2024–25 Provincial Specialist Association (PSA) Equity and Inclusion Grant

*(Approved by EC Meeting June 16–18, 2022)*

**Provincial Specialist Association:** enter text. **PSA #:** enter text.

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

**PSA president signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Total grant request:** $Click or tap here to enter text.
*(maximum $2,000)*

**That the Federation provide up to ten Equity and Inclusion Grants each year, intended to support Provincial Specialist Associations (PSAs) to undergo an equity audit of their membership, as well as processes, practices, and developing plans for greater equity and inclusion in the engagement, leadership, and work of the PSA on the following basis:**

1. This grant is intended to support PSAs in conducting an audit of processes and practices in order to develop a plan for greater equity and inclusion in the engagement, leadership, and work of the PSA.
2. The audit plan and activities should be led by and include members from a range of equity-seeking groups wherever possible.
3. PSAs shall submit an outline of proposed activities and/or audit plan, with estimated costs to obtain general approval before undertaking action.
4. Up to ten grants will be provided each year. Priority will be given to PSAs that have not previously received a PSA Equity and Inclusion Grant. Applications received after November 1 will be considered subject to available funds.
5. PSAs will be reimbursed up to $2,000 upon receipt of an itemized account of expenditures with copies of invoices and receipts.
6. PSAs may not claim for the cost of food or refreshments.
7. PSAs may include costs relating to cultural humility training for PSA executive committee members.
8. This grant will be available to any PSA once every two years.

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

**Project Overview**

Provide a brief description of the project you wish to undertake:

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

**Project Budget**

\*Please keep all receipts on file at the local office.

|  |  |
| --- | --- |
| **Description** | **Cost** |
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| **Total estimated cost / grant amount requested****(maximum $2,000):** | Enter amount here. |