



PD SPECIAL GRANTS APPLICATION

Special Grants Fund (from NVTA Pro D Policy): A special fund will be set up for application for special PD activities over Three Hundred Dollars (\$300). This fund shall only be used for activities which have a higher than average cost. The maximum grant for any individual shall be Five Hundred Dollars (\$500), plus up to two (2) days TTOC costs. All applicants must apply within the PD budget year (September – June 30). All applicants must apply in advance of their activity/workshop.

Special Grants Criteria: The Steering Committee will consider the following priorities:

- Those applications which are “extraordinary”
- A willingness to teach other teachers what you've learned
- Usefulness in the classroom
- Applicants who have not received a grant in the past three years will be considered first
- Applications will be considered in the order in which they are received; funding may be exhausted at some point.
- Activity requiring TTOC coverage.

DATE: _____ SCHOOL: _____

MEMBER NAME: _____ ASSIGNMENT: _____

ACTIVITY: _____ DATES: _____

(Please attach a copy of a brochure/write-up showing costs and dates of Pro D activity.)

Please include a supporting statement for your application which addresses criteria above, indicating how you expect this activity to benefit your work.

TOC days needed? Yes No How many TOC days to be funded? _____ (Special Grant will cover two days)

Dates for TTOC: _____

NOTES:

¹ Mileage only for trips more than 30 km return; include a Google (or similar) map showing kilometres. Rate: 52¢/km. Parking and/or transit receipts, if required.

² Maximum amount of \$125/night for hotel. Include meal receipts for reimbursement on overnight trips to a maximum of BCTF per diem.

| EXPENSES | |
|------------------------------|-------|
| Registration: | _____ |
| Travel Costs ¹ : | _____ |
| Accommodation ² : | _____ |
| Other (specify): | _____ |
| TOTAL AMOUNT: | _____ |

| OFFICE USE ONLY | |
|-------------------|-------|
| L# | _____ |
| TTOC Cost | _____ |
| Amount Reimbursed | _____ |

Date: _____ Member Signature: _____

THIS SECTION TO BE FILLED IN BY THE PRO D CHAIRPERSON ONLY

Cheque Number: _____ Date of Issue: _____ Cheque Amount: _____

PRO D CHAIRPERSON SIGNATURE: _____