

Municipal Training Financial Assistance Fund Application



Contact Information			
Name of Municipality: _____			
Municipal Address: _____			
Contact Person: _____			
Telephone: _____		Email: _____	
Training Activity Information			
Name of Attendee		Position Title (e.g. Clerk, Councillor)	
Name of Activity: _____		Date(s) of Activity: _____	
Location(s): _____		Sponsoring Group: _____	
Brief Description of Activity: _____			
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 (Maximum = \$52.44/day; No receipt required)	# of Breakfasts	_____ x	\$9.60 = _____
	# of Lunches	_____ x	\$16.80 = _____
	# of Dinners	_____ x	\$26.04 = _____
Accommodations	# of Nights	_____ x	_____ = _____ (Max \$120/ Night – receipt required)
Travel	# of KM	_____ x	Current Basic Rate* = _____
(*Current Basic Rate per kilometer is available at https://www.gov.nl.ca/exec/tbs/working-with-us/auto-reimbursement/ - 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:			
<i>This verifies that council has reviewed this application, agrees to its accuracy and authorizes its submission for reimbursement.</i>		Print Name _____	
		Signature _____	
		Position _____	
Send application & <u>all</u> supporting documents to: Fax: (709) 729-3605 Email: specialassistancegrants@gov.nl.ca Mail: Municipal Finance Division, Department of Municipal and Provincial Affairs 4th Floor West Block, Confederation Bldg P.O. Box 8700, St. John's, NL A1B 4J6		For Office Use Only:	
		Reimbursement	50% _____ 75% _____
		Processed By:	_____
		Approved By:	_____
		Date:	_____