

**ONTARIO PROVINCIAL CONVENTION TRAVEL SUBSIDY APPLICATION
for the Ontario Provincial Convention**

at _____ (give dates and address to help decide distance)

Applicant's Name: _____ Parish: _____

Address: _____

Phone #: _____ E-mail: _____ Arch/diocese: _____

Criteria:

1. *The travel rate will be \$.40 per km for the distance over 1,000 km return.*
2. *Air, train, taxi or regular bus fare would be subject to a deductible amount decided by the finance committee.*
3. *Should a vehicle that would transport six or more members to the provincial convention be chartered, each diocese could submit the applications together. The subsidy could be paid through the diocese(s) to reduce the travel costs of all passengers, providing this was agreeable to the applicants and a motion was made to this effect at a diocesan(s) meeting.*
4. *Members from all dioceses are eligible.*
5. *Once a parish applicant has received the subsidy, her own parish council members are not eligible the next year.*
6. *A maximum subsidy of \$500 would be available per diocese excepting Alexandria-Cornwall (\$600), Hearst (\$1,000), Thunder Bay (\$1,600), and Timmins (\$800).*
7. *A cumulative total of \$5,000 would be available per year.*
8. *A parish council financial statement for the previous year must accompany this application.*
9. *All applications must be received no later than March 31.*
10. *All applicants will be notified of approval or rejection of application by April 30.*
11. *Successful applicants would receive the funds before the convention with the agreement that if unable to attend, her proposed alternate would be subject to committee approval, or the funds would be returned.*
12. *Successful applicants should attend the entire convention from opening to closing mass.*
13. *Successful applicant shall provide a written report to Ontario Provincial Council and the parish council.*

Home to convention site distance (e.g Mapquest.com): _____ km. Dates at convention: _____

Method of travel proposed: _____ Amount subsidized by council [if any]: _____

Names of passenger(s) [if any]: _____

Signature of Applicant

Date

Signature of Parish President

Date

Other comments including proposed cost of travel:

**Before March 31, please return this application to the Provincial Treasurer:
Glenda Klein, 247 Victoria Ave N, Lindsay, ON K9V 6C9 (705) 340-5357 glendak@cogeco.ca**