

# Elders Transportation Program 2019 Application Form

**Objective:**

The Elders Transportation Program provides partial funding to Elders travelling to the Annual BC Elders Gathering. Twenty-five individual grants are available (up to \$1,000 each).

**Deadline:**

Applications are due by **5pm on Thursday June 20<sup>th</sup>, 2019**

**Eligibility:**

1. Applicants are an Aboriginal Elder or recognized Aboriginal organization on behalf of Elders.
2. Only British Columbia residents are eligible.
3. Travel distance to the event is greater than 200 kilometers (one way, road distance only).
4. Applicants send in a completed application form.
5. Eligible travel costs are as follows: accommodations, transportation, meals, and other related travel expenses such as parking or taxi. Travel costs must be by the most economical means.
6. Applicants who have received an Elders Transportation grant in the previous two consecutive years are ineligible to apply this year and may apply the following year.

**General Program Conditions:**

1. Original signed applications must be accompanied by:
  - cover letter indicating number of Elders planning to attend
  - letter of support from a recognized Aboriginal organization, confirming financial need
2. Applicants are eligible to receive funding up to a maximum of \$1,000. Applications will be reviewed and approved for funding based on factors, including: meets criteria, complete application, overall travel costs, distance away from the event, regional representation, and includes individual Elders.
3. Only one application per fiscal year per organization will be approved.
4. The BCAAFC is not responsible for any expenses incurred prior to the applicant receiving a written confirmation of approval.
5. Previous Elders Transportation or other provincial grants to the applicant and/or Aboriginal Organization must be accounted for or the applicant may be ineligible for funding.
6. If actual travel expenses are less than the \$1,000 advanced, the difference must be repaid.

**After the conference:**

Funding recipients must submit a report within 30 days of travel to the BCAAFC and include:

- brief summary listing names of Elders who attended the event
- financial summary of actual travel costs

**Submit applications:**

Attn: M. McKenzie

BC Association of Aboriginal Friendship Centres

551 Chatham Street, Victoria, BC V8T 1E1

Phone: (250) 388-5522 or 1-800-990-2432

Fax: (250) 388-5502 Email: [adminassist@bcaafc.com](mailto:adminassist@bcaafc.com)

**B.C Association of Aboriginal Friendship Centres  
First Citizens Fund  
Elders Transportation Program 2019 Application Form**

Complete All Sections of this Application

**A. Contact Information**

*Office Use Only*

1. Elder's Organization/Group/Band:

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2. Mailing Address:

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3. Region:

1 Vancouver Island/Coast

2 Mainland/Southwest

3 Thompson/Okanagan

4 Kootenay

5 Cariboo

6 North Coast

7 Nechako

8 Northeast

4. Name of Contact Person for this Application:

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Telephone: 1. (Business) \_\_\_\_\_

2. (Home) \_\_\_\_\_

Email: \_\_\_\_\_

5. Number of Elders Requesting Transportation Assistance: \_\_\_\_\_

**B. Travel Information**

6. Distance one-way (according to Google Maps): \_\_\_\_\_ km

7. Departure Date: \_\_\_\_\_ Return Date \_\_\_\_\_

**C. Supporting Documentation**

8. Original signed applications must be accompanied by:

-cover letter indicating number of Elders planning to attend

-letter of support from a recognized Aboriginal organization, confirming financial need

## D. Financial Information

Please complete the total budget for Elders' travel to the Annual BC Elders Conference, including all expenses and revenue.

REVENUE	
(*list other sources)	\$
	\$
	\$
<b>TOTAL REVENUE</b>	<b>\$</b>
EXPENSES*Note travel costs are eligible one way only, as overall budget is part of criteria	
TRANSPORTATION	
*Include all transportation costs ie. vehicle rental, ferry etc.	
Mileage #                      x \$0.44/km =	\$
Vehicle rental	\$
Ferry	\$
Other:	\$
Other:	\$
MEALS	
# Elders _____ x _____ # days =	\$
ACCOMMODATION	
# Elders _____ x _____ # nights =	\$
OTHER COSTS:	
Conference Registration	\$
Caregiver:	\$
Driver:	\$
Other:	\$
<b>TOTAL BUDGETED EXPENSES AND REVENUE</b>	<b>\$</b>

## **E. FOLLOW UP REPORT**

Final report must be submitted by fax within 30 days of travel. It must include:

- brief summary listing names of Elders who attended the event
- financial summary of actual travel costs

Please send to:

Attn: M. McKenzie  
BC Association of Aboriginal Friendship Centres  
551 Chatham Street, Victoria, BC V8T 1E1  
Phone: (250) 388-5522 Fax: (250) 388-5502

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## **CERTIFICATION**

I hereby certify that, to the best of my knowledge, all information in this application is correct and in accordance with the policy of the Elders Transportation Program. I agree to inform the **B.C Association of Aboriginal Friendship Centres** of any changes in the travel information given.

\_\_\_\_\_  
*Name of Authorized Person*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Name of Witness*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*