

COMMUNITY VOLUNTEER GRANT

STATEMENT OF PURPOSE

Members of Edmonton Public Teachers Local 37 volunteer thousands of hours of time, energy, and talent to charitable and non-profit organizations that strive for important societal goals such as the improvement of education, human services, and the environment. To help further those goals, a member bequest has allowed the Local to establish a Community Volunteer Grant program.

The Community Volunteer Grant program exists to recognize and support those organizations that our members choose to involve themselves with so selflessly. Active and retired members of the Local can apply for grant money which supports their charity and the work that it does.

ELIGIBILITY OF APPLICANT

To be eligible to apply to this grant you must:

- be an active or retired member of Local 37
- have volunteered with the community organization for at least 20 hours in the previous 12 months
- complete and submit a Community Volunteer Grant Application form

ELIGIBILITY OF ORGANIZATION

To be eligible to receive this grant:

- the organization must be a charitable or non-profit organization registered with the Canada Revenue Agency (CRA) and have a valid CRA registration number
- must be directed toward the organization in which the member volunteer has donated their time

GRANT LIMITS AND CONDITIONS

The following limits and conditions will be adhered to:

- \$250 per applicant per year
- maximum of \$500 per organization per year
- the Community Volunteer Grant program operates on temporary funds bequeathed by a member; funds will be available on a first-come, first-served basis until the fund is depleted
- payment of a grant will be provided directly to the organization; the Local will inform the applicant (member volunteer) that the organization has received the grant based on their application to the fund

**EDMONTON PUBLIC TEACHERS
COMMUNITY VOLUNTEER GRANT**

APPLICATION FORM

Agency Name: _____

Agency Cause/Purpose: _____

Mailing Address: _____

*Charity Registration No: _____(required)

Contact Person: _____ Position: _____

Phone: _____ Email: _____

Name of Member Volunteer: _____

Number of Volunteer Hours (last 12 months): _____

Phone: _____ Email: _____

Return to:
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