

Region _____



FAMILIES HELPING FAMILIES OF GREATER BATON ROUGE EMPOWERMENT PROGRAM TRAVEL STIPEND APPLICATION

FHFGBR family members and youth are eligible for stipends to attend local, state, and/or national workshops/conferences. Upon approval, families may receive stipends for transportation, hotels, meals, and on-site/individual child care. Please complete this form and return to: **Families Helping Families 2356 Drusilla Lane, Baton Rouge, LA 70809. Fax: (225)216-7977 Email: info@fhfgbr.org. Attention: Deatra Peoples** For more information, please call Deatra Peoples at (225)216-7474 or toll free (866)216-7474.

Please print all information:

First Name	Last Name			
Street Number	Street Name	City	State	ZIP Code
Home Phone	Work Phone	Cell Phone	Parish	Region

Event Title: _____ Event Date: _____

Meeting Location: _____

STIPENDS ARE ONLY AVAILABLE FOR IN-PERSON PARTICIPATION

Travel Start Time: _____ Travel End Time: _____

Meeting/Event Start Time: _____ Meeting/Event End Time: _____

\$ 25 On-Site/Individual Child Care Stipend (up to \$25/day)

\$ _____ Travel Stipend (\$0.54/mile) provide printout showing MapQuest/Google Maps route

\$ _____ Hotel Accommodations (State hotel rate or less. Total cost of hotel including taxes is allowable. Do not include room services/calls home. RECEIPT REQUIRED)

\$ _____ Meals (Give Quantity of Each) _____ x \$ _____ = _____ Breakfast _____ x \$ _____ = _____ Lunch _____ x \$ _____ = _____ Dinner

[See State travel regulations for meals](#)

Travelers may be reimbursed for meals according to the following schedule:
Breakfast: When travel begins at/or before 6 a.m. on the first day of travel or extends at or beyond 9 a.m. on the last day of travel, and for any intervening days.
Lunch: When travel begins at/or before 10 a.m. on the first day of travel or extends at or beyond 2 p.m. on the last day of travel, and for any intervening days.
Dinner: When travel begins at/or before 4 p.m. on the first day of travel or extends at or beyond 8 p.m. on the last day of travel, and for any intervening days

\$ _____ Other Please specify _____

Total Amount Requested	Amount Approved	Initials of Staff	Response Date
_____	_____	_____	_____