



PD SPECIAL GRANTS APPLICATION (2025-2026)

Special Grants Fund (from NVTA Pro D Policy): A special fund is set up for special PD activities over \$1,000. 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 \$1,500, plus up to two (2) days TTOC costs. All applicants must apply within the PD budget year (July– June 30). All applicants are encouraged to apply in advance of their activity/workshop. Email request to pdforms@nvta.ca or send in the milkrun.

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 #: _____

If approved, which school should cheque be sent to in milkrun: _____

ACTIVITY: _____ Event Date: _____

TTOC days needed? No Yes 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: **72¢/km**. Parking and/or transit receipts, if required.

² Maximum amount of \$200/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: _____		

