



## 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.

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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:

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**Check List for a complete application:**

- |   |   |
|---|---|
| <input type="checkbox"/> Cover Letter             | <input type="checkbox"/> Letters of support         |
| <input type="checkbox"/> Application              | <input type="checkbox"/> Proof of matching funds    |
| <input type="checkbox"/> Copies of expense quotes | <input type="checkbox"/> Proof of Registration fees |

**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](mailto:leslie.williams@gwaitrust.com) or faxed to 250-626-3261 attention Project Officer 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**

|  |                             |                         |    |
|--|-----------------------------|-------------------------|----|
| <b>Office Use Only this Section: APPLICATION FINAL RESULTS</b> |                             |                         |    |
| 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: