

National Client Protection Organization

www.ncpo.org

Workshop Assistance Program

The Workshop Assistance Program is an award program established by NCPO to assist members of NCPO in attending and participating in NCPO sponsored workshops or the annual National Forum on Client Protection. The workshop assistance award will be assessed based upon financial need. The maximum award to be granted is \$1,000 for each event. The award recipient will also receive a waiver of the registration fee to the NCPO workshop or the ABA National Forum on Client Protection.

The determination of the recipient of the workshop assistance award will be made by a committee comprised of three members. One member will be the President of NCPO who will also act as Chair of the committee. The two other committee members shall be appointed by the President, which individuals must be a member, officer or director of NCPO. All applications received by the President will be distributed to the committee members on a timely basis in order that the committee may make a determination and notify the award recipient no later than 60 days prior to the workshop. The determination of the award recipient will be made by a majority vote of the committee.

Factors to be considered by the committee in determining the award recipient should include but not be limited to:

- Assets and operating budget of the organization
- Inability to have the cost of attendance approved by the governing body
- Prior attendance at workshops (Preference will be given to an applicant or a Fund that has not attended, or is an infrequent attendee, to the workshops.)
- New NCPO member, new administrator, new trustee
- Circumstances forming the basis for the financial need
- An individual or organizational membership with NCPO is a requirement
- An award recipient shall not have received a prior workshop assistance award within the
 most recent 3 years, unless there are no other qualified applicants for the workshop
 assistance award.

Applications for a workshop assistance award must be received by the designated committee representative no later than 60 days prior to the start date of the workshop or forum. Applications that do not provide the Statement of Circumstances will not be considered. The committee will notify the award recipient no later than 30 days prior to the start date for the workshop or forum.

The award recipient must pay all expenses related to attendance at the event up front and seek reimbursement after the event. Reimbursement will be requested by submission of the approved reimbursement form, together with receipts for each item for which reimbursement is being requested. The award recipient will receive reimbursement for all event related expenses, such as travel, hotel and meals, with meal reimbursement not to exceed \$70 per day for each day of the workshop. The award recipient will receive the total allowable reimbursable expenses or \$1,000, whichever is less.



NATIONAL CLIENT PROTECTION ORGANIZATION Workshop Assistance Application

I am applying for assistance in attending the following NCPO workshop or National Forum on Client Protection:

Dates: Name:	Location:				
Position/Title: Organization: Address: City: State: Zip Code: Phone: E-mail: Are you a member of NCPO: No Si your organization Not applicable Information about your organization: Current annual operating budget: Assets: Have you or any member of your organization previously received a workshop assistance award? Yes No Sifyes, please provide the date(s) of the workshop(s) attended and the name(s) of the person(s) who attended and received the assistance award STATEMENT OF CIRCUMSTANCES Please attach a statement providing the circumstances regarding your organization's inability to fully fund your participation at the NCPO workshop or the National Forum on Client Protection and what benefits you hope to derive from attendance at either event. (I have read the criteria for the workshop assistance for which I am applying and I understand that the basis for an award is financiance. (I have read the criteria for the workshop assistance for which I am applying and I understand to pay the full cost for me to attended. (I have read the criteria for the workshop assistance for which I am applying and I understand to pay the full cost for me to attended. (I have read the criteria for the workshop assistance for which I am applying and I understand to pay the full cost for me to attended. (I have read the criteria for the workshop assistance for which I am applying and I understand to pay the full cost for me to attended. (I have read the criteria for the workshop assistance for which I am applying and I understand to pay the full cost for me to attended.					**************************************
Position/Title: Organization: Address: City: State: Zip Code: Phone: E-mail: Are you a member of NCPO: No Si your organization Not applicable Information about your organization: Current annual operating budget: Assets: # of Staff Have you or any member of your organization previously received a workshop assistance award? Yes No Sifyes, please provide the date(s) of the workshop(s) attended and the name(s) of the person(s) who attended and received the assistance award STATEMENT OF CIRCUMSTANCES Please attach a statement providing the circumstances regarding your organization's inability to fully fund your participation at the NCPO workshop or the National Forum on Client Protection and what benefits you hope to derive from attendance at either event. Whave read the criteria for the workshop assistance for which I am applying and I understand that the basis for an award is financiance. Thereby make application to NCPO for an award based on the inability of my organization to pay the full cost for me to attended. Thereby make application to NCPO for an award based on the inability of my organization to pay the full cost for me to attended. Thereby make application to NCPO for an award based on the inability of my organization to pay the full cost for me to attended. Thereby make application to NCPO for an award based on the inability of my organization to pay the full cost for me to attended.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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Address:					_
City:	Organization:				
City:	Address:				
Are you a member of NCPO: Yes Date joined					
Is your organization	Phone:	E-mai	l:		
a member of NCPO?	Are you a member of NCPO:			Date joined	
Information about your organization: Current annual operating budget:	Is your organization		Yes	Date joined	
Assets:# of Staff			No		
Assets: # of Staff Have you or any member of your organization previously received a workshop assistance award? Yes No If yes, please provide the date(s) of the workshop(s) attended and the name(s) of the person(s) who attended and received the assistance award STATEMENT OF CIRCUMSTANCES Please attach a statement providing the circumstances regarding your organization's inability to fully fund your participation at the NCPO workshop or the National Forum on Client Protection and what benefits you hope to derive from attendance at either event. If have read the criteria for the workshop assistance for which I am applying and I understand that the basis for an award is financial need. I hereby make application to NCPO for an award based on the inability of my organization to pay the full cost for me to atter-	Information about your organ	ization:			
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ignature:	Signature:				
Date:					

The basis for a Workshop Assistance Award is financial need. Factors to be considered by NCPO in awarding workshop assistance may include, but not be limited to:

- assets of the organization
- operating budget for the organization
- inability to obtain approval by the governing body for attendance at the workshop or similar conferences
- prior attendance at NCPO workshops
- length of time applicant has held the position indicated on the application
- individual's or organization's prior award of workshop assistance
- circumstances forming the basis of the organization's inability to fully pay for the applicant's attendance at the workshop

Workshop assistance applicants should submit applications no later than 60 days prior to the scheduled workshop. Awards are provided to help defray the cost of travel, attendance and participation at the NCPO workshop or ABA Client Protection Forum. The recipient is required to cover all expenses up front. After the event, the recipient will submit a reimbursement request form with receipts documenting costs of transportation, hotel, meals, and other travel related expenses. The total amount of reimbursement is limited to the award amount of \$1,000, which includes a maximum \$70 per diem for meals for the length of the workshop. The recipient of the workshop assistance award will also receive a waiver of the fee for the NCPO workshop or ABA Forum. The award recipient will be notified of the award no later than 30 days prior to the scheduled event.

Please contact NCPO at info@ncpo.org with any questions.

Please submit the completed application and required Statement of Circumstances to: info@ncpo.org

National Client Protection Organization

Request for Reimbursement of Expenses

	se of Expenditure: of Meeting:	Date:		
4105	or meeting.	Please mail to:		
Locatio	on of Meeting:	info@ncpo.org		
	ittee Name:			
Other 8	Explanation:			
Meetin	gs and Travel Expense			
		m and Description	Amount	
_	Air (Coach rate; attach receipt)			
Transportation	Rail (Attach receipt)			
ort	To and From terminals (taxi, li	mousine, etc.)		
dsue	Automobile: miles @			
	Other (rental car, etc.) Explain	and provide substantiation:		
Lodging	and Meals (hotel or motel at sin	gle rates)		
Incident	als (gratuities and other miscella	neous items)		
		Total Meetings and Travel Expense		
Expense	s not related to Meetings and Tr	avel	<u> </u>	
Stateme	nt attached (telephone, postage	, office expense, etc.)		
		Total Reimbursement Requested		
Make ch	eck payable to:	Total Reimbursement Requested		
lame:		Title:		
	Individual Firm or Company	ritie.	r	
ddress:				
•	Street Address or P.O. Box			
_	City, State and Zip Code	Signature		
		-		
		For NCPO Use		
		Date Received:BOD Auth:	The state of the s	
		Authorized by:	-	
		Amount Authorized: \$ Check # Issued: Date:		
		Date:	1	