

Application Form TRAVEL GRANTS

(as part of the DEBRA Canada Micro Grants program)

Please note:

1. Travel grants are part of the DEBRA Canada Micro-Grants program.
2. Only DEBRA Canada members are eligible to apply for travel support.
3. Membership to DEBRA Canada is free and can be applied for at the time of a travel grant application
4. Only one person per member group can be granted a travel grant in each year. Exception: Caregivers accompanying a participant with EB can be granted additional support.
5. Your cost estimate should be based on economy travel fares, and on accommodation in any of the places reserved or suggested by the conference host.
6. Please hand in this short application form to the contact address given below.
7. Applications will be discussed and decided upon by the Executive Committee of DEBRA Canada.
8. The number of people that can be funded depends on the budget available.
9. Successful and unsuccessful applicants will be informed promptly.
10. Successful applicants will be required to book travel and will receive a reimbursement cheque within 3 - 4 weeks of travel. Please note, travel receipts must be provided as proof of funds to be reimbursed). Occasionally, DEBRA Canada may book travel or hotel directly with the vender on a member's behalf. In this case, you will be asked to sign a waiver agreeing to the re-payment of funds in the event an applicant misses their travel (i.e. flight) or does not attend conference.
11. It is mandatory for all approved applicants to purchase flight cancellation insurance. Proof of purchase (i.e. scanned receipt) will be requested prior to travel date.
12. If you have received funding, you are asked to provide a short report on how the grant has helped your group, by 1 December of the same year. Please use the reporting form available on the DEBRA Canada website.
13. These reports may be presented to the community through our communication channels (quarterly newsletter and website) as examples how DEBRA can provide support.

Please submit this application form, preferably by e-mail (otherwise by mail or fax) to:

debra@debracanada.org (Reference: Application – Travel Grant“)

Otherwise by mail or fax to:

By Fax: 905- 469-1850 (ATTN: DEBRA Canada, Travel Grant Request)

By Post: (please note: this option may result in significant delay in response from our committee)

ATTN: DEBRA Canada (Travel Grant Request)

1500 Upper Middle Rd, Unit #3

PO Box 76035

Oakville, ON, L6M 3H5

If you have any further questions, please contact:

Erin Hoyos, Secretary/Administrative Officer: ehoyos@debracanada.org

APPLICANT

Note: The applicant must be from a current or associate (i.e. medical) member of DEBRA Canada.

Name of Individual/ applying group / organization	
Address	
Country	
Website (if available)	

PERSON TO GET TRAVEL SUPPORT

Title (Mr / Ms / Mrs / Prof. / Dr.)	
Forename(s) + Surname	
Function / Role in the group e.g. patient representative, communications officer	
Telephone (landline or mobile)	
E-mail	

BUDGET

Overall yearly income of applying group (approximate in CAD)	_____ CAD
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SUPPORT REQUESTED**1. Which congress/ conference would you like to attend?**

Title of event	
Location	
Date(s)	[DD/MM/YYYY – DD/MM/YYYY]

2. Please outline, in a few sentences, why you are asking for funding to attend this congress/ conference?

Explain why your group is unable to cover travel and/or accommodation costs:

Outline what the benefits would be for your group if you attended:

3. Cost estimate of support requested

Travel costs in CAD (airplane / train / car) NB: only economy travel. Please provide two competing - lowest cost options / quotes.	<i>Please outline which, e.g. "Air Canada ticket Toronto – Ontario"</i> <i>"West Jet ticket Toronto, ON"</i>	_____ CAD Or, _____ CAD
Accommodation NB: in any of the accommodations reserved or suggested by conference host	<i>Please state name of hotel and number of nights</i>	_____ CAD
Conference/ Registration Fee (s)	Specify:	_____ CAD _____ CAD
Other e.g. Taxi transfer for people with reduced mobility	<i>Please state which</i>	_____ CAD
TOTAL		_____ CAD

Signature: _____

Date: _____

On behalf of the member or member group

Office Use Only

Application	<u>Approved / Declined</u>	Date:	_____
Treasurer Approval:	_____	Date:	_____
Date processed:	_____	Cost Centre:	_____