

APPLICATION FOR FUNDING - INNOVATIVE SCHOOL BASED ACTIVITIES

(Revised Sept 2017)

Email Completed Form to office@d26.osstf.ca

All sections must be completed before your application can be processed by the SPDF Committee.

N.B. You may access the Secondary PD Fund only once in a school year.

School: _____ Contact Telephone: _____ School Fax: _____

OSSTF Contact Person(s) who are contributing their portion of the SPDF amounts:

NAME (print): _____ Signature: _____ email address: _____

NAME (print): _____ Signature: _____ email address: _____

PRINCIPAL Signature: _____ BRANCH STEWARD Signature: _____

A. ACTIVITY INFORMATION (please include any reference material information)

Presenter/ Leader: _____ Location: _____

Date(s): _____ Time: From _____ To _____

Program Description: Please complete page 2 of this package

Have you accessed other sources of funding? Yes ___ No ___
If "Yes", list source and approximate amount: _____ \$ _____

Staff Participants (attach list if insufficient spaces):

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

B. FUNDING REQUEST EXPENSES

- Estimate unknown costs. Do not put check marks.
- Total reimbursement will not exceed \$800.
- Occasional Teacher costs.

Presenter Costs: \$ _____ Materials Costs: \$ _____

Food Costs: \$ _____ Other Costs (explain): \$ _____

Following the event submit an SPDF Expense Claim. Original receipts are required for all expenses.
