

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 ends 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:

<input type="checkbox"/> Speaker fee:	<input type="checkbox"/> Venue:
<input type="checkbox"/> Speaker travel:	<input type="checkbox"/> Food:
<input type="checkbox"/> Speaker accommodations:	<input type="checkbox"/> Other:
<input type="checkbox"/> Speaker per diems:	
<input type="checkbox"/> 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)
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Note: Email endorsements will be accepted, please attach to the application.

