



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: September 30 (for remaining months in fiscal year which end May 31)

Tier Three: Applications received after September 30 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 (including live or virtual):
3. Target audience:
 Area Specific Open to all Members in BC
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

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: | Venue: |
| Speaker travel: | Food: |
| Speaker accommodations: | Other: |
| Speaker per diems: | |
| 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 *either*:

- SLP (4 signatures)
- Audiologist (2 signatures)

Note: Email endorsements will be accepted, please attach/forward with your 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: February 5, 2021