

Application Form – Guidelines Travel Grant

2024 debra of America Care Conference

(as part of the DEBRA Canada Micro Grants program)

Please note:

1. Travel grants are part of the DEBRA Canada Micro-Grants program.
2. Only DEBRA Canada members are eligible to apply for travel support.
3. Membership to DEBRA Canada is free and can be applied for at the time of a travel grant application
4. Only one person per member group can be granted a travel grant in each year. Exception: Caregivers accompanying a participant with EB can be granted additional support.
5. Your cost estimate should be based on economy travel fares, and on accommodation in any of the places reserved or suggested by the conference host.
6. Please hand in this short application form to the contact address given below.
7. Applications will be discussed and decided upon by the Executive Committee of DEBRA Canada.
8. The number of people that can be funded depends on the budget available. DEBRA Canada will fund two (2) people per group= one patient member and their care-giver.
9. By applying for funding you are assuming complete risk during your travels. DEBRA Canada does not take any responsibility for personal injury.
10. If funding is granted, each traveler is responsible for purchasing the appropriate personal travel insurance
11. DEBRA Canada reserves the right to cancel funding at any point in the funding/registration process if a Covid-19 variant of concern (or other external factor) presents too great a risk to our patient member families.
12. Successful and unsuccessful applicants will be informed promptly.
13. Successful applicants will be required to book travel and will receive a reimbursement cheque within 3 - 4 weeks of travel. Please note, travel receipts must be provided as proof of funds to be reimbursed). Occasionally, DEBRA Canada may book travel or hotel directly with the vender on a member's behalf. In this case, you will be asked to sign a waiver agreeing to the re-payment of funds in the event an applicant misses their travel (i.e. flight) or does not attend conference.
14. It is mandatory for all approved applicants to purchase flight cancellation insurance. Proof of purchase (i.e. scanned receipt) will be requested prior to travel date.
15. If you have received funding, you are asked to provide a short report on how the grant has helped your group, by December 1, 2024 of the same year. Please use the reporting form available on the DEBRA Canada website.
16. These reports may be presented to the community through our communication channels (quarterly newsletter and website) as examples how DEBRA can provide support.

Please submit this application form, preferably by e-mail (otherwise by mail) to:

debra@debracanada.org (Reference: Application – “2024 DCC Travel Grant“)

Otherwise by mail: DEBRA Canada, 1500 Upper Middle Rd, Unit #3 PO Box 76035, Oakville, ON, L6M 3H5.

2024 DEBRA Care Conference Funding Form for DEBRA Canada Members

If you have any further questions, please contact: Erin Hoyos, Director of Programs & Partnerships:
ehoyos@debracanada.org

APPLICANT

Note: The applicant must be from a current or associate (i.e. medical) member of DEBRA Canada.

Name of Individual applying	
Street Address	
Province & Postal Code	
EMAIL & PHONE	

PERSON TO GET TRAVEL SUPPORT (If applying on behalf of a child/ minor)

Patient Name (First & Last Name)	
Your Relationship to Patient Function / Role in the group e.g. patient representative, Nurse, Social worker, etc.	
Telephone & Email (if different from above)	

BUDGET (Please note: not applicable for individual patient members for the 2024 DEBRA Care Conference)

Overall yearly income of applying group (approximate in CAD)	<u> N/A </u> CAD
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SUPPORT REQUESTED

1. Which congress/ conference would you like to attend?

Title of event	2024 DEBRA OF AMERICA CARE CONFERENCE
Location	The Omni Atlanta Hotel at Centennial Park (Atlanta, Georgia)
Date(s)	July 28-31, 2024 (with hotel stays until August 1, 2024)

2. Please outline, in a few sentences, why you are asking for funding to attend this congress/ conference?

Explain why your group and/or Individual is unable to cover travel and/or accommodation costs:

Outline what the benefits would be for you (the individual) or group attended:

3. Cost estimate of support requested		
Travel costs in CAD (airplane / train / car) NB: only economy travel. Please provide two competing - lowest cost options / quotes.	Please outline which, e.g. "Air Canada ticket Toronto – Ontario" Please fill in from your departure city below – a return flight quote for the dates of July 28 – August 1, 2024 DEPARTURE CITY: _____	2 QUOTES: _____ CAD Or, _____ CAD
Accommodation NB: in any of the accommodations reserved or suggested by conference host	Please state name of hotel and number of nights: See below for Conference /Hotel Bundle	_____ CAD
Conference/ Registration Fee (s)	Specify: \$1,000 USD hotel conference bundle	<u>\$1,348.85 CAD</u>
Other e.g. Taxi transfer for people with reduced mobility	Please Note: DEBRA Canada will provide a per diem for taxi /uber & food for in-transit travel dates	_____ CAD
TOTAL		_____ CAD

Signature: _____

Date: _____

DEBRA Canada Member

Office Use Only			
Application	_____	Approved / Declined	Date: _____
Treasurer Approval:	_____		Date: _____
Date processed:	_____		Cost Centre: _____