American Indian Air Quality Training Program

COURSE NOTICE FOR:

Treatment as a State (TAS) for Air Quality
(a Level 2 course for tribes in the Lower 48)
November 14-16, 2017
TAMS Center, Las Vegas, Nevada

Course Description: This course will provide detailed information for tribes in the Lower 48 who want a good understanding of TAS and how it applies to air quality management. Attendees may or may not be ready to actually develop a TAS application. The course will consist of presentations, discussions, and activities.

Topics include:
- Relationship among TAR, TAS, SIP, TIP, FIP
- Engaging in the SIP process
- Steps in preparing a TAS application
- Options for TAS including delegation
- EPA's review process
- Advantages and disadvantages of TAS/delegation
- Gaining tribal support through community education
- Strategic planning for TAS
- Resources to assist in developing a TAS application

Pre-Requisite: Since this is a Level 2 course, there is a prerequisite course:
- Introduction to Tribal Air Quality (or equivalent experience).

If you are unsure whether you qualify for this course, please contact Pat Ellsworth at ITEP (928-523-6721 or patricia.ellsworth@nau.edu).

How to Apply for the Course: Read all enclosed information carefully. Fill out both sides of the enclosed Application Form and fax it to ITEP by the Pre-Registration date listed for priority consideration. Applications received after the pre-registration period will be considered if there is still space available.

The “Personal Data” section is required for first-time applicants or applicants who need to update information. The “Course-Related Information” section is required of all applicants. Information obtained on the application form is used to aid the selection process and prepare instructors for interaction with participants; please be as specific as possible. Incomplete application forms may be omitted from the applicant pool. Selections for the course will be made on a case-by-case basis.
**Travel and Hotel Arrangements:** Your hotel reservations will be made by ITEP. Detailed information regarding hotel arrangements will be sent to you with notification of your selection for this training course. Lodging costs are FREE to tribal participants, provided that they **attend the entire course.** Transportation arrangements to and from the training location are the responsibility of the participant; however, you **must** obtain a letter of selection for the course prior to making travel arrangements.

- **Lodging Costs:** ITEP will pay Participant lodging expenses (room and tax only). All incidentals will be paid by the participant.

- **Meals (per diem):** Meals will be reimbursed, at the State of Arizona rate, **AFTER** successful completion of the course.

- **Transportation Costs:** ITEP will provide a limited number of scholarships to help tribes pay transportation costs for tribal employees; only **ONE** scholarship per tribe will be provided. Applications for a transportation scholarship are reviewed on a case-by-case basis and are awarded based on availability of funds.

**NOTE:** Scholarships will be issued **AFTER** successful completion of the course, and will be used to reimburse eligible expenses including airfare and mileage, up to the amount of $400.00.

**Additional Responsibilities:** Once you have agreed to attend it is **absolutely essential** that you complete the training course **in full** in order to receive your Certificate of Completion. Please read the enclosed “Attendee Responsibilities” & “Cancellation Policy” for more information. Families are not encouraged to travel as full participation by the attendee is required. Excessive cancellations or poor attendance may jeopardize your eligibility for future courses.

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As a cooperative effort between Northern Arizona University and the U.S. Environmental Protection Agency, the American Indian Air Quality Training Program seeks to fulfill the mandate of the 1990 Clean Air Act to offer Native American tribes full partnership in the management of air quality on tribal lands.

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Training Course Application Form

Complete both pages of this form and fax to the above number. Please type or print clearly. Applications must be approved by ITEP in order to be accepted to attend the course.

**Applications received by October 13, 2017 will have priority consideration over other applications**

Name ____________________________________________
Title ____________________________________________
Tribe or Organization [employer] ____________________________
Tribal Federal ID Number [9 digit number; verify with tribal financial dept.] ____________________________
Department _________________________________________
Mailing Address _______________________________________
Street Address _______________________________________
City _______________________ State _______ ZIP Code __________
Telephone _______________________ Fax ____________
Email _____________________________________________
Cell Phone [required for last-minute contact—if no cell phone, please list home phone] ____________________________
Emergency Contact Name and Phone ____________________________

By submitting this application, you will automatically be added to ITEP’s email list for our quarterly publication, Native Voices. If you wish to “opt-out” of this service, check here: ☐

*Include name & contact information of Tribal Financial Officer for reimbursement purposes*
Name _____________________________ Email _____________________________
Telephone ___________________________ Fax _____________________________

*ITEP takes photos of course-related activities for use in presentations, web pages, brochures, and other materials in order to promote ITEP programs. Please check the appropriate space below:

☐ I authorize ITEP to use pictures of me taken during the course
☐ I do not authorize ITEP to use pictures of me taken during the course

*The signature of your supervisor is REQUIRED to approve your application for, and travel to, this training course AND to accept the terms of ITEP’s policy on cancellations & reimbursements*

I verify that I have read and understand all enclosed statements and requirements related to attendance, travel costs, and cancellations. Applicant Signature: ____________________________
Supervisor Name: ____________________________ Signature: ____________________________

Institute for Tribal Environmental Professionals (ITEP)
Tribal Air Monitoring Support (TAMS) Center
4220 S. Maryland Parkway, Bldg C
Las Vegas, NV 89119
Ph: 702-784-8264     Fx: 702-784-8201
Email: Darlene.Santos@nau.edu     ATTN: Darlene Santos

Darlene Santos
**Personal Data (Please update as necessary)**

| **Name** [required] |  |  |
|---------------------|------------------|
| Job description/duties |  |  |

Year you began working in the environmental field:  
Are you over the age of 18? Date of High School Diploma or GED  
Do you have a college degree? 2-year 4-year Other  
Field of study or technical training:  
Please list the dates of degrees/certificates:  
College science and math courses completed:  
Please detail your experience and/or training in environmental monitoring/management:  

**Course-Related Information (please fill this section out as completely as possible)**

1. Does your tribe currently have an air quality program?  yes no unknown  
2. If not, do you plan to develop one in the near future? yes no unknown  
3. Does your tribe currently have an approved TAS application? yes no  
   If so, for what media?  
4. What specific topics or questions would you like to see addressed in this training?
Transportation Scholarship Application for AIAQTP Courses

IMPORTANT!!! Fill out this form ONLY if you are requesting a scholarship from ITEP to help pay for transportation costs. (One request per tribe per course.)

Instructions: In order to be considered for a scholarship to help cover transportation costs, fill out this application form as accurately and completely as possible. The deadline to request a scholarship is the same as the deadline to apply for the course; you must fill out a separate request for each course. Please return this form with your course application.

Name: ___________________________________________
Tribe: ___________________________________________
Course: ___________________________________________

1. Indicate the costs for which you are requesting additional assistance (see above):
   - Airfare  - Mileage  - Other (please specify)

2. Does your tribe have a CAA103 or CAA105 air grant, GAP grant with air quality-related tasks, or other source of funding?
   - 103  - 105  - GAP  - None  - Other (please specify)
   a. Will you be able to attend this course if you are NOT provided a scholarship to help cover transportation costs?  YES  NO
   b. What specific items in your grant work plan relate to the topics of this course?

3. How will you benefit from attending this course?

4. How will your program benefit from you attending this course?

ITEP will cover all costs for lodging and per diem (meals). If this scholarship is approved, you will be awarded some funds to help cover transportation costs up to the specified amount (please note that not all costs will be covered if the scholarship amount is exceeded). By signing below, you acknowledge that all information provided is true and that you have read and understand the terms of the scholarship as well as the Attendee Expectations and Course Travel and Cancellation Policy (enclosed).

NEW!!! IF A SCHOLARSHIP IS AWARDED, IT WILL BE REIMBURSED APPROXIMATELY FOUR WEEKS AFTER COMPLETION OF THE COURSE; AIRLINE TICKETS WILL NOT BE PROVIDED BY ITEP BUT MUST BE PURCHASED BY THE TRIBE/TRAVELER.

Applicant’s signature: ____________________________  Supervisor’s signature: ____________________________
ARIZONA BOARD OF REGENTS FOR AND ON BEHALF OF NORTHERN ARIZONA UNIVERSITY
ASSUMPTION OF RISK, WAIVER, AND RELEASE FOR PARTICIPATION IN
VOLUNTARY PROGRAMS

THIS DOCUMENT HAS LEGAL CONSEQUENCES. IT MUST BE COMPLETED AND SIGNED PRIOR TO PARTICIPATION.
PLEASE READ IT CAREFULLY BEFORE SIGNING.

Program (describe and include dates):

Department Contact (name, email, phone):

Program Location:

Specific Potential Risks of Program:

Participant Name: 
Age: 

Address: 
City: 
State: 
Zip: 

Telephone No. (Include Area Code) 
Home: 
Cell: 
Work: 

Emergency Contact 
Name: 
Relationship: 

In consideration of being allowed to participate in the above-mentioned Northern Arizona University (“NAU” or “University”) Program, I,___________________________________________, on behalf of myself and my spouse, if any, and our heirs, successors, and assigns:

1. Acknowledge and understand that participation in the Program may involve a variety of activities. Such participation, particularly in field trips, “wilderness trips”, and similar events, may involve risks, including but not limited to, serious personal injury, partial or permanent disability, property damage, and/or death. These risks may result from my own actions or inactions, from the actions or inactions of others, or may be inherent to participating in the Program. I also understand that Northern Arizona University is not an agent of and has no responsibility for any third party that may provide any services during the Program, including but not limited to, food, lodging, travel, and equipment associated with the Program. I understand that I am responsible for ensuring that I am properly prepared for all Program activities, and I represent that I am in good health and am able to participate fully in all Program activities.

2. Assume all of the foregoing risks and accept personal and financial responsibility for all damages for personal injury, partial or permanent disability, property damage, or death, caused by me, to the fullest extent allowed by law.

3. Agree not to sue the State of Arizona, the Arizona Board of Regents, Northern Arizona University, their officers, employees, agents, and assigns, and waive all claims, demands, losses, or damages on account of personal injury, partial or permanent disability, property damage, or death, caused or alleged to be caused in whole or in part by the actions of any person or entity, to the fullest extent allowed by law.

4. Grant to NAU and to its employees, agents and assigns the right to photograph me and use the photo and or other digital reproduction of me or other reproduction of my physical likeness for publication processes for use in connection with University Programs, whether electronic, print, digital or via the Internet.

5. Understand that medical care facilities may not be immediately available and I accept the increased risk that may pose in the event of injury.

6. Understand that NAU does not have medical personnel available at the Program location, and I agree that any medical costs, including emergency medical treatment that may be incurred as a result of my participation in the Program will be my financial responsibility.

7. Hereby consent to NAU, any appropriate medical facility, and/or to the physician(s) listed below, providing whatever medical services they may deem necessary in the event of an emergency. I certify that I have adequate insurance and/or other means to pay for any costs and expenses related to these services and I agree to bear such costs and expenses in full.

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8. Agree that I will comply with NAU’s rules, standards, and instructions for student behavior, including the Student Code of Conduct, as well as any specific standards of conduct of the Program that may be provided to me. The Student Code of Conduct can be found at: http://nau.edu/uploadedFiles/Administrative/EMSA_Sites/Folder_Templates/Forms/Student_Code_Conduct.pdf. I understand that I am not permitted to consume alcohol, possess/use weapons or illegal substances, or engage in sexual activities while participating in the Program. I agree that the University has the right, in its sole discretion, to enforce the standards of conduct described above, and that it may impose sanctions, up to and including expulsion from the Program or from the University, for violating these standards or for any behavior detrimental to or incompatible with the standards of the University or the Program. I understand that the University has the right to make changes to the format and administration of the Program.

9. Waive and release all claims against the State of Arizona, the Arizona Board of Regents, and Northern Arizona University, their officers, employees, agents, and assigns that arise at a time when I am not under the direct supervision of NAU or that are caused by my failure to remain under such supervision or to comply with rules or instructions, to the fullest extent allowed by law.

10. ACKNOWLEDGE THAT I HAVE READ THE ABOVE ASSUMPTION OF RISK, WAIVER, AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Participant Signature: __________________________________________________________________________ Date:____________________

IF THE PARTICIPANT IS UNDER AGE 18, THE PARENT OR GUARDIAN OF THE PARTICIPANT MUST SIGN BELOW.

I am the parent or legal guardian of the Participant. I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing the University from liability on my and the Participant’s behalf, (b) waiving my and the Participant’s right to sue the University, (c) and assuming all risks of Participant’s participation in this Program, including travel to and from the Program or any events incidental to this Program. I allow the Participant to participate in this Program. I understand that I am responsible for the obligations and acts of the Participant as described in this document. I agree to be bound by the terms of this document.

Parent/Guardian Signature (if participant is under age 18): ______________________________________________ Date:____________________

Medical and Emergency Contact Information:

Physician(s):___________________________________________________________________________________ Phone:____________________

Insurance Company: _________________________________________________________________ Policy #: ______________________________

Group #:___________________________ Phone: ______________________

Please indicate any and all special medical conditions NAU may need to know about:
_______________________________________________________________________________________________________________________

List allergies to any medicine, food, insect bites, bee stings, etc. and describe allergic reactions: ____________________________________________________________
_______________________________________________________________________________________________________________________

Emergency Contact Name(s), phone number(s) and email(s): ______________________________________________________________________
________________________________________________________________________________________________________________________

Department: please forward all completed forms to: NAU, Insurance and Claims Services, PO Box 4067, Flagstaff, Arizona 86011
Institute for Tribal Environmental Professionals (ITEP)

ATTENDEE RESPONSIBILITIES

The following expectations have been developed for all ITEP Attendees for several reasons: 1) the expectations ensure that all participants receive proper training; 2) ITEP events are short but convey a great deal of content; 3) it is difficult for ITEP to justify federal expenditures when attendance and participation are not satisfactory; and 4) attendees who fail to follow these expectations deny other tribal participants the opportunity to attend. The word "Attendee" herein refers to any person participating in an ITEP event including training courses, internships, and meetings. Thank you for your understanding and adherence to these responsibilities.

Attendance
Attendance at ITEP events is mandatory and essential to positive learning outcomes. Certificates of Completion and per diem reimbursements will be given only to participants who attend and participate in all sessions. Completion of in-class assignments is also required. Participants who fail to adhere to the attendance and participation expectations may be billed for any pre-paid expenses and/or reimbursements may be withheld. If an emergency situation occurs, please consult with support staff as soon as possible. Individuals with circumstances that might require them to miss part of a session, such as nursing mothers, should contact the support staff for assistance with scheduling. Children are not permitted in the meeting rooms.

Tardiness and Leaving Early
Attendees are expected to arrive on time to the event and all related activities. Attendees are also expected to be in the room and remain attentive while the event is in session, and to stay until the event is adjourned.

Meeting Room Conduct
Attendees are expected to be respectful of one another and keep discussions and activities during the sessions focused on the topics at hand. As a subsidiary of Northern Arizona University, ITEP must uphold the Safe Working and Learning Environment Policy. This policy affirms that everyone has the right to be safe from harassment and discrimination based upon gender, race, ethnicity, age, religion, national origin, sexual orientation, gender identity, or status as a veteran or individual with a disability. Harassment or discrimination during ITEP events is not acceptable. For more information, please see the support staff for a copy of the entire policy.

Alcohol and Illegal Drug Use
The effects of alcohol or illegal drug consumption can impair one’s ability to make sound judgments, hinder one’s ability to participate effectively, and negatively impact others. Abuse of alcohol or illegal drugs will be grounds for dismissal.

Cell Phones & Computers
Cell phones must be silenced during the sessions and text messaging is not allowed. Use of computers during class sessions for personal reasons (email, internet browsing, etc.) is also not allowed. Experience has shown that such activities are a distraction to both participants and presenters. Phone calls, texting, and emails can be conducted during scheduled breaks and lunches.
Course Travel & Cancellation Policy

By confirming your attendance for an ITEP training course, you agree to accept the following policy on travel and cancellations. These policies help ensure the efficient use of federal funds for the courses, which allows more tribal participants to benefit from this program. Please read this entire document carefully.

I. Transportation Arrangements

a. Transportation arrangements are the responsibility of the traveler. Please do not make any travel arrangements until you have received notification of your acceptance for a course.

b. A copy of the travel itinerary (for air or ground travel) must be provided to ITEP by the specified date so that ITEP staff can make appropriate hotel arrangements.

c. All travel itineraries must coincide with the course agenda, provided with selection materials, to ensure full participation in the course. If the itinerary you submit does not allow for full participation, ITEP reserves the right to deny your attendance at the course.

II. Tribal Participants Receiving Transportation Scholarships

a. New Policy: Scholarships will be awarded, up to the amount specified in the selection letter, approximately four weeks after satisfactory completion of the course. Any additional costs will be the responsibility of the traveler.

b. New Policy: Scholarships can be used to reimburse the cost of standard, round-trip, coach-class airfare (and associated taxes or fees), taxi or shuttle costs, or other eligible expenses (see Vendor Claim Form).

c. ITEP will reimburse mileage costs at the Arizona state-dictated rate for travel to/from the training location or airport for personal or government vehicles only (no rental vehicles).

d. Mileage costs can only be reimbursed up to the amount of a similar-itinerary airline ticket.

e. Additional per diem or hotel costs will be covered only if they are approved prior to travel.

III. Cancellations

a. If you must cancel your attendance less than 72 hours before departure, you must contact the airline or travel agent directly to keep your ticket valid for future use. You must do this prior to the scheduled departure time; otherwise, your airline ticket becomes null and void. ITEP is not responsible for contacting the airline.

b. Hotel arrangements are made in advance by ITEP through a legally binding contract. If you must cancel your hotel room, please contact ITEP directly; do not contact the hotel. You must notify ITEP at least 72 hours prior to your scheduled arrival time; otherwise, your tribe will be billed for any lodging costs incurred.

c. Excessive cancellations or outstanding payment due to ITEP will jeopardize your eligibility for future trainings.