

**Ontario Provincial Council of
The Catholic Women's League of Canada
Application for Subsidy from the Provincial Development Fund**

**APPLY FOR SUBSIDY AND COMPLETE THIS FORM TWO MONTHS PRIOR TO
HOSTING WORKSHOP**

Name of Council: _____ **Location:** _____

Diocese: _____ **Total subsidy requested: \$** _____
(Budget on reverse)

Applicant: _____
(Print Name) (Signature) (Date)

Address: _____

Phone No: _____ **Fax:** _____ **E-mail:** _____

Workshop title: (Describe) _____

Place _____ **Date** _____ **Number attending** _____ **Duration** _____

Place _____ **Date** _____ **Number attending** _____ **Duration** _____

Place _____ **Date** _____ **Number attending** _____ **Duration** _____

Name(s) of facilitator(s) _____

Parish council participating _____

The Provincial Development Fund does not cover expenses for:
decorations, meals and refreshments for participants,
paid advertising or honoraria for CWL resource persons.

Attach agenda, including a list of resource materials. Following review and approval by the diocesan president, the application form and a copy of the agenda listing the resource material must be forwarded directly to the provincial president

The cheque will be sent to the council treasurer:

Name: _____

Address _____

Supplies requested should be forwarded to:

Name: _____

Address _____

**THIS SECTION MUST BE COMPLETED BY THE APPLYING COUNCIL BEFORE THE APPLICATION IS
SUBMITTED**

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BUDGET DETAILS

Item	Description	Cost	Income
CWL supplies, handouts and resource materials			
Stipend for animator(s) Maximum \$300			
Stipend for use of hall Maximum \$300			
Expenses for animator(s) (meals/travel/handouts)			
Transportation for distance over 100 km for any vehicle with two or more workshop attendees	Report as total _____ km @ \$.40 per km.		
Non-allowable expenses			
Other			
Registration Fee	_____ members @ \$_____ each		
	Total Costs and Income		
	Subsidy Requested		

Parish President (if applicable):

_____ (Print Name) _____ (Signature) _____ (Date)

Diocesan President:

_____ (Print Name) _____ (Signature) _____ (Date)

Provincial President:

_____ (Print Name) _____ (Signature) _____ (Date)

Provincial Treasurer Initials _____ **Date** _____