

CUPE – NORTHERN AREA DISTRICT COUNCIL
TRAVEL ASSISTANCE GRANT

Travel grants amounting to \$4,000 per NADC meeting (total of \$8,000 per year) are available to assist Locals in sending delegates to the regular NADC meetings and/or courses. CUPE BC allocates \$4,000 per year and is matched by NADC.

The following is required from your local if you are applying for a travel grant:

- Locals must be affiliated to the NADC
- Locals must have a dues structure of 1.50 % minimum.
- Locals must submit a **Trustee's report first time applying in a year (not a financial statement)**
- **Financial statement** may be use for **the second application** in the Fall
- Dues must be paid up at time of applying for travel grant (Spring - Dec, Fall - June).
- Attach to your application a statement listing what you estimate the cost will be to your local, to attend education and/or the NADC general meeting (i.e. actual travel time, mileage, cost per km, hotel room(s), wages, how many people will be attending.)
- **Application must be received by the deadline noted on the travel grant.**

Grants will be distributed accordingly:

- Grants will be distributed considering the financial need and the distance traveled.
- If, after approval for a Local to receive a travel grant, and the Local does not attend the appropriate meeting dates the monies unused will be disturbed to those Locals who apply for travel grants for the next meeting dates.
- **All cheques will be payable directly to the Local.**

Travel Assistance Grant
CUPE – Northern Area District Council
Application Form

Local # _____ **# of Members** _____ **Date Sent:** _____

Mailing Address: _____

Dues Structure: _____ **Current Trustees' Report attached:** _____
 (minimum of 1.50%)

Application must be received by: * 14 days prior to the start of each school *

Mail, Email or Fax to: Paula Cox, Treasurer, NADC
 PO Box 427
 Burns Lake, BC, V0J 1E0
 Fax: 250-692-7811 or Email: paulacox@telus.net)

ESTIMATED COST OF ATTENDING NADC EDUCATION AND/OR GENERAL MEETING

How many will Attend:

	Name (if possible)	Wage estimate:
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Total Wages: \$ _____

Number of Hotel Rooms: _____ Estimate of Total Cost: _____

Actual Travel Time (in hours) _____ Distance (in km) _____

Any extenuating circumstances (i.e. disabilities) that may increase the cost of being a delegate:

Total Wages: _____

Total Per Diems: _____

Total Hotel Costs: _____

Total Travel Costs: _____

Grand Total: _____

Signature: _____ Date Sent: _____

Phone # _____