2024–25 Provincial Online Learning Schools Grant

*(Approved by EC Meeting 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.

**Total grant request:** $Click or tap here to enter text.
*(maximum $1,000)*

**That the Federation provide a grant for the 2024–25 school year for locals whose members are geographically dispersed around the province as a result of the Provincial Online Learning Schools the following basis:**

1. The grant is for up to $1,000 per local.

2. To determine which locals qualify for this grant, the geographical dispersion defined as per Procedure 10.J.18—1.c. in the *Members’ Guide to the BCTF* will be used.

3. The grant is intended for locals to claim travel and accommodations costs related to the Provincial Online Learning Schools.

4. Locals will be reimbursed upon receipt of an itemized account of expenditures including copies of invoices and receipts.

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

### Submitting for reimbursement

1. **Use this section to provide a summary of the activities undertaken:**

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

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 $1,000):** | $ Enter amount here |

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