**ANSI Consumer Participation Fund**

**Consumer Application**

Thank you for your interest in volunteering for a standards committee, and for applying to receive support from the new Consumer Participation Fund. If you have any questions about this form or the program, please contact Cleo Stamatos (link to email). Consumers should complete the Consumer Participation Fund Reimbursement Application and submit it to ANSI prior to making travel plans, as reimbursement is subject to prior approval.

**ELIGIBLE ACTIVITIES & EXPENSES**

Expenses eligible for reimbursement may include travel expenses (transportation, hotel, food per diem) plus participation fees, if applicable, related to participation and/or attendance by a consumer representative in/at an activity. ANSI staff will determine allowable expenses at the time of application on a case-by-case basis and will determine and advise the applicant which expenses will be acceptable (and maximum allowable expenses) at the time of notification of approval of their application. Permitted allowances for expenses will adhere to the location-based U.S. General Services Administration (GSA) per diem rates.

**YOUR INFORMATION**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization/Affiliation, if applicable:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title, if applicable? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide information below for (check): \_Home or \_ Office

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: Landline/Cell\_\_\_\_\_\_\_\_\_\_\_\_

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred contact – please rank or indicate:

(\_) Mail (\_) Email (\_) Phone (\_) Text to cell phone

**STANDARDS COMMITTEE INFORMATION**

Details on the activity to be attended:

Committee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Standards Development Organization: \_\_

Committee Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information for Committee Chair (or staff):

Date(s) of Meeting(s):

Reason you would like to attend:

**EXPECTED PARTICIPATION COSTS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Description (Date, Details, Etc) | Expected Cost | Total |
| #1 | Air/Rail Travel |  |  |
| #2 | Ground Trans/Mileage\*\* |  |  |
| #3 | Lodging |  |  |
| #4 | Meals |  |  |
| #5 | Other costs (explain) |  |  |
| Estimated Costs total |  |  |

\*\*For mileage – if you use your own vehicle to drive to the meeting, please estimate mileage. You will be reimbursed using the 58.5 cents per mile driven for attending the meeting, as per the US government’s General Services Administration current guidelines (https://www.gsa.gov/travel/plan-book/per-diem-rates). Should GSA change this amount, which is done annually, this form will be updated. Also please note that for our reimbursement tool (Concur), we will require a W9; https://www.irs.gov/pub/irs-pdf/fw9.pdf. As this is a reimbursement, we will not be providing this financial information to the IRS.

*I verify that to the best of my knowledge, these are the costs associated with participating in the standards committee noted above. I understand that after these costs are approved, I must submit receipts in order to receive reimbursement, and that I will not be reimbursed until after I have submitted materials. I also confirm that I will follow the protocols for participating in a committee, as required by the SDO, to the best of my ability.*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

When your application is approved, you will be notified using the preferences you outlined on the form. If there are issues or concerns with approval of your request, you will also be notified. Thank you for your application!

Internal administrative review:

\_\_\_\_\_\_\_\_\_\_ANSI 1

\_\_\_\_\_\_\_\_\_\_ANSI 2