

**Alberta CAPC CPNP Coalition  
Program Visitation & Collaboration Program  
Travel Subsidy Application Form**

Email to: **Pamela Geddes at [pamela@apfa.ca](mailto:pamela@apfa.ca) or Angie Smith at [angie@apfa.ca](mailto:angie@apfa.ca)**

**Program Visitation & Collaboration Applications submission deadline: March 01  
Completed Project Expense Claims submission deadline: March 15**

CAPC/CPNP Staff Name : \_\_\_\_\_

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

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

Address: \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ e-mail : \_\_\_\_\_

**Which Project Are You Interested in Visiting?**

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

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

Contact CAPC/CPNP Staff Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ e-mail \_\_\_\_\_

When? \_\_\_\_\_ For How Long? \_\_\_\_\_

**Program Visitation:**

Yes, \_\_\_\_\_ agrees to host \_\_\_\_\_ from  
Print name of host agency Print name of visiting staff  
\_\_\_\_\_ on a Project Visit to our project.  
Print CAPC/CPNP Project Name

Signature of Host Project Coordinator \_\_\_\_\_

Signature of Visiting Staff \_\_\_\_\_

Signature of Visiting Staff's Coordinator \_\_\_\_\_

Note: Visitor and Host staff should discuss expectations and schedule.

It has been suggested to request Host staff to assign a second project contact in the event that the primary host representative is not available on the day of the scheduled visit.

**Program Collaboration:**

\_\_\_\_\_ agrees to collaborate with \_\_\_\_\_  
Print CAPC CPNP Project Name (A) Print CAPC CPNP Project Name (B)  
**on the following Project/Event** \_\_\_\_\_.

Indicate brief description/details of the Event:

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Signature of Project Coordinator (corresponds to agency A above) \_\_\_\_\_

Signature of Project Coordinator (corresponds to agency B above) \_\_\_\_\_

Signature of Staff involved if other than Project Coordinator

\_\_\_\_\_  
Project A

\_\_\_\_\_  
Project B

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**1. State your learning goals:**

**2. How do you anticipate this learning experience contributes to your CAPC or CPNP project goals?**

**3. How do you plan on applying your new learnings to your project?**

**Projected Expenses** (this is an approximation - reimbursement for expenses incurred will be paid after the visit with submission of original receipts on or before March 15, 2017)

Expense Category	Estimated Amount	Total
Travel	.40/km x     km	
Accommodation	Hotel Private Accommodation \$30.00/nt	
Meals (Receipts to be provided)	Breakfast \$15.00 x ____ Lunch \$15.00 x ____ Dinner \$25.00 x ____ OR Daily \$55.00 x ____ days	
Other: (Please Specify)		
	<b>Total Projected Budget Request</b>	