All Staff Development (SD) grants will be issued through an Event Notification Memo. This memo will include:

* Specifics on how funds may be used, including any expenses that do not qualify for reimbursement.
* An **event number**, event title, start and end date of event, location of event, amount of award and possibly a list of approved travelers.
* For events funded through federal awards, the federal awarding entity, the CFDA number, the Federal Award Identification Number (FAIN) and the federal award date.

Memos will be sent via email to the Business Manager listed for the grantee.

Grantees are expected to book travel through the grantees travel procedures and submit for reimbursement to DEED. Requests for reimbursement of SD grants should occur

* 30 – days after the end of each quarter, Oct. 30, Jan 30, April 30 & July 30

OR

* After all travel for the specific activity is completed and expensed by the grantee.

Submissions for grant reimbursements are done through the [DEED Staff Development form](https://app.smartsheet.com/b/form/e225b7edf1ba41b7939a3ec396685e6c).

**Grantees must submit *one* form per traveler per event.** Required fields include:

* Submitter First Name Submitter First Name
  Please enter your first name.
  
* Submitter Last Name Submitter Last Name
  Please enter your last name.
* Submitter Email Submitter Email
  Submitter Email Address
* School District Name (select from picklist) School District Name
  Select school district from drop down list.
* Traveler’s First Name Traveler's First Name
  Enter Traveler's First Name
* Traveler’s Last Name Traveler's Last Name
  Enter Traveler's Last Name
* Travel Begin Date

Travel Begin Date
Enter Travel/Event Beginning Date

* Travel End Date

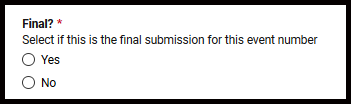
Travel End Date
Enter Travel/Event End Date

* Event Number (select one radio button – **this must correspond to the event number in the Event Notification Memo.**)

Event Number
Select the Event Number for this Traveler. 01-Migrant Fall Training Fairbanks, 02-Migran Fall Training Anchorage 1, 03-Migrant Fall Training Juneau, 04-Migrant Fall Training Anchorage 2

* Total Cost for Traveler

Total Cost for Traveler
Enter the total cost for this event and the specific traveler

* Final Submission? (select yes or no radio button) 
* File Attachments, an attachment of back up is required. Backup is expected to be source documents which support the total reimbursement request. This can be a ledger report. Files can be dragged and dropped. It is recognized that one file might provide the backup for several reimbursement submissions.

File Attachment
Attach back up documentation for the traveler and this event. Drag and drop files here or browse files.

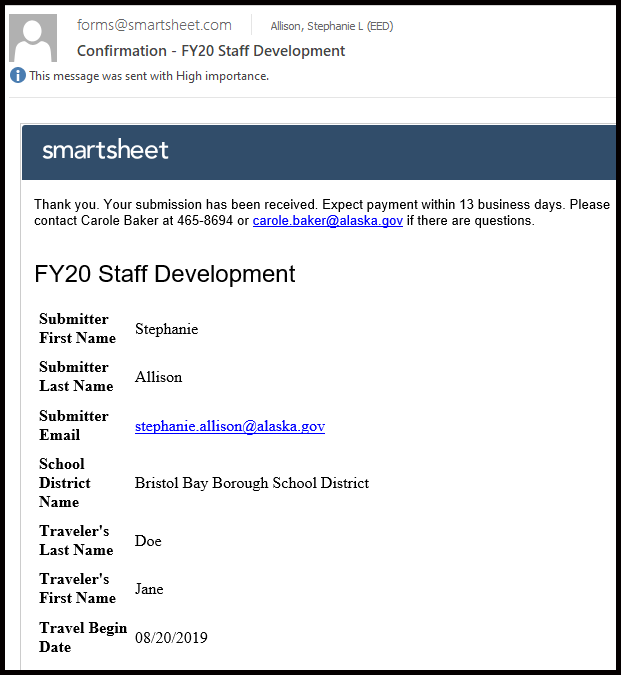
* Comments (**optional field)** Add any information you feel necessary. Comments
  Please enter any additional information.
* Grantees can have a copy of the submission sent to them with this checkbox. An email address is required for a copy of the submission.Send me a copy of my responses.
  Email address
  This field is required. 
  
* Submit. When all required fields are complete, select the Submit button.

Submit Button



If a confirmation email has been requested, it will provide documentation of all information submitted.

* Conformation email



Any questions regarding reimbursement should be directed to SD Grant Administrator Alicia Hughes-Skandijs, [alicia.hughes-skandijs@alaska.gov](mailto:alicia.hughes-skandijs@alaska.gov) 907-465-8717