



Travel Assistance Program Application

General Information:

There are only 2 travel subsidies per fiscal year and the travel is not processed until a report from last travel is completed with receipts?

Travel Assistance Program: Please check one

- Education Purposes
 Sports
 Culture
 Arts
 Recreational Purposes
 Seniors Events
 Off-Island Travel
 On-Island Travel

Name: Organization/Individual/Team: _____

Date: _____

Contact Name: _____ Email Address: _____

Address: _____ Length of Residence on Haida Gwaii: _____

Phone: _____ Fax: _____

Are you a First-time Applicant? Yes No

If no, please specify last travel _____

Purpose of Travel

Outline a brief **Description**, of the Travel.

Trip Destination: _____

Departure Start Date: _____

Return Completion Date: _____

Participants: Participants:

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

Budget

Travel Return: _____
Accommodations: _____
Meals: _____
Registration Fees: _____
Other Fees: _____
Other Expenses: _____
Total Expenses: _____
Proof of Matching Funds: _____

(Example: if you are requesting \$ 250.00 from GT you must have proof of \$500.00 in matching funds and expenses and submit all supporting documentation for a complete application, refer to the TAP guidelines)

(Per) Amount Eligible from Gwaii Trust:

(Group) Amount Eligible from Gwaii Trust:

Please provide a Cover letter plus a detailed itinerary of your trip:

Letters of Support and Verification of Costs

Please send all letters of support and verification of costs to the Project Officer email address leslie.williams@gwaitrust.com or faxed to 250-626-3654 attention Leslie Williams at the Old Massett office. Any additional letters of support, cost quotes or relevant information that are unable to be scanned or otherwise attached may be faxed, mailed, or dropped off at either Gwaii Trust Office location.

Certification

I/We certify that the information contained in this application any attached information are correct and complete at the date of submission. Submission of false or deliberately misleading information may result in the Gwaii Trust denying this and or future applications to the Trust under any of its granting programs. I accept: Yes No

Submission Date: _____

Applicant Name: _____

**YOU MUST SUBMIT A FINAL ACCOUNTING REPORT OF YOUR TRIP WITH COPIES/ORIGINALS OF ALL RECEIPTS
APPLICATIONS MUST BE RECIEVED TWO WEEKS PRIOR DEPARTURE FOR PROCESSING**

Office Use Only this Section: APPLICATION FINAL RESULTS

Project Officer Name: _____ Official's Signature: _____ Date: _____

Decision: _____ Amount Approved: _____ Follow up Required: Yes No

Thank you for your submission and interest in our programs you will be notified with the results within 5- 10 business days.
Revised: 2010-08-01 Date Received: