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# **Conference and Training Support Request Form**

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Minnesota Department of Natural Resources; Minnesota’s Lake Superior Coastal Program

## Instructions

1. Read the [guidance](https://files.dnr.state.mn.us/waters/lakesuperior/conference-support.pdf).
2. Complete this Request Form.
3. Email request and required supporting documentation to mlscp.dnr@state.mn.us

**Date of Request:**       **Amount Requested in Grant Funds:**

**Requester:**       **Title:**

**Phone:**       **Email:**

**Organization:**       **DUNS:**

**Address:**

Organization’s Authorized Representative for Grant Agreement

**Name:**       **Title:**       **Phone:**       **Email:**

## Event Details

**I will:** [ ]  Host [ ]  Attend, event host:

**Type:** [ ]  Class [ ]  Conference [ ]  Seminar [ ]  Training [ ]  Workshop [ ]  Other:

I have attached: [ ]  Agenda [ ]  Announcement/Flyer

**Title/Name of Event:**

**Date(s):**       **Location (include city and state):**

**List others involved, including their role and responsibilities:**

*If attending, list staff (name/title). If hosting, list the planning workgroup/partners.*

Expected number of training hours per participant:

**How does participating in this event enhance or support coastal management?**

*(In approximately 500 words or less, describe, include how the event addresses coastal management, and what local/organization priority or initiative it addresses. Include the target audience, and how many people you expect to participate and/or attend. If you are the host, explain support from or involvement of the targeted audience.)*

Are there any potential [conflicts of interest](https://mn.gov/admin/assets/grants_policy_08-01_tcm36-207108.pdf) that may be associated with this event? [ ]  Yes [ ]  No

If yes, explain further.

If hosting, do you expect to generate a profit from this event? [ ]  Yes [ ]  No

If yes, who will receive the revenue and how will be used?

If limited funds are available, are you interested in partial funding if available? [ ]  Yes [ ]  No

By submitting this application, I certify that:

* I have the authority to apply for this grant.
* I have disclosed any actual, potential, or perceived conflicts of interest.
* I am submitting this application without collusion, with and without any agreement, understanding or planned common course of action with any other responder of materials, supplies, equipment, or services, designed to limit fair and open competition.
* The contents herein are true and accurate.

Requestor Signature:       Date:

## Budget

**Complete the following budget table for grant expenses, and provide additional detail below.**

| Estimated Costs | Brief Description | Cost Per | Total Amount |
| --- | --- | --- | --- |
| **Staffing Costs/Number of staff and hours** |       |       |       |
| **Travel (anticipated costs)** |       |       |       |
| **Meals (anticipated costs)**  |       |       |       |
| **Lodging (anticipated costs)** |       |       |       |
| **Other (Conference) Costs** |       |       |       |
| **Facilities (anticipated cost)**  |       |       |       |
| **Refreshments (anticipated costs)** |       |       |       |
| **Supply Costs (list and describe)**  |       |       |       |
| **Speakers (include expenses)** |       |       |       |
| **Indirect** |       |       |       |
| TOTAL |   |  |       |

### Budget Details

**How will you provide the required 10% match?**

**For Coastal Program Use Only**

Comments:

State’s Authorized Representative:

Signature: Date: