

# Mobility Award Application

## Mobility Award

BioHubNet provides funding to support trainees who relocate to participate in the EXPERIENCE programs, including the **Industry Internship** and the **Knowledge Exchange**.

- Travel: Up to **\$1,000 CAD**
- Accommodation: Up to **\$1,500 CAD** per month, to a maximum of **\$9,000 CAD**
- Maximum Total Funding: **\$10,000 CAD** per applicant

## Eligibility

To be eligible for the Mobility Award, you **MUST** be **relocating** or **travelling >2 hours** to reach the training location (internship site or host lab).

Duration of Placement  _____ months	Proposed start and end date (YYYY/MM/DD)  From _____ to _____
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Amount of Funding

Accommodation Award: \$ \_\_\_\_\_ CAD

Travel Award: \$ \_\_\_\_\_ CAD      **Total Amount Requested: \$ \_\_\_\_\_ CAD**

## Applicant Information

Full Name	Email
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Your Home Address

\_\_\_\_\_

## Training Site

Indicate the training site (company site or host institution) where the placement will take place.

Organization Name

\_\_\_\_\_

Organization Address

\_\_\_\_\_

Accommodation Address (if known)

\_\_\_\_\_

<b>Proposed Expenditure</b>	
Provide details of proposed expenditures. Enter amounts rounded up to the nearest dollar.	
<b>Accommodation</b>	<b>Amount (\$)</b>
Must be a reasonable form of accommodation. Please state the duration and the amount of stay. Arrangements must be pre-approved prior to travel. Up to \$1,500/month, maximum of \$9,000.	
<b>TOTAL</b>	<b>\$</b>
<b>Travel</b>	<b>Amount (\$)</b>
Indicate itemized travel support requested. Travel costs to and from the relocation destination. Eligible costs include airfare, rail, rideshare, taxi, vehicle rental, and mileage. Maximum amount \$1,000.	
<b>TOTAL</b>	<b>\$</b>
<b>Signature</b>	
By signing below, you acknowledge that the information provided in this form is accurate and that you will provide receipts and supporting documentation for all travel and housing expenditures following the EXPERIENCE placement.	
Applicant	
X _____	
Print Name:	Date (YYYY/MM/DD):