



FUNDING APPLICATION

Name of First Nation, Municipality, or other Local Government:

Contact person:

Position:

Mailing address:

Phone:

Fax:

Email:

Name of course / purpose of training:

Please attach details with your application

Have participants taken this course before, and if so why are they retaking this training course?

Method of training:

Location of training:

Date(s) of training:

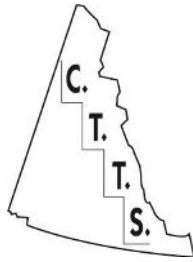
ANSWER ONLY IF THE COURSE IS OUTSIDE OF THE YUKON

Is there a comparable course in the Yukon?

What actions did you take to determine this?

Name of participants and positions of those attending from your Organization:

Expected benefits to the community (if space is lacking, please append to your application):



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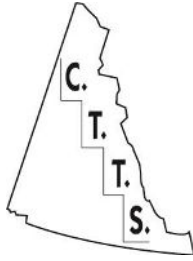
PROPOSED BUDGET

| PROJECTED EXPENSES | PROPOSED EXPENSE |
|---|------------------|
| COURSE REGISTRATION FEE | |
| TRAVEL COSTS | |
| Airfare | |
| Personal vehicle (approved rate/km) | |
| Employer vehicle (\$0.30/km) | |
| MEALS (approved daily rate or projected costs) | |
| ACCOMMODATION | |
| DAILY INCIDENTALS | |
| TAXI FARE (or other local transportation) | |
| PARKING | |
| OTHER: please specify: <input type="text"/> | |
| TOTAL PROJECTED EXPENSES | \$ 0.00 |

| | |
|--|--|
| Funding provided by your Organization | |
| Funding requested from CTTS (max 2/3rds) | |
| TOTAL REVENUE | |

REMINDERS

- These are only projected expenses, not the true costs which will be determined later.
- The maximum requested funding from CTTS is \$3000.00.
- Please round your projected expenses to the nearest dollar.



COMMUNITY TRAINING TRUST SOCIETY

FUNDING APPLICATION

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SIGNATURE OF LOCAL GOVERNMENT BODY OFFICIAL

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

DATE

NAME

POSITION

SUBMIT COMPLETED PACKAGE TO:



(867) 668 - 7574



**Community Training
Trust Society**

P.O. Box 31314
Whitehorse, YT, Y1A 5P7



ayc@ayc-yukon.ca