



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 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:

¹ 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.

² 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.

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: _____

