



BRANCH INITIATIVE PROGRAM GRANT

APPLICATION

Requirements for an application to be considered for funding:

1. The submitting Branch shall use this application form. **If this form is not used, the application will not be considered for funding.** If you need more room for your application, please submit on additional paper and attach the same to this form.
2. The application must be submitted to the RTO Finance Committee through the RTO Treasurer. See address at the end of this form. The Finance Committee will review the application and forward its recommendation(s) to the Executive. The Executive will respond in a timely manner.
3. The amount awarded to any single Branch from the BIP fund **shall not exceed \$2000** in any one calendar year, beginning 2016. **Please note that funding will only be provided for activities that occur in the current calendar year which is also the fiscal year of RTO.**
4. The BIP Fund is intended to encourage Branches to seek programs and/or initiatives that better serve the RTO members at the Branch level.
5. At the present time, *Advanced Care Planning* and *Adjustment to Retirement* workshops can be accessed by interested Branches and paid for by the provincial organization; the BIP Fund is intended to provide funding for programs and/or initiatives other than these two.
6. **The BIP Fund is not intended to provide funds for the operational expenses of Branches.**
7. The payment for alcohol will not be considered for funding.
8. Any Branch that receives funding from the BIP Fund is required to submit a final written report and financial statement using the form provided for this purpose. This form will be provided to all Branches that receive funding from the Fund.
9. The application must be received by the Treasurer at least two months prior to the commencement of activities.

BRANCH: _____

NAME AND DESCRIPTION OF INITIATIVE /PROGRAM: _____

AMOUNT REQUESTED: _____

PLEASE COMPLETE THE FOLLOWING:

1. HOW WILL THIS INITIATIVE/ PROGRAM BENEFIT YOUR BRANCH MEMBERS?

2. ANTICIPATED STARTING DATE? _____
3. THE DURATION OF THE INITIATIVE /PROGRAM? _____

4. NUMBER OF PARTICIPANTS? _____

5. BREAKDOWN OF ANTICIPATED COSTS? IF THE APPLICATION HAS MORE THAN ONE ACTIVITY, INDICATE THE ANTICIPATED COST OF EACH ACTIVITY AND THE TOTAL COST OF THE APPLICATION.

6. OTHER RELEVANT DETAILS:

7. HAS THIS BRANCH RECEIVED FUNDING FROM THE BIP FUND IN THE PAST? IF SO, WHEN AND FOR WHAT ACTIVITY/ACTIVITIES DID THE BRANCH RECEIVE FUNDING?

BRANCH PRESIDENT'S SIGNATURE: _____

DATE: _____

Any Branch that receives funding is required to submit a final report as outlined in requirement 8.

Feel free to add any other information pertinent to your application and attach the same to this form.
Please submit your application to:

Peter Lewis, RTO Treasurer,
11162 Highway 6, Pugwash, N.S. B0K 1L0 OR by email to: lewisp@ns.sympatico.ca