

Municipal Training Financial Assistance Fund Application



Contact Information		
Name of Municipality:	_____	
Municipal Address:	_____	
Contact Person:	_____	
Telephone:	Fax:	E-mail:
_____	_____	_____

Training Activity Information		
Name of Attendee	Position Title (e.g. Clerk, Councillor)	
_____	_____	
Name of Activity: Clean and Safe Drinking Water Workshop	Date(s) of Activity:	March 26-28, 2019
Location(s): Gander	Sponsoring Group:	Department of Municipal Affairs and Environment, Water Resources Management Division.
Brief Description of Activity: _____		
Annual workshop to provide water system operators and owners with technical information on the operation and maintenance of drinking water systems.		

Statement of Expenses		
<i>Reimbursements – provide copies of all receipts verified by the Clerk</i>		
Date(s) Travelled:	From:	To:
_____	_____	_____
_____	Time of Departure:	Time of Return Home:
_____	_____	_____

Registration or Course Fee - receipt required _____						
Meals (Maximum = \$43.70; No receipt required)	# of Breakfasts	_____	x	\$8.00	=	_____
	# of Lunches	_____	x	\$14.00	=	_____
	# of Dinners	_____	x	\$21.70	=	_____
Accommodations (Up to \$120 per night tax included- receipt required)	# of Nights	_____	x	_____	=	_____
				(Per Night)		
Travel	# of KM	_____	x	Current Basic Rate*	=	_____
(*Current Basic Rate per kilometer is available at http://www.exec.gov.nl.ca/exec/hrs/working_with_us/auto_reimbursement.html - should there be a discrepancy between the rate used in the application and the current rate on the above noted internet site, the current quarterly rate will be reimbursed)						
Other Travel Costs: (e.g. Airfare and taxi -receipt required)	_____				=	_____
Other Costs: (e.g. Texts, Course Materials - receipt required)	_____				=	_____

TOTAL COSTS: _____

This verifies that council has reviewed this application, agrees to its accuracy and authorizes its submission for reimbursement.

Print Name: _____

Position: _____

Signature: _____

IMPORTANT: Claims must be submitted one month after the completion of your training.

Send application & all supporting documents to:

Fax: (709) 729-3605

Mail Municipal Finance Division,
Department of Municipal Affairs & Environment
4th Floor West Block, Confederation Building
P.O. Box 8700
St. John's, NL A1B 4J6

For Office Use Only:	
Special Assistance amount:	\$ _____ of \$400 or \$700
Reimbursement of remaining costs	50% _____ 75% _____
Total Claim Amount: _____	
Processed By:	_____ Date: _____
Approved By:	_____ Date: _____
Funding for the <i>Clean and Safe Drinking Water Workshop</i> is in addition to the maximum Municipal Training Financial Assistant Fund reimbursement of \$1000 per year per municipality. Additional funding for this training is: \$400 (Island) and \$700 (Labrador).	