



# PD SPECIAL GRANTS APPLICATION (2023-2024)

**Special Grants Fund (from NVTA Pro D Policy):** A special fund is set up for special PD activities over \$400. This fund shall only be used for activities which have a higher than average cost and fulfill specific criteria. The maximum grant for any individual shall be \$600, plus up to two (2) days TTOC costs. All applicants must apply within the PD budget year (September – June 30). All applicants are encouraged to apply in advance of their activity/workshop. Email request to [pdforms@nvta.ca](mailto:pdforms@nvta.ca) or send in the mail.

**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 (workshop, resource etc.)
- 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

Member Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

School: \_\_\_\_\_ Email: \_\_\_\_\_

Department/Grade/Assignment: \_\_\_\_\_ Home/Cell #: \_\_\_\_\_

ACTIVITY: \_\_\_\_\_ Event Date: \_\_\_\_\_

TTOC days needed? Yes  No  How many TTOC days to be funded? \_\_\_\_\_ (Special Grant will cover two days)

Dates for TTOC: \_\_\_\_\_

I have completed Page 2 of the application, which addresses criteria above, and signed the form.

Attached is a copy of a brochure/write-up showing costs and dates of Pro D activity.

**NOTES:**

<sup>1</sup> Mileage only for trips more than 30 km return; include a Google (or similar) map showing kilometres. Rate: 68¢/km. Parking and/or transit receipts, if required.

<sup>2</sup> Maximum amount of \$125/night for out of town accommodation. Include meal receipts for reimbursement on overnight trips to a maximum of BCTF per diem.

<b>EXPENSES</b>	
Registration:	_____
Travel Costs <sup>1</sup> :	_____
Accommodation <sup>2</sup> :	_____
Other (specify):	_____
<b>TOTAL AMOUNT:</b>	_____

<b>OFFICE USE ONLY</b>	
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:** \_\_\_\_\_

