hour day*)		$ **3,423.00**
6. Textbooks, Workbooks, Code Update Books		
Title(s):		$ **0**
7. Facility Cost:		$ **0**
8. Audio Visual Equipment:		$ **0**
9. Printing:		$ **140.13** ✓
10. Postage and handling:		$ **0**
11. Other (*please detail*):		$ **0**
12. Total Educational Expenditures:		$ **3,563.13**
13. Number of actual students	**48**	
14. Training duration in hours	**8**	
15. Total hours of training (*line 13 x line 14*)	**384**	
16. Maximum cost - per student hour $10.00 (*line 15 x $10.00*)		$ **3,840.00**

Total Reimbursement Request (*Lower of Total Educational Expenditures (line 12) or Maximum (line 16)*): $ **3,563.13**

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

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

Utah Chapter ICC
Organization Name

[redacted]
Federal I.D. Number

Michael McDonald
Authorized Representative (*Type/Print*)

Education Coordinator
Title

Signature

6/19/13
Date

Reimbursement Review

Original Approval	Submitted for Reimbursement
▪ Approved for $30,000.00 ▪ Instructor Fees: $9,500.00 (76 hours @ $125.00 per hour) - $9500	▪ Requested Amount: $30,919.83 ▪ Instructor Fees: $13,072.00 (32 hours @ $125 per hour = $4000.00)

DEPARTMENT OF COMMERCE
Division of Occupational and Professional Licensing
160 East 300 South, Main Lobby
P.O. Box 146741
Salt Lake City, UT 84114-6741
(801) 530-6454

REQUEST FOR REIMBURSEMENT FORM

(to be submitted at the completion of the training program)

We, the sponsors of the proposed training, are requesting reimbursement for the following costs which we have incurred and for which we have attached an invoice, the original receipts, a roster of attendees, and a copy of the training announcement, advertising and agenda. We provided the training program as outlined in our original application except for the following changes (*attach additional pages if needed*):

---

1. Instructor's Name(s): **Steve Thomas, Chris Kimball, James Williams, Ryan Jackson, Brent Ursenbach, Steve Hamblin**
2. Seminar Title/Subject: 2012 Commercial Plan Review, 2011 NEC Grounding/Bonding, IBC & IRC Bracing of nonstructural Components, 2012 IRC Updates, 2012 IMC Section 506, 2012 IBC Fire Areas, 2012 IECC Commercial Comcheck, Engineering Made Easy, 2012 IRC Prescriptive Performance, 2012 IBC : Construction Defects
3. Date(s) of Training: **February 19th – 22nd , 2013**
4. Location of Training: **St. George, Ut**
5. Instructor Fees and Travel/Meals (*not to exceed $3,000 for an 8 hour day*) $ **13,072.00**
6. Textbooks, Workbooks, Code Update Books
   Title(s):**2011 NEC Updates** $ **4,331.97**
7. Facility Cost: $ **6,250.00**
8. Audio Visual Equipment: $ **2,500.00**
9. Printing: $ ~~2,236.29~~ 2133.26
10. Postage and handling: $ ~~834.89~~ 8.10
11. Other (*please detail*): Training Binders $ **1,822.50**
12. Total Educational Expenditures: $ **31,047.65**
13. Number of actual students **154**(day 1) + **151**(day 2) + **137**(day 3) + **64**(day 4) = **506**
14. Training duration in hours **8**(day 1) **8**(day 2) **8**(day 3) **4**(day 4)
15. Total hours of training (*line 13 x line 14*) **1232**(day 1) +**1208**(day 2) + **1096**(day 3) + **256**(day 4) = **3792**
16. Maximum cost - per student hour $10.00 (*line 15 x $10.00*) $ **37,920.00**

Total Reimbursement Request (*Lower of Total Educational Expenditures (line 12) or Maximum (line 16)*): $ ~~31,047.65~~ $ 30,919.83

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

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

Utah Chapter ICC
Organization Name

[redacted]
Federal I.D. Number

Michael McDonald
Authorized Representative (*Type/Print*)

Signature

Education Coordinator
Title

4/24/13
Date

Reimbursement Review

Original Approval	Submitted for Reimbursement
▪ Approved for $2,000.00 ▪ Instructor Fees: None	▪ Requested Amount: $1,050.00 ▪ Instructor Fees: $600.00 (4 hours @ $125 per hour = $500.00)

DEPARTMENT OF COMMERCE
Division of Occupational and Professional Licensing
160 East 300 South, Main Lobby
P.O. Box 146741
Salt Lake City, UT 84114-6741
(801) 530-6457

REQUEST FOR REIMBURSEMENT FORM

(to be submitted at the completion of the training program)

We, the sponsors of the proposed training, are requesting reimbursement for the following costs which we have incurred and for which we have attached an invoice, the original receipts, a roster of attendees, and a copy of the training announcement, advertising and agenda. We provided the training program as outlined in our original application except for the following changes (*attach additional pages if needed*):

---

1. Instructor's Name(s): **Chris Kimball**		
2. Seminar Title/Subject: **IRC & IBC Carports and Patio Covers**		
3. Date(s) of Training: **April 9, 2013**		
4. Location of Training: **Farmington City Recreation Center**		
5. Instructor Fees and Travel/Meals (*not to exceed $3,000 for an 8 hour day*)		$ 600.00 ✓
6. Textbooks, Workbooks, Code Update Books		
Title(s):		$
7. Facility Cost:		$ 400.00 ✓
8. Audio Visual Equipment:		$
9. Printing:		$ 50.00
10. Postage and handling:		$
11. Other (*please detail*):		$
12. Total Educational Expenditures:		$ 1,050.00 ✓
13. Number of actual students	28	
14. Training duration in hours	4	
15. Total hours of training (*line 13 x line 14*)	112	
16. Maximum cost - per student hour $10.00 (*line 15 x $10.00*)		$ 1,120.00

Total Reimbursement Request (*Lower of Total Educational Expenditures (line 12) or Maximum (line 16)*): $ 1,050.00 ✓

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

Bonneville Chapter of ICC
Organization Name

[redacted]
Federal I.D. Number

Michael Bosch
Authorized Representative (*Type/Print*)

Treasurer
Title

Michael Bosch
Signature

May 6, 2013
Date

Reimbursement Review

Original Approval	Submitted for Reimbursement
▪ Approved for $18,500.00 ▪ Instructor Fees: $9,00.00 (8 hours @ $125.00 per hour) - $1000	▪ Requested Amount: $12,276.79 ▪ Instructor Fees: $10,202.00 (8 hours @ $125 per hour = $1000.00)

DEPARTMENT OF COMMERCE
Division of Occupational and Professional Licensing
160 East 300 South, Main Lobby
P.O. Box 146741
Salt Lake City, UT 84114-6741
(801) 530-6454

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JUL 01 2013
DIVISION OF OCCUPATIONAL
& PROFESSIONAL LICENSING

REQUEST FOR REIMBURSEMENT FORM

(to be submitted at the completion of the training program)

We, the sponsors of the proposed training, are requesting reimbursement for the following costs which we have incurred and for which we have attached an invoice, the original receipts, a roster of attendees, and a copy of the training announcement, advertising and agenda. We provided the training program as outlined in our original application except for the following changes (*attach additional pages if needed*):

---

1. Instructor's Name(s): **Steve Thomas, Brent Ursenbach, Brent Taylor, Chris Jensen, Chris Kimball, Gus Gonzalez, Randy Dunn, Fire Marshals Assn. – Don Buckley, Vince Newberg, and Scott Adams**
2. Seminar Title/Subject: **Beehive Chapter Annual Spring Training**
3. Date(s) of Training: **May 14, 15, & 16, 2013**
4. Location of Training: **Aspen Grove, Utah**

5. Instructor Fees and Travel/Meals (*not to exceed $3,000 for an 8 hour day*)		$ 10,202.00 ✓
6. Textbooks, Workbooks, Code Update Books Title(s): **Handouts**		$ 343.79 ✓
7. Facility Cost:		$ 1,086.00 ✓
8. Audio Visual Equipment:		$ 645.00 ✓
9. Printing:		$ 0
10. Postage and handling:		$ 0
11. Other (*please detail*):		$ 0
12. Total Educational Expenditures:		$ 12,276.79
13. Number of actual students	218 ✓	
14. Training duration in hours	8	
15. Total hours of training (*line 13 x line 14*)	1744	
16. Maximum cost - per student hour $10.00 (*line 15 x $10.00*)		$ 17,440.00

Total Reimbursement Request (*Lower of Total Educational Expenditures (line 12) or Maximum (line 16)*): $ **12,276.79**

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

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

Beehive Chapter ICC
Organization Name

[redacted]
Federal I.D. Number

Douglas Fallon
Authorized Representative (*Type/Print*)

Secretary
Title

Doug Fallon
Signature

06/26/2013
Date

Reimbursement Review

Original Approval	Submitted for Reimbursement
▪ Approved for $4,250.00 ▪ Instructor Fees: Paid by UFRA	▪ Requested Amount: $7200.92 ▪ Instructor Fees: UFRA billed $1,275.00 (12 hours @ $125 per hour = $1500.00)

DEPARTMENT OF COMMERCE
Division of Occupational and Professional Licensing
160 East 300 South, Main Lobby
P.O. Box 146741
Salt Lake City, UT 84114-6741
(801) 530-6454

REQUEST FOR REIMBURSEMENT FORM

(to be submitted at the completion of the training program)

We, the sponsors of the proposed training, are requesting reimbursement for the following costs which we have incurred and for which we have attached an invoice, the original receipts, a roster of attendees, and a copy of the training announcement, advertising and agenda. We provided the training program as outlined in our original application except for the following changes (*attach additional pages if needed*):

1. Instructor's Name(s):
2. Seminar Title/Subject:
3. Date(s) of Training:
4. Location of Training:
5. Instructor Fees and Travel/Meals (*not to exceed $3,000 for an 8 hour day*) UFRA $1.275.00 billed $
6. Textbooks, Workbooks, Code Update Books
   Title(s): **Automatic Fire Sprinkler Plan Review** $ 4,250.00
   85 Books at $50.00 each
7. Facility Cost: Paid by UFRA $
8. Audio Visual Equipment: Paid by UFRA $
9. Printing: $
10. Postage and handling: Paid by FMAU $
11. Other (*please detail*): Instructors Fees & Expenses - $
12. Total Educational Expenditures: $7,200.92 UFRA billed $2950.92. $
13. Number of actual students 81
14. Training duration in hours 12
15. Total hours of training (*line 13 x line 14*). 972
16. Maximum cost - per student hour $10.00 (*line 15 x $10.00*) $9,720.00

Total Reimbursement Request (*Lower of Total Educational Expenditures (line 12) or Maximum (line 16)*): $4,250.00

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

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

Organization Name. **Fire Marshal's Association of Utah** Federal I.D. Number #: [redacted]

Authorized Representative (*Type/Print*) **Frank David Berg** Title. **Secretary**

Frank D. Berg
Signature

Date. **2/1/2013**

FSCI

Specializing in Fire, Building, and Life Safety

Corporate Office
2420 Alft Lane
Elgin, IL 60124
P: 847.697.1300
F: 847.697.1310
www.firesafetyfsci.com

Regional Office
23650 Woodward Avenue
Suite 200
Pleasant Ridge, MI 48069
P: 248.545.3330
F: 248.545.3376

Invoice

DATE	INVOICE #
1/16/2013	2013-4000

BILL TO	PROJECT
Fire Marshal's Association of Utah Attention Dave Berg PO Box 980036 Park City UT 84098-0036	Seminar Expenses Automatic Sprinkler System Plan Review

DESCRIPTION	AMOUNT
Seminar presentation given by Jim Schifiliti on January 10 and 11th 2013 for Automatic Sprinkler System Plan Review in St. George Utah.	
Instructor's fee	1,275.00
Workbook fee - 85 books at $50.00 each	4,250.00
Trip Expenses	
Air fare	1,055.60
Hotel	374.64
Taxi to St. George Airport	40.00
Tolls	5.50
Meals	133.78
Fare to and from Chicago O'Hare Airport - 70 miles at $.52/mile	36.40
Parking at Chicago O'Hare Airport	30.00
Please reference FSCI's invoice number with your payment.	
Total	$7,200.92

DEPARTMENT OF COMMERCE
Division of Occupational and Professional Licensing
160 East 300 South, Main Lobby
P.O. Box 146741
Salt Lake City, UT 84114-6741
(801) 530-6454

APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT

(to be submitted prior to training program)

Request Date: 02/01/2013

New Request: $ 4,250.00 Additional Funding Request: $

Total Grant Amount Requested: $ 4.250.00 **Grant amount which are Instructors Fees: $ Paid by UFRA**

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

1. If the event is not held $0.00 cost is reimbursable
2. $10.00 per student hour of actual instruction. *(# students actually attending x # hours course duration x $10.00)*
3. The actual reimbursable costs supported by paid invoices not to exceed # 4 or
4. The amount of grant as requested above *(although additional costs may be paid if the cost results from excess attendance over anticipated).*
5. Funding grants will be reimbursed only for expenditures which have been negotiated in good faith to ensure the best reasonable value.
6. Any instructor fees in excess of $125.00 per hour will be subject to further review and approval by the Committee, the Division and the Department. *(This is a maximum amount established for review purposes only and is not intended to be used as a guaranteed amount. Good faith negotiations are required as in item 5 above.)*

Requesting Organization: Fire Marshal's Association of Utah Federal I.D. # [redacted]

Street Address: (P.O. Box 980036) 365 Crestview Drive Park City, Utah

City: Park City, State: Utah Zip: 84098-0036

Contact Person: Dave Berg E-mail Address: [redacted]

Phone: [redacted] Fax:

Function Title: Secretary

Date(s) of Training: January 10th & 11th 2013 Location(s): St. George, Utah

Training Objectives: To provide the skills to properly review and calculated Fire Sprinkler Design.

Projected Number of Students: 85 Projected Number of Hours of Instruction: 12

Frank D. Berg	Secetary
Name of Authorized Representative *(Print)*	Title
Signature of Authorized Representative	2/1/2013 Date of Signature

EDUCATION COMMITTEE ACTION

Advisory Committee Recommendation: ☐ Favorable ☐ Unfavorable
Date: __/__/____ **Amount Recommended:** $_____
Reason: _____

DEPARTMENT OF COMMERCE ACTION

☐ Not Approved ☐ Approved **Amount:** $_____
Bureau Manager: _____ **Date:** __/__/____

DEPARTMENT OF COMMERCE
Division of Occupational and Professional Licensing
160 East 300 South, Main Lobby
P.O. Box 146741
Salt Lake City, UT 84114-6741
(801) 530-6454

APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT

(to be submitted prior to training program)

Request Date: 4/9/2013

☒ New Request: $ 3600 ☐ Additional Funding Request: $

Total Grant Amount Requested: $ 3600 Grant amount which are Instructors Fees: $

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

1. If the event is not held $0.00 cost is reimbursable
2. $10.00 per student hour of actual instruction. *(# students actually attending x # hours course duration x $10.00)*
3. The actual reimbursable costs supported by paid invoices not to exceed # 4 or
4. The amount of grant as requested above *(although additional costs may be paid if the cost results from excess attendance over anticipated).*
5. Funding grants will be reimbursed only for expenditures which have been negotiated in good faith to ensure the best reasonable value.
6. Any instructor fees in excess of $125.00 per hour will be subject to further review and approval by the Committee, the Division and the Department. *(This is a maximum amount established for review purposes only and is not intended to be used as a guaranteed amount. Good faith negotiations are required as in item 5 above.)*

Requesting Organization: Utah Fire Marshals Assoc. Federal I.D. #: [redacted]

Street Address: 2186 Lincoln Ave

City: Ogden State: Utah Zip: 84401

Contact Person: Brandon Thueson E-mail Address: [redacted]

Phone: [redacted] Fax:

Function Title: 2nd Vice President

Date(s) of Training: TBD (October 2013) Location(s): Richfield, Utah

Training Objectives: To provide education and skills for the application of fire codes.

Projected Number of Students: 60 Projected Number of Hours of Instruction: 6

Brandon Thueson	2nd Vice President
Name of Authorized Representative *(Print)*	Title
Brandon Thueson	4/9/2013
Signature of Authorized Representative	Date of Signature

EDUCATION COMMITTEE ACTION

Advisory Committee Recommendation: ☐ Favorable ☐ Unfavorable
Date: __/__/____ Amount Recommended: $_____
Reason: _____

DEPARTMENT OF COMMERCE ACTION

☐ Not Approved ☐ Approved Amount: $_____
Bureau Manager: _____ Date: __/__/____
Division Director: _____ Date: __/__/____
Department Director: _____ Date: __/__/____

DEPARTMENT OF COMMERCE
Division of Occupational and Professional Licensing
160 East 300 South, Main Lobby
P.O. Box 146741
Salt Lake City, UT 84114-6741
(801) 530-6454

APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT

(to be submitted prior to training program)

Request Date: 4/3/2013

☒ New Request: $ 10,800 ☐ Additional Funding Request: $

Total Grant Amount Requested: $ 10,800 **Grant amount which are Instructors Fees: $ PAID BY UFRA**

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

1. **If the event is not held $0.00 cost is reimbursable**
2. **$10.00 per student hour of actual instruction.** *(# students actually attending x # hours course duration x $10.00)*
3. **The actual reimbursable costs supported by paid invoices not to exceed # 4 or**
4. **The amount of grant as requested above** *(although additional costs may be paid if the cost results from excess attendance over anticipated).*
5. **Funding grants will be reimbursed only for expenditures which have been negotiated in good faith to ensure the best reasonable value.**
6. **Any instructor fees in excess of $125.00 per hour will be subject to further review and approval by the Committee, the Division and the Department.** *(This is a maximum amount established for review purposes only and is not intended to be used as a guaranteed amount. Good faith negotiations are required as in item 5 above.)*

Requesting Organization: **Utah Fire Marshals Assoc.** Federal I.D. #: [redacted]

Street Address: **2186 Lincoln Ave**

City: **Ogden** State: **Utah** Zip: **84401**

Contact Person: **Brandon Thueson** E-mail Address: [redacted]

Phone: [redacted] Fax:

Function Title: **2nd Vice President**

Date(s) of Training: **~January 8th & 9th 2014** Location(s): **St. George, Utah**

Training Objectives: **To provide education and skills for the application of fire codes.**

Projected Number of Students: **90** Projected Number of Hours of Instruction: **12**

Brandon Thueson	**2nd Vice President**
Name of Authorized Representative *(Print)*	Title
Brandon Thueson	**4/9/2013**
Signature of Authorized Representative	Date of Signature

EDUCATION COMMITTEE ACTION

Advisory Committee Recommendation: ☐ Favorable ☐ Unfavorable
Date: __/__/____ Amount Recommended: $_____
Reason: _____

DEPARTMENT OF COMMERCE ACTION

☐ Not Approved ☐ Approved Amount: $_____
Bureau Manager: _____ Date: __/__/____
Division Director: _____ Date: __/__/____
Department Director: _____ Date: __/__/____

DEPARTMENT OF COMMERCE
Division of Occupational and Professional Licensing
160 East 300 South, Main Lobby
P.O. Box 146741
Salt Lake City, UT 84114-6741
(801) 530-6454

APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT

(to be submitted prior to training program)

Request Date: **March 29, 2013**

☒ New Request: **$ 21,000.00** ☐ Additional Funding Request: $

Total Grant Amount Requested: $ 21,000.00 **Grant amount which are Instructors Fees: $ 11,000.00**

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

1. **If the event is not held $0.00 cost is reimbursable**
2. **$10.00 per student hour of actual instruction.** *(# students actually attending x # hours course duration x $10.00)*
3. **The actual reimbursable costs supported by paid invoices not to exceed # 4 or**
4. **The amount of grant as requested above** *(although additional costs may be paid if the cost results from excess attendance over anticipated).*
5. **Funding grants will be reimbursed only for expenditures which have been negotiated in good faith to ensure the best reasonable value.**
6. **Any instructor fees in excess of $125.00 per hour will be subject to further review and approval by the Committee, the Division and the Department.** ***(This is a maximum amount established for review purposes only and is not intended to be used as a guaranteed amount. Good faith negotiations are required as in item 5 above.)***

Requesting Organization: **Beehive Chapter ICC** Federal I.D. #[redacted]

Street Address: **PO Box 1849 (330 W 100 S)**

City: **Provo** State: **UT** Zip: **84603**

Contact Person: **Doug Fallon** E-mail Address: [redacted]

Phone: [redacted] Fax: [redacted]

Function Title: **Chapter Secretary**

Date(s) of Training: **Oct 16, 2013 & Nov. 15,2013** Location(s): **BYU Campus**

May 13, 14, & 15, 2014 **Utah County Convention or Aspen Grove**

Training Objectives: **Provide up-to-date training on building codes in the current cycle CEU's for Inspectors, Plans Examiners, Architects, Engineers, Contractors, and licensed Trades.**

Projected Number of Students: **300** Projected Number of Hours of Instruction: **88**

Doug Fallon	**Secretary**
Name of Authorized Representative *(Print)*	Title
Doug Fallon	**Mar 29, 2013**
Signature of Authorized Representative	Date of Signature

EDUCATION COMMITTEE ACTION

Advisory Committee Recommendation: ☐ **Favorable** ☐ **Unfavorable**
Date: ___/___/____ **Amount Recommended:** $_____
Reason: _____

DEPARTMENT OF COMMERCE ACTION

☐ **Not Approved** ☐ **Approved Amount:** $_____
Bureau Manager: _____ **Date:** ___/___/____
Division Director: _____ **Date:** ___/___/____
Department Director: _____ **Date:** ___/___/____

DEPARTMENT OF COMMERCE
Division of Occupational and Professional Licensing
160 East 300 South, Main Lobby
P.O. Box 146741
Salt Lake City, UT 84114-6741
(801) 530-6454

APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT

(to be submitted prior to training program)

Request Date: 3/28/2013

☒ New Request: $ 14,700 ☐ Additional Funding Request: $

Total Grant Amount Requested: $ 14,700 Grant amount which are Instructors Fees: $ 6,000

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

1. If the event is not held $0.00 cost is reimbursable
2. $10.00 per student hour of actual instruction. *(# students actually attending x # hours course duration x $10.00)*
3. The actual reimbursable costs supported by paid invoices not to exceed # 4 or
4. The amount of grant as requested above *(although additional costs may be paid if the cost results from excess attendance over anticipated).*
5. Funding grants will be reimbursed only for expenditures which have been negotiated in good faith to ensure the best reasonable value.
6. Any instructor fees in excess of $125.00 per hour will be subject to further review and approval by the Committee, the Division and the Department. *(This is a maximum amount established for review purposes only and is not intended to be used as a guaranteed amount. Good faith negotiations are required as in item 5 above.)*

Requesting Organization: SEAU Federal I.D. #: [redacted]

Street Address: P.O. Box 581292

City: Salt Lake City State: UT Zip: 84158-1292

Contact Person: Scott Richie E-mail Address: [redacted]

Phone: [redacted] Fax: [redacted]

Function Title: SEAU 2nd Annual Conference

Date(s) of Training: February 25-26, 2014 Location(s): South Towne Expo Center

Training Objectives: Continuing education for structural engineers in the State of Utah.

Projected Number of Students: 220 Projected Number of Hours of Instruction: 12

Chris Kimball — SEAU President

Name of Authorized Representative *(Print)* — Title

Signature of Authorized Representative — 3/29/2013 Date of Signature

EDUCATION COMMITTEE ACTION

Advisory Committee Recommendation: ☐ Favorable ☐ Unfavorable

Date: / / Amount Recommended: $

Reason:

DEPARTMENT OF COMMERCE ACTION

☐ Not Approved ☐ Approved Amount: $

Bureau Manager: Date: / /

Division Director: Date: / /

Department Director: Date: / /

Structural Engineers
Association of Utah

2nd Annual
Education Conference

SEISMIC DESIGN

Salt Lake City, UT
February 25th & 26th, 2014

Structural Engineers Association of Utah

2nd Annual Education Conference

SEISMIC DESIGN

The SEAU Board of Directors would like to invite you to the **SEAU 2nd Annual Education Conference** to be held at in Salt Lake City, Utah on February 25th & 26th, 2014.

The theme for this year's conference is Seismic Design. Seminar topics were chosen to correlate with the 2012 IBC seismic design examples found in the SEAOC Seismic Design Manuals. Topics to be discussed include:

- Structural Irregularities
- Period & Distribution of Forces
- Redundancy/Reliability Factor
- Drift & P-delta
- Non-building Structures
- Non-structural Elements
- Diaphragms
- Dual & Combined Lateral Systems
- Concrete Moment Frame
- Concrete Tilt-up
- Steel Moment Frame
- Masonry Shear Walls

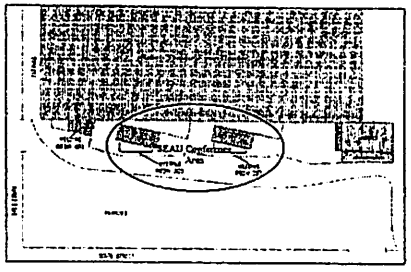
Each conference attendee will have the opportunity to receive a total of 12 Professional Development Hours (PDH) over the two day event.

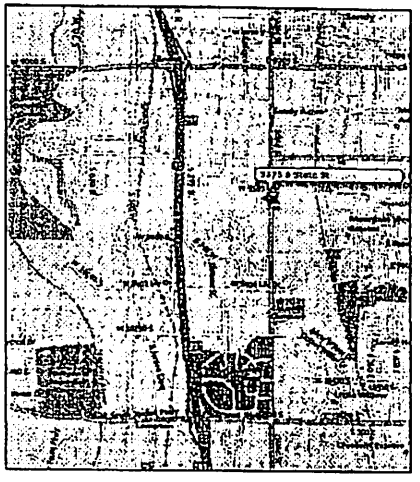
A copy of the 3-volume set of SEAOC's 2012 Seismic Design Manuals is included with each conference registration. Conference attendees will also receive bound copies of the discussion notes for each seminar they attend.

Breakfast, snack breaks, and lunch will be provided and are included in the conference fees.

Conference Location:

South Towne Expo Center
9575 S. State St.
Sandy, UT 84070





Free parking is available in the parking lot along the west side of the Expo Center.

Lodging Information:

Holiday Inn Express Hotel
10680 S. Automall Drive, Sandy, UT 84070
Phone: 801-495-1317

A limited number of rooms are available at a discounted rate of $XX.XX a night for those attending the conference. This discounted room rate is available for hotel stays on February 24th, 25th, 26th, and/or 27th. Contact the hotel directly to make reservations and be sure to mention the Structural Engineers Association of Utah to ensure that you receive the discounted rate. The discounted rate is only guaranteed for reservations made prior to February X, 2014; after that date, rates are subject to change.

Class Descriptions (Day 1):

Seismic Design Manual Vol.1

Seismic Force

Instructor: TBD

This seminar will focus on horizontal and vertical distribution of the seismic force, as well as discuss fundamental period and the redundancy/reliability factor. (1.5 PDHs)

Structural Irregularities

Instructor: TBD

This seminar will focus on seismic performance and design associated with horizontal and vertical irregularities. (1.5 PDHs)

Drift & P-delta

Instructor: TBD

This seminar will focus on how to design for drift and the P-delta effect. (1.5 PDHs)

Combined Lateral Systems

Instructor: TBD

This seminar will focus on how to deal with dual or combined lateral systems in seismic structural design. (1.5 PDHs)

Non-building Structures & Non-structural Items

Instructor: TBD

This seminar will focus on the seismic design of non-building structures, as well as seismic considerations for non-structural elements. (3 PDHs)

Diaphragms

Instructor: Timothy Mays

This seminar will focus on the seismic design of diaphragms including panels, chords, collectors, and wall anchorage. (3 PDHs)

Class Descriptions (Day 2):

Seismic Design Manual Vols. 2 & 3

Special Concrete Moment Frames

Instructor: Andy Taylor

This seminar will focus on the seismic design of special concrete moment frames, including a design example. Registered attendees will receive bound copies of seminar handouts, as well as 3 PDHs.

Concrete Tilt-up

Instructor: John Lawson

This seminar will focus on the seismic design of concrete tilt-up structures, including a design example. Registered attendees will receive bound copies of seminar handouts, as well as 3 PDHs.

Special Steel Moment Frames

Instructor: Kevin Moore

This seminar will focus on the seismic design of special steel moment frames, including a design example. Registered attendees will receive bound copies of seminar handouts, as well as 3 PDHs.

Masonry Shear Walls

Instructor: Ed Huston

This seminar will focus on the seismic design masonry shear walls, including a design example Registered attendees will receive bound copies of seminar handouts, as well as 3 PDHs.

Conference Schedule

February 25-26, 2014

	Tuesday, February 25th		Wednesday, February 26th	
7:30 AM	Registration & Breakfast		Registration & Breakfast	
8:30 AM	Seismic Forces	Drift & P-delta	Concrete Moment Frame	Concrete Tilt-up
10:00 AM	Break		Break	
10:30 AM	Structural Irregularities	Combined Lateral Systems	(continued)	(continued)
12:00 PM	Lunch		Lunch	
1:30 PM	Diaphragms & Wall Anchorage	Non-bldg structures & Non-structural Items	Masonry Shear Wall	Steel Moment Frame
3:00 PM	Break		Break	
3:30 PM	(continued)	(continued)	(continued)	(continued)
5:00 PM	Class Concludes		Class Concludes	

Conference Registration

Registration Deadlines:

Early registration, at a discounted rate, is available until 5PM MST on January 24, 2014. The general registration deadline for the conference is February 10, 2014. Registration after the February 10th deadline will not receive a copy of the Seismic Design Manuals.

Registration Fees:

EARLY REGISTRATION (payment before January 24, 2014)	GENERAL REGISTRATION* (DEADLINE is February 10, 2014)
$210 (1 day only)	$230 (1 day only)
$300 (Both days)	$320 (Both days)

SEAOC 2012 Seismic Design Manuals Volumes 1-3 **included** with every registration received prior to the February 10, 2014 deadline.

Online Registration and Payment:

To register and pay for the Conference, click on the attendance link below that best fits your schedule - CHOOSE ONLY ONE. The link will take you to the appropriate registration page where you can book your seat at the Conference and pay online.

For registration questions, contact Gloria Dearden at seauexecdirect@comcast.net or 801-333-7676.

ATTEND BOTH DAYS OF THE CONFERENCE

☐ *Days 1 & 2*

OR ATTEND ONLY ONE DAY OF THE CONFERENCE

☐ *Day 1*

☐ *Day 2*

Partial funding for this conference has been provided by the ***Utah Division of Occupational & Professional Licensing (DOPL).***
We wish to thank DOPL for their support!