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### 2024–25 Local Support Grant—School Site Staff Representative Release Time

*(Procedure 10.J.18—3.b; Approved by the EC August 18-19, 2024)*

**Local association:** Click or tap here to enter text. **#:** Click or tap here to enter text.

**Contact name:** Click or tap here to enter text.

**Local president name:** Click or tap here to enter text.

**Local president signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Maximum grant calculation:**

**Number schools/worksites** Enter amount here. **x 2 days =** Enter maximum release days here

**Total grant request:**

**Release days claimed** Enter days here.

**$** Enter amount here.

**(Please ensure that the number of release days claimed is clearly indicated)**

***A School Site Staff Representative release time grant:***

1. Locals will qualify for up to two release days per school and worksite annually for school site staff representatives.
2. Locals will be reimbursed for release time that is not already covered by other BCTF grants.
3. Locals will be reimbursed for actual cost of release.
4. Restrictions on grant use:
	1. The grant will only cover the cost of release time. Cost of third-party contractors or office support staff salaries cannot be claimed using this grant.
	2. Locals may not claim for any portion of the ongoing cost of regularly released officers. However, locals may claim for additional costs of increased release time for part-time released officers.
5. Locals are required to submit a proposal of activities/task/duties/etc. and estimated number or release days used for general approval.
6. Locals will be reimbursed upon receipt of an itemized account of expenditures including copies of invoices and receipts.
7. Locals are requested to submit a summary report of activities/tasks/duties/etc. performed when submitting their Invoices and expenses for reimbursement.

**Please return completed grant application form by email to** *grants@bctf.ca***.**

**Proposal of activities and estimated budget**

**Proposed budget:**

|  |  |
| --- | --- |
| **Description of planned activities, tasks of released member, needs, etc.** | **Release days** |
| Click or tap here to enter text. | Enter days |
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| **Total estimated release days required:** | Enter days |

Additional details:

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| Click or tap here to enter text. |

**Submitting for reimbursement**

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**Use the space below to provide details of the release time and the accompanying supporting documents:**

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Invoice number | Dates released | Name of released member | Number of release days | Cost of release ($) |
| text here | text here | text here | text here | $ amount here |
| text here | text here | text here | text here | $ amount here |
| text here | text here | text here | text here | $ amount here |
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| text here | text here | text here | text here | $ amount here |
| text here | text here | text here | text here | $ amount here |
| text here | text here | text here | text here | $ amount here |
| **Total grant request****(Ensure that the total number of release days is clearly indicated)** | text here | $ amount here |

Provide a brief summary report of the project (e.g. What were some of the activities undertaken by the released members? What were some of the outcomes? What were some of the needs this grant help addressed? etc.)

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