

RTAP SCHOLARSHIP PROGRAM

Scholarships are available through the New Hampshire Department of Transportation, Rural Transit Assistance Program (RTAP), to attend transit-related training, seminars, workshops and conferences.

Applicant Eligibility

Each eligible Section 5311 agency may receive up to \$4,000 per State fiscal year and each eligible Section 5310 and 5307 agency may receive up to \$3,000 per State fiscal year. Scholarships are awarded to agencies, not to individuals.

Program Eligibility

Scholarships are available to reimburse organizations for courses, workshops, seminars and conferences, with subject matter applicable to public and specialized transportation, and appropriate to the level of expertise of the person(s) attending. If the program is held outside New Hampshire, the applicant should document that a similar program is not available in the State.

Expense Eligibility

Organizations can apply for as many scholarships as they wish within their limit.

Eligible Reimbursement Expenses:

- Early Registration (100%)
- Late Registration (80%)
- Lodging (100%)
- Transportation: Common Carrier, Airport Transfer, etc. (100%)
- Mileage (Current N.H. Department of Transportation Rate)

Itemized & Verifiable Receipts Are Required For All Expenses

- *For auditing purposes receipts must be provided for each individual trip component (lodging, airfare, ground transportation, etc).*
- *For all-inclusive packages, travel will not be approved without appropriate backup to include boarding passes, hotel receipts, taxi receipts, etc.*

Non-Eligible Expenses:

- Meals, Rental Car, Phone Calls, etc.

Application Procedures

To apply for a scholarship, submit a completed Scholarship Program Application Form, a Pre-Expense Form, and an agenda or brochure describing the program to be attended. Please submit this information as far in advance as possible, but **at least 30 days prior** to the date of the program, to the address below:

**NH Department of Transportation
Bureau of Rail & Transit
PO Box 483
Concord, NH 03302-0483**

Applications can also be submitted by FAX to 603-271-6767

Application Review

All applications will be evaluated based on applicability and transferability of information/training to be presented. The organization will be contacted if additional information is needed. Organizations will be notified in writing by mail and/or FAX of the approval decision.

Scholarship Reimbursement

A reimbursement for expenses of not more than 10% above the pre-expense request will be made to the organization, not the individual, after receipt of a list of sessions attended and an evaluation of the event attended, and completion of a Post-Expense Form, with legible receipts for all expenses. The Evaluation should describe the sessions attended, highlights of what was learned, whether you would recommend this program to others and ideas on how the information gained can be shared with others and put to use. The Evaluation also can include recommendations for future RTAP topics and activities. *Post-expense forms submitted without an evaluation will be returned to the submitting agency.*

NOTE: RTAP Scholarship Funds are Federal Transit Administration Section 5311 funds, and should be recorded accordingly in your financial records and reporting.

**NEW HAMPSHIRE RURAL TRANSIT ASSISTANCE PROGRAM
SCHOLARSHIP PROGRAM
PRE-EXPENSE FORM**

NAME: _____
 ORGANIZATION: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ FAX: _____ E-MAIL: _____
 PROGRAM TO BE ATTENDED: _____
 DATES: _____ LOCATION: _____

What is your current position and how will your attendance at this training or conference benefit your agency?

Please provide the following information to determine the cost of your attendance.

Training Expenses	Estimated Expenses
Registration Fee	
Travel: Car-round-trip map mileage _____ x \$0.55	
*Airfare-round-trip	
Ground Travel (*shuttle, *parking, *taxis, and *tolls)	
*Lodging including tax rate \$ _____ x _____ nights(s)	
Total Estimated Costs	
Scholarship Request	

*** Receipts Required**

NOTE: Post-Expenses should not exceed 10% of this scholarship request

 Signature of Participant Date

 Signature of Agency Head Date

NH DOT Use Only

Approved By: _____ Date: _____

Amount Approved: \$ _____

**NEW HAMPSHIRE RURAL TRANSIT ASSISTANCE PROGRAM
SCHOLARSHIP PROGRAM**

POST-EXPENSE FORM

NAME: _____
 ORGANIZATION: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ FAX: _____ E-MAIL: _____
 PROGRAM: _____
 DATES: _____ LOCATION: _____

Please provide the following information to determine the cost of your attendance.

Training Expenses	Estimated Expenses
Registration Fee	
Travel: Car-round-trip map mileage _____ x \$0.55	
*Airfare-round-trip	
Ground Travel (*shuttle, *parking, *taxi, and *tolls)	
*Lodging including tax rate \$ _____ x _____ nights(s)	
Total Estimated Costs	
Scholarship Request	

*** Receipts Required**

 Signature of Participant Date

 Signature of Agency Head Date

NH DOT Use Only

Approved By: _____ Date Processed: _____

Pre-Expense Request: \$ _____

Amount Approved: \$ _____