**APPLICATION FOR CYSTIC FIBROSIS CANADA SPECIAL TRAVEL ALLOWANCE**

**A. GENERAL INFORMATION**

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| **NAME OF APPLICANT** |
| Title [ ]  Dr.[ ]  Mr. [ ]  Mrs.[ ]  Ms.  | Given Name      | Middle Name      | Surname      |
| **MAILING ADDRESS OF APPLICANT**  |
| Institution      | Department or Faculty      |
| Street Address      | Suite or Floor (if applicable)       |
| City       | Province      | Postal Code       | Email       |
| Telephone       |
| **TITLE OF CYSTIC FIBROSIS CANADA RESEARCH PROJECT** |
|       |
| **NAME OF SUPERVISOR**  |
|       |
| **HOST INSTITUTION OF SUPERVISOR**  |
| Institution       | Department or Faculty       |
| City       | Province      |

**B. APPLICANT ELIGIBILITY**

***Special Travel allowances may be awarded to Cystic Fibrosis Canada-supported Fellows and Students, for each year of their award, upon application and pending the availability of funds.  No CFC-supported Fellow or Student may receive more than one award per year. Please indicate current eligibility:***

[ ]  Cystic Fibrosis Canada-funded fellow/

[ ]  Cystic Fibrosis Canada-funded student/

[ ]  Other/autre (describe/veuillez décrire :       )

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FOR CFC OFFICE USE ONLY** | Appl’n received\_\_\_/\_\_\_/\_\_\_ | Cheque #\_\_\_\_\_\_\_\_\_ | Cheque sent\_\_\_/\_\_\_/\_\_\_ | Receipts received\_\_\_/\_\_\_/\_\_\_ |

**C. PROPOSED BUDGET**

Please provide the following details on your proposed budget:

|  |  |  |  |
| --- | --- | --- | --- |
| Expense Category\* |  | Cost in other currency, if applicable (US$, £, €, etc.) | Amount requested(CDN$) |
| Transportation |   |  |   |
|  Ground (mileage if applicable; 37 cents per km)  |       |         |
|  Flights |   |       |        |
|  Train |   |       |        |
|  Other (please specify):  |   |  |   |
|        |   |       |        |
| Accommodation |  |  |  |
|  Number of nights and rate:  |       |        |
|   |   |  |   |
| Registration |   |  |   |
|  Fee  |   |       |        |
|  Other (please specify):  |       |        |
|  |  |  |  |
| Meals\*\* |  |  |  |
|  Number of meals and cost: |       |        |
|  |  |  |  |
|  **TOTAL REQUESTED**  |  | **$**       |

***Note:******The maximum amount of the travel allowance is $750.00 CDN.***

***An itemized breakdown of expenses incurred and the original receipts must be submitted to Cystic Fibrosis Canada upon return from the conference or meeting.***

***\*This travel allowance provides for economy-class travel, accommodation, registration and meals but not the cost of alcoholic beverages, travel insurance, Internet, phone calls, etc.***

***\*\*Please note that Cystic Fibrosis Canada's maximum meal reimbursement rates are capped at $55 CDN per day and are as follows: breakfast $15 CDN, lunch $15 CDN and dinner $25 CDN.***

**D. CONFERENCE/MEETING DETAILS AND OBJECTIVES**

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| **TYPE OF PARTICIPATION** |
| [ ]  Poster[ ]  Platform (oral) [ ]  Workshop [ ]  Other:       |
| **TITLE OF PAPER OR PRESENTATION** |
|       |
| **NAME OF EVENT & LOCATION**  |
| Event Name & Host Organization      |
| Venue/Institution      |
| City       | Province/State      | Country      |
| Date(s)       | Website (if available)        |
| **PURPOSE/OBJECTIVES**  |
|       |

[ ]  Proof of active participation (i.e. abstract acceptance, etc.) must be appended to the back of this application form.

**E. BACKGROUND INFORMATION**

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| Please describe how this travel award contributes to the vision and mission of Cystic Fibrosis Canada (max 250 words). |
|       |

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| Please describe how this travel award will contribute to the fight against cystic fibrosis (max 250 words). |
|       |

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| Please describe whether there are any other sources of funding for your travel and explain why financial support from Cystic Fibrosis Canada is critical. |
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| Please describe any of your current or past volunteer involvement with Cystic Fibrosis Canada. |
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**F. UNDERTAKING OF APPLICANT**

The undersigned hereby agrees that the conditions governing the award of a Special Travel Allowance, as detailed in the *Cystic Fibrosis Canada Grants & Awards Guide*, apply to any grant awarded under this application, and that these conditions are accepted by the applicant.

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| Cystic Fibrosis Canada Special Travel Allowance Applicant  |
|       |  |  |  |       |
| Name/Nom  |  | Signature |  | Date |

**G. SUPERVISOR’S ENDORSEMENT**

I confirm my support of this fellow’s/student’s application for a Cystic Fibrosis Canada Special Travel Allowance and that this meeting/conference is relevant to cystic fibrosis research and the awardee’s current CFC project. I also ensure that s/he will submit an itemized list of expenses and original receipts after the conference or meeting.

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| --- |
| Supervisor  |
|       |  |  |  |       |
| Name/Nom  |  | Signature |  | Date |

***Your completed application form, along with proof of active participation, must be sent to Tania Pellegrini, Manager, Research Operations*** *(*tpellegrini@cysticfibrosis.ca). ***Applications must be submitted prior to proposed travel.***