

**COMMUNITY TRAINING TRUST SOCIETY
APPLICATION FOR FUNDING FORM
TO SPONSOR A TRAINING PROGRAM**

Name of First Nation, Municipality or Other Local Government: _____

Contact Person: _____ Position: _____

Address:

Phone Number: _____ Fax: _____

E-mail: _____

Name of Course/Purpose of Training: _____

Method of Training (correspondence, on the job etc): _____

Instructor/Facilitator's
Name(s): _____

Location of Training: _____

Anticipated Date(s) / Time(s) of Training: _____

Target Audience: _____

Projected Number of Participants: _____

Expected Benefits to the Community: _____

Amount of Funding Requested: _____
(From Page 2-Maximum \$3,000.00)

PLEASE COMPLETE REVERSE SIDE

PROPOSED BUDGET

EXPENSES - * DO NOT INCLUDE GST

Facility Rental: (Projected Costs) _____

Trainer/Facilitator Labour Costs: _____

Trainer/Facilitator Travel Costs: (Projected Costs) _____

Trainer/Facilitator Meals & Accommodation: (Projected Costs) _____

Training Supplies: (Projected Costs) _____

Equipment Rental: (Projected Costs) _____
(Please Specify Type)

Other: _____
(Please Specify)

TOTAL EXPENSES \$ _____

If necessary, attach Balance Sheet detailing expenses and revenues.

REVENUE/FUNDING SOURCES

Registration Fees: \$ _____

Funding Provided By Your Organization: \$ _____

Funding Requested From C.T.T.S.: \$ _____
(Maximum 2/3 of expenses to a maximum of \$3,000.00)

TOTAL REVENUES \$ _____

Signature Local Government Body *Official

Date

PLEASE RETURN COMPLETED FORM TO:
Community Training Trust Society
P.O. BOX 31314
WHITEHORSE, YT. Y1A 5P7
Email: ctts@northwestel.net

Official - "A person who has been properly authorized and empowered to enter into and execute this agreement on behalf of the requesting party".