

Municipal Training Financial Assistance Fund Application



Contact Information		
Name of Municipality:	_____	
Municipal Address:	_____	
Contact Person:	_____	
Telephone:	Fax:	E-mail:
_____	_____	_____

Training Activity Information		
Name of Attendee	Position Title (e.g. Clerk, Councillor)	
_____	_____	
Name of Activity: Clean and Safe Drinking Water Workshop	Date(s) of Activity:	March 24-26, 2020
Location(s): Gander	Sponsoring Group:	Department of Municipal Affairs and Environment, Water Resources Management Division.
Brief Description of Activity: _____		
Annual workshop to provide water system operators and owners with technical information on the operation and maintenance of drinking water systems.		

Statement of Expenses		
<i>Reimbursements – provide copies of all receipts verified by the Clerk</i>		
Date(s) Travelled:	From:	To:
_____	_____	_____
Time of Departure:	_____	Time of Return Home: _____

Registration or Course Fee - receipt required _____					
Meals	# of Breakfasts	_____	x	\$8.00	= _____
(Maximum = \$43.70; No receipt required)	# of Lunches	_____	x	\$14.00	= _____
	# of Dinners	_____	x	\$21.70	= _____
Accommodations	# of Nights	_____	x	_____	= _____
(Up to \$120 per night tax included- receipt required)				(Per Night)	
Travel	# of KM	_____	x	Current Basic Rate*	= _____
(*Current Basic Rate per kilometer is available at http://www.exec.gov.nl.ca/exec/hrs/working_with_us/auto_reimbursement.html - should there be a discrepancy between the rate used in the application and the current rate on the above noted internet site, the current quarterly rate will be reimbursed)					
Other Travel Costs:	_____				= _____
(e.g. Airfare and taxi - receipt required)					
Other Costs:	_____				= _____
(e.g. Texts, Course Materials - receipt required)					

TOTAL COSTS:	_____
This verifies that council has reviewed this application, agrees to its accuracy and authorizes its submission for reimbursement.	Print Name _____
	Position: _____
	Signature: _____

IMPORTANT: Claims must be submitted one month after the completion of your training.

Send application & all supporting documents to:	For Office Use Only:
Fax: (709) 729-3605	Special Assistance amount: \$ _____ of \$400 or \$700
Mail: Municipal Finance Division, Department of Municipal Affairs & Environment 4th Floor West Block, Confederation Building P.O. Box 8700 St. John's, NL A1B 4J6	Reimbursement of remaining costs 50% _____ 75% _____
	Total Claim Amount: _____
	Processed By: _____ Date: _____
	Approved By: _____ Date: _____
	Funding for the <i>Clean and Safe Drinking Water Workshop</i> is in addition to the maximum Municipal Training Financial Assistant Fund reimbursement of \$1000 per year per municipality. Additional funding for this training is: \$400 (Island) and \$700 (Labrador).