**2015 AFDOSS FALL CONFERENCE GRANT APPLICATION**

The Association of Food and Drug Officials of the Southern States (AFDOSS) received a small scientific conference program grant award for 2015 from the Food and Drug Administration. The purpose of the award is provide LIMITED conference scholarships to state and local food and drug regulatory personnel to attend the 2015 AFDOSS Fall Educational Conference to be held at the Park Vista Hotel and Resort, September 13 – 16, 2015 in Gatlinburg TN.

 Please submit the following information immediately in order to be considered. Preference will be given to those in programs who have not been able to fund a representative due to the lack of out of state travel funds and which have actively participated in previous AFDOSS educational conferences.

**Last day to submit this application is September 1, 2015**

**Travel and Per Diem (Federal Rates applicable) will be allowed Room rate is $83.00 + 12.75% Tax. REGISTRATION FEE IS NOT AN ALLOWABLE COST UNDER THE GRANT.**

Name of Applicant: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Total Travel Costs: $\_\_\_\_\_\_\_\_\_\_\_

How much funding will be available from other sources? $\_\_\_\_\_\_\_\_\_\_\_

Would you accept partial funding? \_\_\_\_\_\_\_\_\_\_\_ Example-AFDOSS award $500.00

Name and phone number of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you a committee member? Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_

Please return this application by email to: **mark.sestak@adph.state.al.us**