

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000 383

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1
Name of Person Attending: Janelle Melohn Working Title: Compensation & SAE Administrator

Department: Crime Victim Assistance Division Division/Bureau/Section: Attorney General's Office

Will this trip require an overnight stay outside of Iowa? No: Yes: (If No, you do not need this waiver)

City (Cities) Traveling To: Providence, Rhode Island Dates of Travel: 05/23/2011-05/25/2011

Funding Source: Appropriated State: ___% Federal: ___% Other: 100% If Other, Specify: 95% - NAGTIC ORGAN
5% - IOWA CRIME
VICTIM COMP FUND
(If the appropriated state funds is 0% - you do not need this waiver)

Total Projected Cost of Trip (include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$55.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes:

If Yes, Have You Received Approval? No: Yes: If Yes, Date: _____

Reason for Travel Waiver (Select one)

Fulfills statutorily required duties (Cite the specific statute) _____

Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) _____

Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

This conference was put on by the National Association of Attorneys General and the focus was on serving Crime Victims. I was selected to go by the Attorney General's Chief of Staff, Eric Tabor, because my work focus is dealing with Crime Victims. This conference provided the opportunity to be educated about issues such as improved restitution collection (additional revenue to our program), new statutory mandates/court decisions affecting crime victims and their treatment, as well as best practices. It was a short intensive training and I applied for and received a scholarship to participate. I was under the impression that the scholarship covered all costs; however, after I'd signed up (and our agency would have had to reimburse flight and hotel costs), I found out that airport parking and baggage costs were not included in the scholarship. The scholarship did cover; however, registration costs, all food, airfare, ground transportation and hotel costs. The total cost of the trip was roughly \$1,000; however I am only seeking reimbursement for what was not covered (baggage and airport parking) for a total of \$55. I apologize that I did not anticipate these costs prior to the conference and am now having to ask for an after-the-fact waiver. Thank you in advance for your consideration.

Department Director Signature Matt Anderson Date: 06/02/2011
J Muller 6/3/11

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

APPROVED
Executive Council
JUN 20 2011

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Department: Crime Victim Assistance Division Division/Bureau/Section: Attorney General's Office

Will this trip require an overnight stay outside of Iowa? No: Yes: (If No, you do not need this waiver)

City (Cities) Traveling To: Providence, Rhode Island Dates of Travel: 05/23/2011-05/25/2011

Funding Source: Appropriated State: % Federal: % Other: 100% If Other, Specify: 95% - NAGTIC ORGAN
5% - IOWA CRIME
VICTIM COMP FUND
(If the appropriated state funds is 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$55.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes:

If Yes, Have You Received Approval? No: Yes: If Yes, Date: _____

Reason for Travel Waiver (Select one) _____

Fulfills statutorily required duties (Cite the specific statute) _____

Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) _____

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Please answer all of the questions listed below.

Number of People on Trip: 2

Name of Person Attending: Carlene Russell Working Title: National Council On Aging – 2011 Aging in America

Department: Iowa Department on Aging Division/Bureau/Section: Elder Programs & Advocacy

Will this trip require an overnight stay outside of Iowa? No: Yes: (If No, you do not need this waiver)

City (Cities) Traveling To: San Francisco Dates of Travel: April 25 – April 30, 2011

Funding Source: Appropriated State: ___% Federal: ___% Other: 100% If Other, Specify: NCOA grant
(If the appropriated state funds is 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): 2581.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes:

If Yes, Have You Received Approval? No: Yes: If Yes, Date: 11.29.2010

Reason for Travel Waiver (Select one) _____

- Fulfills statutorily required duties (Cite the specific statute) _____
- Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) _____
- Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

_____ A nonrefundable ticket was purchased and nonrefundable registration was paid before March 7, 2011 _____

Department Director Signature *Donna Harvey* Date: 6.2.11

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

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Please answer all of the questions listed below.

Number of People on Trip: 2

Name of Person Attending: Kay Corriere Working Title: National Council On Aging – 2011 Aging in America

Department: Iowa Department on Aging Division/Bureau/Section: Elder Programs & Advocacy

Will this trip require an overnight stay outside of Iowa? No: Yes: (If No, you do not need this waiver)

City (Cities) Traveling To: San Francisco Dates of Travel: April 25 – April 30, 2011

Funding Source: Appropriated State: % Federal: % Other: 100% If Other, Specify: NCOA grant
(If the appropriated state funds is 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): 2581.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes:

If Yes, Have You Received Approval? No: Yes: If Yes, Date: 11.29.2010

Reason for Travel Waiver (Select one) _____

- Fulfills statutorily required duties (Cite the specific statute) _____
- Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) _____
- Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

A nonrefundable ticket was purchased and nonrefundable registration was paid before March 7, 2011

Department Director Signature *Donna Harvey* Date: 6.2.11

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
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Please answer all of the questions listed below.

Number of People on Trip: 1 Contact E-mail: Steve.Stclair@iowa.gov
Name of Person Attending: Steve St. Clair Working Title: Asst Attorney General
Department: IA Dept of Justice Division/Bureau/Section: Consumer Protection Div.
Will this trip require an overnight stay outside of Iowa? No: Yes: Reason for Travel: Not Att Assn of Attorneys General (MAAG) Consumer Protection Seminar - I was a speaker
(If No - you DO NOT need this waiver.)
City (Cities) Traveling To: Washington, D.C. Dates of Travel: 5-23-11 thru 5-24-11
(If after June 30, 2011 - you DO NOT need this waiver.)
Funding Source: Appropriated State: ___% Federal: ___% Other: ___% If Other, Specify: MAAG covered flight & hotel.
(If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver.)
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$60.21 (actual)
Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes:
If Yes, Have You Received Approval? No: Yes: If Yes, Date: _____
Reason for Travel Waiver (Select one)
 Fulfills statutorily required duties. (Cite the specific statute.) Enforcement of Iowa Consumer Fraud Act, I.C. section 714.16, as attendance involves law enforcement information sharing.
 Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)
 Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)

Department Director Signature: [Signature] Date: 6/3/11
Department Director Printed Name: _____

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

- Additional information to assist you in completing this form.
See Fact Sheet for more complete information.
- This waiver is required by HF45 from March 7 until June 30, 2011.
 - If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
 - The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
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Please answer all of the questions listed below.

Number of People on Trip: 1 Contact E-mail: elizabeth.pruisner@jwd.iowa.gov

Name of Person Attending: Elizabeth Pruisner Working Title: MA2 and District X Director of IAWP

Department: Iowa Workforce Development Division/Bureau/Section: Unemployment Insurance - UI

Will this trip require an overnight stay outside of Iowa? No: Yes: (If No, you do not need this waiver)

City (Cities) Traveling To: St. Louis, MO Dates of Travel: 6/24/2011 to 6/30/2011
(If after June 30, 2011 -- you DO NOT need this waiver.)

Funding Source: Appropriated State: ___% Federal: ___% X Other: 100% If Other, Specify: Shared by all IWD funding
(If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver.) Indirect Cost Rate

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$1,129.88

Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes:

If Yes, Have You Received Approval? No: Yes: If Yes, Date: _____

Reason for Travel Waiver (Select one)

- Fulfills statutorily required duties. (Cite the specific statute.) _____
- Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) _____
- X Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)

This travel is to attend the annual International Association of Workforce Professional (IAWP) education and training conference on Workforce Development Systems subject matter, and promote professionalism in support of IWD Employment, Unemployment and related programs, Administrators and their Agencies.

Department Director Signature: Teresa Wahlert Date: 6-1-11

Department Director Printed Name: Teresa Wahlert

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

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Please answer all of the questions listed below.

Number of People on Trip: 2

Name of Person Attending: Matthew L. Gannon Working Title: Assistant Attorney General

Department: Attorney General's Office Division/Bureau/Section: Tobacco Division

Will this trip require an overnight stay outside of Iowa? No: Yes: (If No, you do not need this waiver)

City (Cities) Traveling To: Chicago, Illinois Dates of Travel: June 9-10, 2011

Funding Source: Appropriated State: ___% Federal: ___% Other: ___% If Other, Specify: _____
(If the appropriated state funds is 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$210.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes:

If Yes, Have You Received Approval? No: Yes: If Yes, Date: _____

Reason for Travel Waiver (Select one) _____

Fulfills statutorily required duties (Cite the specific statute) _____

Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) _____

Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

Department Director Signature  Date: 6/3/11

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Executive Council Approval

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EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000 392

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Please answer all of the questions listed below.

Number of People on Trip: 2 Contact E-mail: ivermee@dhs.state.ia.us

Name of Person Attending: Jennifer Vermeer Working Title: Medicaid Director

Department: DHS - Iowa Medicaid Enterprise Division/Bureau/Section: Medical Services

Will this trip require an overnight stay outside of Iowa? No: Yes: (If No, you do not need this waiver)

City (Cities) Travelling To: Kansas City, Mo Dates of Travel: June 22, 2011 - June 23, 2011
(If after June 30, 2011 -- you DO NOT need this waiver.)

Funding Source: Appropriated State: 50% Federal: 50% Other: % If Other, Specify:
(If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver.)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$ 381.20

Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes:

If Yes, Have You Received Approval? No: Yes: If Yes, Date:

Reason for Travel Waiver (Select one)

Fulfills statutorily required duties. (Cite the specific statute.)

Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)

Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)

As Medicaid Director, it is imperative that I attend in order to stay abreast of Medicaid policies and program requirements. This is a meeting of the Medicaid Directors and their leadership teams for the four states in our region. CMS expects our attendance, and the Director of Medicaid for CMS will also be there to meet with us.

Department Director Signature: CM Palmer Date: 6-7-11

Department Director Printed Name: Charles M. Palmer SR

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EXECUTIVE COUNCIL
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Please answer all of the questions listed below.

Number of People on Trip: 2 Contact E-mail: jlovela@dhs.state.ia.us

Name of Person Attending: Julie Lovelady Working Title: Assistant Medicaid Director

Department: DHS - Iowa Medicaid Enterprise Division/Bureau/Section: Medical Services

Will this trip require an overnight stay outside of Iowa? No: Yes: (If No, you do not need this waiver)

City (Cities) Traveling To: Kansas City, Mo Dates of Travel: June 22, 2011 - June 23, 2011
(If after June 30, 2011 - you DO NOT need this waiver.)

Funding Source: Appropriated State: 50% Federal: 50% Other: % If Other, Specify:
(If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver.)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$ 216.20

Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes:

If Yes, Have You Received Approval? No: Yes: If Yes, Date:

Reason for Travel Waiver (Select one)

Fulfills statutorily required duties. (Cite the specific statute.)

Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)

Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)

As Assistant Medicaid Director, it is imperative that I attend in order to stay abreast of Medicaid policies and program requirements. This is a meeting of the Medicaid Directors and their leadership teams for the four states in our region. CMS expects our attendance, and the Director of Medicaid for CMS will also be there to meet with us. JW

Department Director Signature: Charles M. Palmer Date: 6-7-11

Department Director Printed Name: Charles M. Palmer

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Please answer all of the questions listed below.

Number of People on Trip: 1 Contact E-mail: MELISSA.SPEED@DNR.IOWA.GOV

Name of Person Attending: Eric A. Evans Working Title: Environmental Engineer Senior

Department: Natural Resources Division/Bureau/Section: Water Quality

Will this trip require an overnight stay outside of Iowa? No: Yes: (If No, you do not need this waiver)

City (Cities) Traveling To: Kansas City, KS Dates of Travel: June 4, 2011 through June 9, 2011
(If after June 30, 2011 - you DO NOT need this waiver.)

Funding Source: Appropriated State: 17% Federal: 83% Other: % If Other, Specify:
(If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver.)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$405.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes:

If Yes, Have You Received Approval? No: Yes: If Yes, Date:

Reason for Travel Waiver (Select one)

Fulfills statutorily required duties. (Cite the specific statute.)

Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)

Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the line below. (If nonrefundable ticket is the justification, date of purchase is required.)
Training necessary to complete the 2012 Clean Watershed Needs Survey. The Clean Watershed Needs Survey is mandated by Sections 205(a) and 516(b)(1) of the Clean Water Act. Iowa will receive \$20,187,000 for the 2011 SRF Title VI Allotments. The Clean Watershed Needs Survey is important to justify these allotments.

Department Director Signature:  Date: 6/16/11

Department Director Printed Name: ROGER LANDE

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