### 2024–25 Local Bargaining Grant

### *(Members’ Guide—Procedure 10.J.92)*

# **Local Association:** Click to enter text. **#:** Click to enter text.

# **Person completing this form**: Click or tap here to enter text.

# **Date:** Click or tap here to enter text.

# **Total grant request: $** Click or tap here to enter text.

(maximum $6,000)

**Local President Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**That the Federation provide a grant to locals during the school year when local bargaining occurs to support local bargaining teams to prepare for and conduct local bargaining campaigns on the following basis:**

1. That the grants be available from September 3, 2024 to June 30, 2025.
2. Locals will be reimbursed for costs up to a maximum of $6,000 for release time, and other costs (such as room rental, travel costs, printing, and other actions related to local bargaining).
3. Locals may not claim for the cost of food or refreshments, nor for any portion of the ongoing cost of regularly released local officers or compensation for released officers or other members who undertake bargaining or bargaining related work during the summer.
4. Locals will be reimbursed upon receipt of an itemized account of expenditures with copies of invoices and receipts.

**Please return completed grant application form by email to** [*grants@bctf.ca*](mailto:grants@bctf.ca)**.**

**Outline of activities**:

|  |  |
| --- | --- |
| **Description of activities** | **Estimated cost ($)** |
| Click or tap here to enter text. | $Click or tap here to enter text. |
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| **Total estimated cost/grant amount requested**  **(maximum $6,000):** | $Click or tap here to enter text. |

**Please provide any additional details (if necessary):**

Click or tap here to enter text.

### Submitting for reimbursement

1. **Use the space below to provide details of the expenditures and the accompanying supporting documents:**

|  |  |  |
| --- | --- | --- |
| **Invoice / Receipt (vendor name and/or invoice #)** | **Description** | **Estimated Costs** |
| Enter text here | Enter text here | $Enter amount here |
| Enter text here | Enter text here | $Enter amount here |
| Enter text here | Enter text here | $Enter amount here |
| Enter text here | Enter text here | $Enter amount here |
| Enter text here | Enter text here | $Enter amount here |
| Enter text here | Enter text here | $Enter amount here |
| **Total estimated cost/grant amount requested**  **(maximum $6,000):** | | $ Enter amount here |

1. **Use this section to provide additional comments about the activities undertaken:**

|  |
| --- |
| Click or tap here to enter text. |

mi/pi:tfeu