

Grant Application Form

Name of RTA Branch responsible for this project	_____
Name of Contact Person	_____
Address	_____
Phone	_____
Email	_____
Date of Application	_____
Project Start Date	_____

Follow Grant Application Criteria

Project Description

To _____

4a Please attach Plan of Action

4b Project Budget

CONFIRMED SOURCES OF FUNDING:	REVENUE
1 _____	\$ _____
2 _____	\$ _____
3 _____	\$ _____
4 _____	\$ _____
5 _____	\$ _____
BCRTA GRANT REQUEST	\$ _____
TOTAL of Confirmed and Requested Funding	\$ _____

4b **Budget Con't.**

Indicate specifically how the BCRTA grant will be spent, if awarded

5a List BCRTA retired educators involved in project

5b Describe how this project supports local educational heritage

5c Describe the long-term value of the project

5d Describe any follow-up activities and / or research access by others

5e Describe how the BCRTA support will be acknowledged

6 Indicate dates of

Interim Report _____

Completion Report _____

APPLICATION DEADLINES May 15 and Oct 31