



Speech and Hearing BC

Speech and Hearing BC – Fund Application Policy V.3.B

Once completed, this form should be sent to the Speech and Hearing BC Area Representative for your region.

Application Deadlines

- Tier One: May 31 (for following fiscal year June 1 – May 31)
Tier Two: October 31 (for remaining months in fiscal year which end May 31)
Tier Three: Applications received after October 31 will be considered based on suitability and funding availability province-wide.

A. Project or Event Information

1. Name of project or event:
2. Description of project or event:
3. Target audience:
4. Date of event (if applicable):
5. Start date and length of project (if applicable):
6. Is this part of a multi-region request?
If yes, check any other Areas where you are making application:
 - GVRD
 - Fraser Valley
 - Kootenays
 - Thompson/Okanagan
 - North
 - Vancouver Island and Gulf Islands

Note: You must submit a separate application for each area.

B. Financial Information* (you must keep ALL receipts for submission)

*Note: You may apply for up to an additional \$500 to help cover the costs of food. *Please see Speech and Hearing BC Policy Statement & Procedures – V.3.A*

1. Amount requested:
2. Projected revenue:

3. Description of additional revenue source(s):

- Participant fee:
- Employer:
- Other:
- None

4. Anticipated costs:

- Speaker fee:
- Speaker travel:
- Speaker accommodations:
- Speaker per diems:
- Venue:
- Food:
- Other:

Total:

5. Description of costs:

C. Registrant/Participant/Beneficiary Information

Note: Area Reps can help you reach members in your area.

1. Anticipated number of:

- a. Speech and Hearing BC registrants/participates/beneficiaries:
- b. Non-Speech and Hearing BC registrants/participates/beneficiaries:

D. Consultation Information

1. Description of the consultation conducted (e.g., survey of target audience, discussion with area rep, etc.):

2. This request is endorsed by:

SLP (4 signatures)

Audiologist (2 signatures)

Note: Email endorsements will be accepted, please attach to the application.

E. Requester Information

- 1. Name(s):
- 2. Profession: SLP AUD
- 3. Employer:
- 4. Phone: (W) _____ (H) _____
- 5. E-mail:

Signature of requester:

Date:

Please attach any additional information to the application.

Policy Revised: April 2, 2019