



Application

Rural Healthcare Peer Exchange and Professional Development

Program for North Dakota CAHs

APPLICATION

Date

Applicant:

Organization

Address

City

Zip

Contact Name

Contact Title

Email

Phone

Name of person(s)
involved in exchange:

What community would you like to conduct the exchange with?

Location of Exchange (check one):

- I/We want to visit the community/organization listed above
- I/We want to bring someone from the community listed above to our community/organization

Exchange Request:

Describe the exchange mentoring activity for which funding is requested.

Anticipated date(s) of exchange:

Intended outcome:

Total estimated funding request:

Itemized request:

Allowable expenses -

- Round-trip ground mileage between your organization and the mentor location, calculated at the IRS standard mileage rate for business travel. Mileage receipts not necessary for reimbursement; state mileage chart used for mileage verification.
- Lodging limited to reasonable accommodations and only those nights necessary to meet the needs of the proposed exchange. Maximum three nights per person for two-day exchange. Zero balance hotel receipt required for reimbursement.

- A stipend is available for individuals that will not be compensated by their hospital for the time spent on the exchange activity. The stipend for the mentor is limited to \$200 per exchange and justification must be provided.

Mileage \$ (calculated at IRS standard mileage rate for business)

Lodging \$ (maximum 3 nights/person; limited to length of exchange)

Per Diem \$ (calculated at ND standard rate)

Stipend \$ (Special circumstances only)*

*If requesting a stipend, please describe the circumstance for the request

Organizations receiving travel support are required to complete an outcome report upon exchange completion.

Original zero balance receipts for lodging are required for reimbursement.

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