

**COMMUNITY TRAINING TRUST SOCIETY  
APPLICATION FOR FUNDING FORM  
FOR ATTENDANCE AT AN ESTABLISHED TRAINING PROGRAM**

Name of First Nation, Municipality or Other Local Government: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Course/Purpose of Training (Please Attach Details): \_\_\_\_\_  
\_\_\_\_\_

Has the participant taken this course before? And if so why are they taking it again? \_\_\_\_\_  
\_\_\_\_\_

Method of Training (correspondence, on the job etc): \_\_\_\_\_

Location of Training \_\_\_\_\_ Date(s) of Training \_\_\_\_\_

**If Course Outside of Yukon:**

Is There A Comparable Course Available In Yukon? \_\_\_\_\_ Yes \_\_\_\_\_ No

What Action Did You Take To Determine This? \_\_\_\_\_

Name(s) of Participant(s) and Position(s) of those attending From Your Organization  
\_\_\_\_\_

Expected Benefits to the Community \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Funding Requested \_\_\_\_\_  
(From Page 2-Maximum \$3,000.00)

**PLEASE COMPLETE REVERSE SIDE**

**PROPOSED BUDGET**

**EXPENSES - \*DO NOT INCLUDE GST**

(PLEASE NOTE: SALARIES, PER DIEMS OR HONORARIA ARE NOT ELIGIBLE EXPENSES)

Course Registration Fee: \_\_\_\_\_

Travel Costs: Plane \_\_\_\_\_

Personal Vehicle (approved rate/km) \_\_\_\_\_

Employer Vehicle (\$0.30/km) \_\_\_\_\_

Meals: (approved daily rate or projected costs) \_\_\_\_\_

Accommodation: (projected costs) \_\_\_\_\_

Daily Incidentals (approved rate) \_\_\_\_\_

Taxi Fare or Other Local Transportation (projected costs) \_\_\_\_\_

Parking (projected costs) \_\_\_\_\_

Other: (Please Specify) \_\_\_\_\_

**TOTAL EXPENSES** \$ \_\_\_\_\_

**REVENUE/FUNDING SOURCES**

Funding Provided By Your Organization: \$ \_\_\_\_\_

Funding Requested From C.T.T.S.: \$ \_\_\_\_\_  
(Maximum 2/3 of expenses to a maximum of \$3,000.00)

**TOTAL REVENUES \$** \_\_\_\_\_

\_\_\_\_\_  
Signature Local Government Body \*Official

\_\_\_\_\_  
Date

**PLEASE RETURN COMPLETED FORM TO:**

**Fax 867-668-7574 or mail to:  
Community Training Trust Society  
P.O. Box 31314  
Whitehorse, YT. Y1A 5P7**

**Official** - - "A person who has been properly authorized and empowered to enter into and execute this agreement on behalf of the requesting party".