



Item 29

Travis County Commissioners Court Agenda Request

Meeting Date: May 21, 2013

Prepared By/Phone Number: Michael Williams/854-7011

Elected/Appointed Official/Dept. Head: Chief Estela P. Medina/854-7069

Commissioners Court Sponsor: N/A

AGENDA LANGUAGE: Approve travel to Honolulu, Hawaii for the 2013 American Psychological Association Annual Convention. Travel will be paid out of Travis County Juvenile Probation's Hogg Foundation Grant-Psychology Internship Program.

BACKGROUND/SUMMARY OF REQUEST AND ATTACHMENTS: See attached.

STAFF RECOMMENDATIONS: See Attached.

ISSUES AND OPPORTUNITIES: See Attached.

FISCAL IMPACT AND SOURCE OF FUNDING: Total cost of \$5,891.40. The Juvenile probation Hogg Foundation Grant- Psychology Internship program will pay for this travel to Honolulu, Hawaii.

REQUIRED AUTHORIZATIONS:

Chief Estela Medina, Chief Juvenile Probation Officer 854-7069

Rhett Perry, County Auditor 854-8821

Aerin-Renee Toussaint, County PBO 854-9065

Dr. Erin Foley, Psychologist 854-7078

Darryl Beatty, Deputy Chief 854-7007

Bonnie Floyd, Assistance Purchasing Agent 854-4173

AGENDA REQUEST DEADLINE: All agenda requests and supporting materials must be submitted as a pdf to Cheryl Aker in the County Judge's office, Cheryl.Aker@co.travis.tx.us by Tuesdays at 5:00 p.m. for the next week's meeting.



TRAVIS COUNTY JUVENILE PROBATION DEPARTMENT

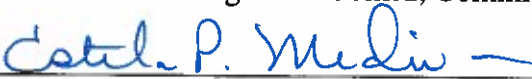
2515 South Congress Avenue ~ Austin Texas 78704
Phone: (512)854-7000 Fax: (512)854-7097

ESTELA P. MEDINA
Chief Juvenile Probation Officer

MEMORANDUM

To: The Honorable Samuel T. Biscoe, County Judge
The Honorable Ron Davis, Commissioner, Precinct 1
The Honorable Sarah Eckhardt, Commissioner, Precinct 2
The Honorable Gerald Daugherty, Commissioner, Precinct 3
The Honorable Margaret J. Gómez, Commissioner, Precinct 4

From:



Estela Medina
Chief Juvenile Probation Officer

Subject: 2013 Annual Convention of the American Psychological Association

Date: May 10, 2013

The Travis County Juvenile Probation Department is respectfully requesting that the attached travel request, in the estimated amount of \$5,891.40 be placed before the Commissioner's Court for approval. This request is asking for approval for Dr. Erin Foley to attend the 2013 Annual American Psychological Association (APA) Convention in Honolulu, Hawaii. All fees for this conference will be paid for out of the Hogg Foundation for Mental Health grant that was awarded to the department in September 2011. The purpose of the Hogg Foundation grant is to support the development of an APA accredited internship program in psychology. Dr. Foley serves as the Training Director for this internship program.

A requirement of this grant is that the department creates and utilizes a training curriculum that emphasizes current research and best practices. A further requirement of this grant is that the department recruit doctoral students not only from Texas but from around the country to take part in the internship program with Travis County Juvenile Probation. The APA convention was included in the grant budget because of its workshops in assessment, treatment, and public policy as well as its scheduled opportunities for internship training directors to meet with and provide prospective interns with program information. Obtaining up-to-date research on best practices, interacting with prospective trainees, and communicating other training directors will be invaluable to the department as we move closer to applying for APA-accreditation for our pre-doctoral internship training program.

Please advise if there is any additional information you may need.

Thank you.

cc: Darryl Beatty
Erin Foley



TRAVIS COUNTY JUVENILE PROBATION DEPARTMENT

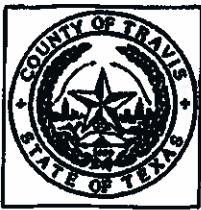
ESTELA P. MEDINA
Chief Juvenile Probation Officer

ADMINISTRATIVE SERVICES
COURT SERVICES
DETENTION SERVICES
DOMESTIC RELATIONS OFFICE
PROBATION SERVICES
RESIDENTIAL SERVICES
SUBSTANCE ABUSE SERVICES

Travel Cost Summary For **2013 American Psychology Law Society Annual Conference In Honolulu, Hawaii July 30th-August 5th**

Conference Registration:	\$ 275.00
Hotel rate per night \$250.00 x 6 nights:	\$1,709.40
Estimated Airfare:	\$2,600.00
Baggage Fee:	\$ 100.00
Meals per Diem day \$ x 6 nights:	\$ 707.00
Taxi for 6 days:	\$ 500.00
Grand Total Estimated Cost	<u>\$ 5,891.40</u>





TRAVEL ENCUMBRANCE FORM

Auditor's Office Use Only

Auditor Initial **/Date _____

P.O. Number(s) **JP189R R**
JP189L R
JP189T E
JP189E E

Form Type: Original

RECEIVED
 TRAVIS COUNTY
 OFFICE OF THE CLERK

2013 APR 29 PM 4:48

Grant related? **YES**

v. 7/2011

Grant Project #

ADMINISTRATIVE FINANCIAL

Grant Per Diem Rate \$101.00

Traveler Information

Emp First Name **Erin** Emp Last Name **Foley**

Emp. Vendor # **10003139** Emp ID # **288812**

Purpose of Travel **Conference** City, State: **Honolulu, HI**

Event Description **2013 American Psychological Association Annual Convention**

Departure Date **7/30/2013** Return Date **8/5/2013**

Acct No. (1)	001-4510-593-See below	Acct No. (2)	
Fund	001	Fund	
Dept	45	Dept	
Div	10	Div	
Act/SubAct	583	Act/SubAct	
Elem/Obj	See below	Elem/Obj	
Project Number	800252	Project Number	
Allocation %	100.00%	Allocation %	

(R) Registration: (6604) Invoice/Completed Regs. Form REQ'D **YES** >> If regis. form needs to accompany advance print, please provide a second copy <<

Payment Type

Pick up Check Vendor Name **APA** Vendor # **1000001933** \$ **275.00**

Additional project: _____
 Confirm/invoice # **12086**

(L) Lodging: (6603) Confirmation required

** If you are rooming with another T.C. employee(s), please list name(s) on Additional Explanation Form, below.

Payment Type-Lodg #1 **Sheraton Waikiki Hotel** L #1 Vendor # **NEW** L#1 \$ **1,709.40**

Pick up Check Daily rate \$ **284.90** # of Nights **6** L#2 \$ **-**

Confirm/invoice # **12086**

Additional project: _____

Subtotal Lodg. \$ **1,709.40**

(T) Transportation: (6603)

Payment Type

Pay When Billed Airfare-Vendor Name **Four Seasons Travel** Vendor # **FourSeasons** \$ **2,600.00**

Other - Select One Other-Vendor Name _____ Vendor # _____ \$ _____

Additional project: _____

Reservation # _____

Subtotal Trans. \$ **2,600.00**

(C) Car Rental (6606) - Justification needed for ALL car rental encumbrances. Please document in the "Additional Information" section.

Payment Type

Car rent - Select One Car Rental-Vendor Name _____ Vendor # _____ \$ _____

(E) Meals/Misc.: (6603)

Mileage (est # miles) _____ Vendor # **10003139** Rate: 0.555 (Eff. 07/01) \$ _____

Per Diem Days _____ @ \$46/day \$ _____

Partial Day Per Diem _____ \$ **707.00**

Other, for example, business phone calls, parking, taxis, etc. \$ **600.00**

Support req'd: actual mileage as quoted on internet from start to destination. Subtotal Meals/Misc **1,307.00**

Meals are reimbursed at approved rate per budget rules. Actuals are reimbursed at a maximum of \$60/day + 15% tip (eff. 10/1/2010).

Please insure that appropriate support is attached.

Total Encumbrance: \$ **5,891.40**

Breakout: Amounts to be paid in advance / check pick up: \$ **(1,984.40)**

Encumbrances only (including pay when billed): \$ **3,907.00**

Prepared By: **Joanie Mirelez** Telephone No/Ext: **854-5534** Prep Date: **4/26/2013**

Traveler's Signature _____ Date _____ Dept'l Approval Signature / Emp Id # _____ Date _____

** Auditor, by initialling in box in upper right corner of this form certifies that the above funds are budgeted and will be available for payment and is in accordance with Travis County budget rules.

Joanie Mirelez

From: Event Customer Service <email_confirm@confmail.experient-inc.com>
Sent: Monday, April 22, 2013 12:28 PM
To: erinmarief@mac.com
Cc: Joanie Mirelez
Subject: APA 2013 Registration Confirmation (APA131:12086)



*** Please do not reply to this e-mail. It was sent from an automated system. ***

Confirmation ID: 12086
Erin M Foley
4825 Davis Ln Apt 1022
Austin, TX 78749-4567

--- Balance due - please resolve to avoid cancellation ---

Dear Erin Foley:

*** PLEASE PRINT AND KEEP THIS IMPORTANT DOCUMENT ***

Thank you for registering for the 2013 APA Annual Convention, July 31 - August 4, Honolulu, HI. This letter contains important information about your registration for the 2013 APA Annual Convention. Please retain it for your records.

Use the free Convention Mobile App (or browser version if you do not have a mobile device) to view the Convention programming, create your personal schedule, view facility floor maps and more. We will notify you when the App is ready this summer.

The Convention Program book will be mailed to you in July if you made that request on your registration form.

Registrant

Badge Information:
Erin Foley
Austin, TX



In the event you do not receive your badge prior to Convention, bring this confirmation to the APA Registration Area. Scan the barcode at any Self Registration counter and your badge will be printed. Valid photo ID will be required for claiming your badge.

Registration Detail

Purchases for Erin Foley - This registrant has a balance due
Registration Type: M - APA Member, Early Bird (by June 30)

Item Code	Description	Date/Time	Qty.	Item Price	Item Total
REG	Registration		1	\$275.00	\$275.00

Total Registration Fees:

\$275.00

Total Registration Paid: \$0.00
 Current Balance: \$275.00

Housing

SHERATON WAIKIKI

Status	Category	Occupancy
CONFIRM	PARTIAL OCEAN VIEW	Adults: 1 Children: 0
Arrival	Departure	Guests In Room
30 July 2013	5 August 2013	Erin Foley
Daily Rate	Room Tax	Deposit
\$250.00	13.96%	Credit Card Guarantee Erin M Foley *****4137
Resort Fee	Occupancy Tax	
\$0.00	\$0.00	Note: Taxes and fees are subject to change without notice
Hotel Cancellation Policy		
One night's room and tax will be charged for reservations not cancelled within 72 hours of arrival.		
Comments		
Hotel Address	Phone	Fax
2255 Kalakaua Ave Honolulu, HI 96815-2515	808-922-4422	808-931-8883
Total Charges	Paid	Balance Due
\$0.00	\$0.00	\$0.00

Total Housing Fees: \$0.00
 Total Amount Applied to Housing: \$0.00
 Housing Balance: \$0.00
 Total of All Fees: \$275.00
 Total Amount Applied to All Fees: \$0.00
 Total Balance Due: \$275.00

Cancellation Policy

Convention Registration Refund Policy: Advance registrants who are unable to attend the convention may obtain a partial refund of their registration fee if a request is received before July 30, 2013. Individuals may request a refund by sending an email to convention@apa.org. Requests for refunds must be received by the dates noted below.

By June 30, 2013 - 75% refund

By July 15, 2013 - 50% refund

By July 30, 2013 - 25% refund

After July 30, 2013 - No refunds will be issued.

If you have any questions, please contact the APA Convention Office at 202-336-6020  or email convention@apa.org.

Please note: The above Convention Registration Refund Policy DOES NOT apply to the CE Sessions fee or CE Workshop enrollment. Please contact the CEP office if you have a refund request.

HOTEL CHANGES/CANCELLATIONS:

Contact Experient at (800) 974-3084  or (847) 996-5876  (International) or by email at ampsy@experient-inc.com for

cancellations or changes on or before July 9th, 2013.

- Hotels may be contacted directly after July 14th, 2013.
- A penalty of one night's room and tax will be charged to your credit card for cancellations within the hotel's cancellation policy, or failure to arrive on your scheduled arrival date.
- Hotels may charge an early departure fee for early check-outs.
- Please refer to your hotel's specific policy above.

For Questions or Correspondence

How do I change the details above?

If you need to make a change to your registration, please use one of the procedures noted below:

- **Make your changes online.** Use www.apa.org/convention, click the Register button and log back in to adjust your details.
- Email your changes to: ampsy@experient-inc.com
- Fax your change to: +1 (301) 694-5124
- Telephone your changes in to: +1 (866) 233-7970 (U.S. Only) or +1 (301) 682-7302 (Monday thru Friday 9:00am-5:00pm EST)
- Mail changes to:

APA 2013 Annual Convention Attendee Registration
 c/o Experient
 P.O. Box 4088
 Frederick, MD 21705

(*Please note: This policy does not apply to CE Workshops. Please contact the CEP Office for workshop changes)

Registration Materials (Name Badge and Convention Program):

If you register online by July 5, 2013, or mail a registration form to APA by July 5, 2013, your convention badge with name and institutional information, and if you choose, the Convention Program will be mailed to you beginning in mid July 2013.

Individuals that register online AFTER July 5, 2013, WILL NEED TO PICK UP their badges, badge holder, program book and on-site information packet at the APA Registration Area in Honolulu.

A small silicon microchip (RFID tag) is embedded in the name badge. These RFID tags are passive tags and only can function when within 8 feet of the electronic sensor (the reader.) APA is using RFID to track attendance at CE Sessions. The RFID tags will replace the "swipe in-swipe out" CE attendance verification system. Instead, rooms where CE sessions are held will be wired to track individuals planning to claim CE credit by attending CE sessions during convention. In this case, the RFID tags track individuals while attending CE sessions. CE credit can then be claimed at any of the CE kiosks in the registration area.

Additional Questions

Additional questions regarding your registration should be directed to Experient at +1 (866) 233-7970 (U.S. only) or +1 (301) 682-3702.

Complete your registration by checking in at the onsite registration area located at the Hawaii Convention Center (1801 Kalakaua Avenue), Kamehameha Exhibit Hall, Level One during the following times:

Tuesday, July 30	3:00 p.m. to 8:00 p.m
Wednesday, July 31	7:00 a.m. to 3:00 p.m.
Thursday, August 1	7:30 a.m. to 2:00 p.m.
Friday, August 2	8:00 a.m. to 2:00 p.m.
Saturday, August 3	8:00 a.m. to 2:00 p.m.
Sunday, August 4	8:00 a.m. to 2:00 p.m.

We look forward to seeing you in Honolulu!

Advertise Here!

Click here for details...



Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Kyo-ya Hotels & Resorts, LP	
	Business name/disregarded entity name, if different from above dba Sheraton Waikiki; Sheraton Princess Kalulani; The Royal Hawaiian; Moana Surfrider; Sheraton Maui	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ P <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.) P. O. Box 8559 City, state, and ZIP code Honolulu, Hawaii 96830 List account number(s) here (optional)	Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)																																					
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																																					
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="9" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="9" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">-</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">9</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">8</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">9</td> </tr> </table>	Social security number																		Employer identification number									2	0	-	1	9	2	8	1	9
Social security number																																					
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2	0	-	1	9	2	8	1	9																													

Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below).	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.	
Sign Here	Signature of U.S. person ▶ Date ▶

General Instructions
 Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form
 A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

**TRAVIS COUNTY JUVENILE PROBATION DEPARTMENT
 TRAINING REQUEST FORM
 PLEASE COMPLETE FORM PRIOR TO ENTERING A SAP TRAVEL REQUEST**

EMPLOYEE NAME (Please Print): Erin Foley

TITLE OF TRAINING CONFERENCE / SEMINAR / WORKSHOP: (Brochure attached)

American Psychological Association Annual Convention

DATE (S): 7/30/13-8/5/13 LOCATION: Honolulu, Hawaii

COST: Total: \$ 5891.40 Attach All Supporting Documentation.
 Allow four (4) weeks for travel coordinator processing or you may incur out-of-pocket expenses up-front, which are reimbursable with proper documentation.

Registration: \$ 275.00 Mileage: \$ 0
 Lodging: \$ 1,709.40 Meals: \$ 707.00
 Airfare: \$ 2,600.00 Misc: \$ _____

HOW THIS TRAINING DIRECTLY RELATES TO MY POSITION:

*The APA Annual Convention provides continuing education in all fields and offers workshops on working with adolescents and families, forensic psychology, providing clinical supervision to others, and work with culturally diverse populations.
 EMPLOYEE ACKNOWLEDGEMENT: I understand that I will be held accountable for the information obtained as a result of this training, and that I may be asked to present such information to co-workers for in-house inservice training. I will represent Travis County Juvenile Probation Department in a professional manner at all times.

* [Signature] 1/20/13
 Employee Signature Date

**REVIEWER & APPROVED BY
 APPROVAL ROUTING**

Supervisor (Recommendation)
Approved: _____ Denied: _____ Date: _____ Signature: _____
Division Director
Approved: _____ Denied: _____ Date: _____ Signature: _____
Deputy Chief
Approved: _____ Denied: _____ Date: _____ Signature: _____
Chief Juvenile Probation Officer – (For travel > \$500)
Approved: _____ Denied: _____ Date: _____ Signature: _____
Traveler:
Submit approved "Training Request Form" and all supporting documentation to your Travel Coordinator.



Michael Williams

From: Michael Williams
Sent: Tuesday, May 07, 2013 10:07 AM
To: Darryl Beatty
Cc: Erin Foley
Subject: APA travel for Dr. Foley
Attachments: Commissioners Court Blank Agenda Hogg travel Request Form APA 2013v2.doc; APA Chief Memo.doc; Travel Cost Summary A Foleyv2.doc; Foley APA travel encumbrance.pdf

Importance: High

Darryl, since the APA convention is in Hawaii, we need to have Commissioner Court's approval. Travel is for July 30, 2013 through August 5, 2013.

Please review and approve and I will submit to the Chief for approval. We are working to place on the Court's agenda On May 21st.

Michael N. Williams
Accountant Lead
Juvenile Probation
512-854-7011
512-854-7097 fax

Michael Williams

From: Darryl Beatty
Sent: Tuesday, May 07, 2013 1:56 PM
To: Michael Williams
Subject: RE: APA travel for Dr. Foley

Approved

From: Michael Williams
Sent: Tuesday, May 07, 2013 10:07 AM
To: Darryl Beatty
Cc: Erin Foley
Subject: APA travel for Dr. Foley
Importance: High

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Michael N. Williams
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