**CONFERENCE GRANT APPLICATION**

**TCRCE - NSTU/PSAANS Article 60 Professional Development Fund**

**CHECK ONE:**  **IN Maritime PROVINCE OUT OF Maritime PROVINCE** **ONLINE OCTOBER PROVINCIAL**

Applications to be submitted to the Article 60 PD Committee via EMAIL: [article60@tcrce.ca](mailto:article60@tcrce.ca)

* Refer to **Article 60 PD Committee Guidelines** for more information: [Article 60 Guidelines](https://www.tcrce.ca/wp-content/websitefiles/Article%2060%20Committee/Article%2060%20Guidelines-Updated%20Oct.%2021%2C%202019.pdf?_t=1571683597)

|  |  |  |
| --- | --- | --- |
| **Completed Application Due** | **Reimbursement Date** | **Required Documents** |
| Monday September 15, 2025 | Thursday October 23, 2025 | * Completed Application with Proof of Attendance * Original Receipts * Pre / Post Conference Expense Claim Forms |
| Thursday November 6, 2025 | Thursday December 4 2025 |
| OCTOBER PROVINCIAL CONFERENCE  DUE ***November 6, 2025*** | Thursday December 4, 2025 |
| Thursday February 12, 2026 ***(NEW)*** | Thursday March 12, 2026 ***(NEW)*** |
| Thursday April 23, 2026  *(NOTE: Conferences attended* ***after*** *this date are paid the following October)* | Thursday May 21, 2026 |

|  |  |  |
| --- | --- | --- |
| **Month** | **Application Review Submission Dates** | **Committee Review Dates** |
| September-June *(Excluding June / December)* | By the 3rd Tuesday of the month | Meeting date on 4th Tuesday of the month |
| December and June | By the 2nd Tuesday of the month | Meeting date on the 3rd Tuesday of the month |

* Maximum reimbursement for **In Maritime Province Conference** is **$2000** *(subject to prorating)*
* Maximum reimbursement for **Out of Maritime Province Conference is $3000** *(subject to prorating)*
  + Members are limited to one (1) Out of Maritime Province Conference per Fiscal Year
* Maximum reimbursement for **On-Line Conference** is **$1500** *(subject to prorating)*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Professional Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Work Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract: (Permanent/Probationary/Term): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Assignment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONFERENCE INFORMATION:

Conference Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Conference Dates(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conference Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Substitute Days Required *(SUB Code 115)* \_\_\_\_\_\_\_\_

LIST OF ACTUAL SUB DATES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THIS APPLICATION MUST INCLUDE THE FOLLOWING:

CONFERENCE AGENDA OR ITINERARY

*DETAILED* LETTER outlining how the conference relates to one or more of your PGP, SIP, PSP or SSP (See Guidelines for details)

ANTICIPATED COSTS (*Please attach a list* of anticipated costs – use Page 2 Attached)

ALL REQUIRED SIGNATURES

All documents sent as ONE (1) Complete Attached File to [article60@tcrce.ca](mailto:article60@tcrce.ca)

PAGE 3 to be completed and submitted with Receipts after you have attended the Conference.

OCTOBER CONFERENCE-Supervisor MUST approve October Provincial Conference–does NOT to go to PD Committee or RED

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisors’ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisors’ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved: Denied:

Regional Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved: Denied:

Professional Development Committee: Approved: Denied: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| ***ADMINISTRATIVE USE ONLY*** | ***Approved Final Amount to be Paid*** | **$** |

**Revised 06/25/GAR**

***PRE-CONFERENCE Expenses Estimate***

***for PRE - Conference Grant Application***

***(May be used to accompany Original Application to the PD Committee/Supervisor for Review and Approval***

***HOTEL***

|  |  |  |
| --- | --- | --- |
| Number of Nights  Hotel or with Family/Friends | Sub Total Per Night  ($250 / $50 Max) | **Total** |
|  | $ | $ |

***MEALS***

|  |  |  |  |
| --- | --- | --- | --- |
| MEAL | Estimated Number of Meals |  | *Tally* |
| Breakfast ($15) |  | Sub TOTAL (Breakfast) | $ |
| Lunch ($20) |  | Sub TOTAL (Lunch) | $ |
| Supper ($30) |  | Sub TOTAL (Supper) | $ |
|  |  | **TOTAL** | **$** |

***TRAVEL (By Vehicle)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Starting Point Address | Destination Address | Estimated KMs  RETURN  **TOTAL KM** | Regional Rate  *(Subject to Change)* | **Total** |
|  |  |  | Current (0.5932) | $ |

***AIRFARE***

|  |  |  |
| --- | --- | --- |
| Airline Name | Destination | **Total** |
|  |  | $ |

***CONFERENCE FEES***

|  |  |  |
| --- | --- | --- |
| Conference Name |  | *Conference Fees*  **Total** |
|  |  | $ |

***OTHER***

|  |  |  |
| --- | --- | --- |
| Parking / Shuttle |  | **Total** |
|  |  | $ |

|  |
| --- |
| ***$*** |

***TOTAL Estimate of Expenses:***

**POST-Conference Expenses Reconciliation Sheet**

**This Page MUST be completed and submitted with Receipts AFTER you have attended the Conference**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Hotel Name**  **(NOTE: if claimed with Air Travel these items MUST be claimed separately)** | **OR**  **Stay with**  **Family/Friends** | **DATE**  **(Claim EACH Night Separately)** | **PARKING Fees**  **(If incl in Hotel Fee)**  **(Receipt Required)**  **Max $50/Day** | **Total $ Daily**  **Hotel-Ma$250/Night**  **(MUST include Hotel Invoice w/Itemized Fees)**  **Other- Max $50/Night** | **ADMIN USE ONLY** |
|  |  |  |  | **$** |  |
|  |  |  |  | **$** |  |
|  |  |  |  | **$** |  |
|  |  |  |  | **$** |  |
|  |  |  |  | **$** |  |
|  |  |  |  | TOTAL Claim **$\_\_\_\_\_\_\_\_** |  |

**Meals (No Receipts Required)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Breakfast - $15**  **Check** | **Lunch -$20**  **Check** | **Supper -$30**  **Check** | **TOTAL $ Daily** | **ADMIN USE ONLY** |
|  |  |  |  | **$** |  |
|  |  |  |  | **$** |  |
|  |  |  |  | **$** |  |
|  |  |  |  | **$** |  |
|  |  |  |  | **$** |  |
|  |  |  |  | TOTAL Claim **$\_\_\_\_\_\_\_\_** |  |

**Travel (By Vehicle)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Starting Point Address** | **Destination Address** | **KM Claimed RETURN** | **Regional Rate (SUBJECT TO CHANGE)** | **Total $ Daily** | **ADMIN USE ONLY** |
|  |  |  | **0.5932** | **$** |  |
|  |  |  | **0.5932** | **$** |  |
|  | **TOTAL KM CLAIMED** | **\_\_\_\_\_\_ KM** |  | TOTAL Claim **$\_\_\_\_\_\_\_\_\_** |  |

**Parking – Other Than Hotel (Receipts Required)**

|  |  |  |
| --- | --- | --- |
| **Date** | **Amount Claimed ($50/Day MAX)** | **ADMIN USE ONLY** |
|  | **$** |  |
|  | **$** |  |

**Airfare (If Applicable)-(Receipts Required)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Airline Name** | **Destination** | **Date of Departure** | **Return Date** | **Total Airfare Claimed**  **(List Baggage Fees on Separate Line)** | **ADMIN USE ONLY** |
|  |  |  |  | **$** |  |
|  |  |  | **BAGGAGE** | **$** |  |

**Shuttle Services (Taxi/UBER/Bus) (Receipts Required)**

|  |  |  |
| --- | --- | --- |
| **Mode / Date** | **Amount Claimed** | **ADMIN USE ONLY** |
|  | **$** |  |
|  | **$** |  |

**Conference Registration Fees (Receipts Required)**

|  |  |  |
| --- | --- | --- |
| **Conference Dates** | **Amount Claimed** | **ADMIN USE ONLY** |
|  | **$** |  |

***TOTAL $$ CLAIM REQUESTED by Member: $ \_\_\_\_\_\_\_\_\_\_\_\_\_***

***FOR ADMINISTRATIVE USE ONLY:***

***Sub Total: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Prorated (if required) @ \_\_\_\_\_\_\_\_%***

***Approved FINAL Amount to be Paid*: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**