

**APPLICATION FOR FUNDING - INNOVATIVE SCHOOL BASED ACTIVITIES**

(Revised Feb 2020)

**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 \$650 per person.

Presenter Costs: \$ \_\_\_\_\_ Materials Costs: \$ \_\_\_\_\_

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

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

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