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

**A. GENERAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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. |
|  |

**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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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](mailto:tpellegrini@cysticfibrosis.ca)). ***Applications must be submitted prior to proposed travel.***