



**Saskatchewan Council for Archives and Archivists  
Professional Development and Travel Subsidy Program  
2020-21 Application**

*Please read the PDF guidelines before filling in the application form.*

Are you eligible to receive all or partial funding from your institution:  Partial  All  None  
(Please note that this will not affect your eligibility to receive funding from this subsidy program)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Associated member institution (if necessary): \_\_\_\_\_

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

Workshop Title: \_\_\_\_\_

Location of Workshop: \_\_\_\_\_ Date of Workshop: \_\_\_\_\_

Sponsoring Organization of workshop or conference: \_\_\_\_\_

| <b>Claim/Estimate (if requesting prior approval)</b>                | <b>Cost</b> | <b>Approved<br/>(For Office Use Only)</b> |
|---|-------------|---|
| Registration Fees (non-SCAA events only)                            |             |   |
| Travel Costs (Actual cost or _____ kilometres @ \$0.4483/kilometre) |             |   |
| Other Travel:   |             |   |
| Accommodations (maximum \$125.00/day) _____ days                    |             |   |
| Meals (see guidelines for per diem amounts)                         |             |   |
| <b>TOTAL:</b>   |             |   |

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*Alongside their letter to the SCAA, recipients are asked to submit a final expense report within 30 days of the PD opportunity. Original receipts are required for most items. Please see guidelines for details.*

***For Office Use Only***

|  |     |    |
|--|-----|----|
| Is the Applicant an SCAA member in good standing?  | Yes | No |
| Does the Applicant meet the SCAA definition of an Eligible Applicant?  | Yes | No |
| Does the workshop/educational opportunity assist in professional development & training of archival workers? | Yes | No |
| Has the Applicant received previous SCAA support for the same non-SCAA program?                              | Yes | No |

**This claim has been reviewed by the SCAA Executive Director and the payment of \$\_\_\_\_\_ has been approved.**

|                |   |              |
|----------------|---|--------------|
| <b>Signed:</b> | <b>Gloria Bearss<br/>Executive Director</b> | <b>Date:</b> |
|----------------|---|--------------|

Application received: \_\_\_\_\_ Prior approval sent: \_\_\_\_\_

Cheque # \_\_\_\_\_ Date Issued: \_\_\_\_\_

*We gratefully acknowledge the financial support of the Saskatchewan Lotteries Trust Fund for Sport, Culture and Recreation through SaskCulture Inc.*

