

Educational Aid Committee

GRANT APPLICATION

Please submit application and supporting documents to:

By mail: Educational Aid Committee
OECTA
65 St. Clair Avenue East
Toronto, ON M4T 2Y8

By email: ed_aid@catholicteachers.ca

Name of Organization: _____

Name of Contact Person for Project: _____

OECTA Contact or Affiliation: _____

NGO or Government Contact: _____

Name of Project: _____

Country of Project: _____

Application is for: 1 year grant Long-Term Grant (up to 3 years)
Length (estimated date of completion) _____

Amount Requested: _____

Has the project received Educational Aid funding before? Yes No

If so, Date(s) _____ **Amount(s)** _____

If so, did you send us your acknowledgement form and your receipts for the project?

Yes No

How did you find out about our organization?

___ Referred by an OECTA member

___ Other (please specify) _____

Criteria Statement

Financial aid is based upon requests that fall under the following parameters. Please indicate the parameter(s) that apply to your project:

- The grant will be used to fund the purchase or development of educational materials, such as but not limited to, new technology, print materials, books, classroom supplies, classroom furniture, educational manipulatives, etc.
- The grant will be used to fund the development/production/purchase of union educational materials/professional materials, organizational materials, etc.
- The grant will be used to fund the purchase of basic needs for children, women and families; medical supplies, food, shelter, clothing, water, etc.
- The grant will be used to fund the purchase of building and construction materials for hospitals, schools, water treatment centres, orphanages, libraries, day care centres, hospices, etc., and/or the infrastructure requirements of a project. The grant will be used to fund the purchase or development of teacher training materials, teacher curriculum materials, etc.
- The grant will be used to fund teacher union/union activities.
- The grant will be used to purchase materials/food/medical supplies/etc., in emergency situations.
- The grant will be used to fund/support women's issues.
- The grant will be used to fund the purchase of goods/materials that raises the subsistence level of the population.

1. Project Details:

2. Details of how funding will be used: (please attach a detailed breakdown)

Item Description	Quantity	Cost (CAN\$)

3. How will expenditures be documented? For monies to be disbursed please confirm that you will be providing receipts of expenditures. In the absence of receipts please proof of how the monies were spent. (receipts/photographs/etc.) Failure to provide appropriate proof may result in the denial of any future grant applications.

Payment Details

Preferred method of payment: Cheque Electronic Funds Transfer

Payee/Account Name: _____

Address: _____

Please provide ALL the following information for EFT:

Payable to: (Full name)

Addressee: Street:
 City:
 Prov./State:
 Postal Code / ZIP:
 Country:

Bank Information:

Bank Account Number:
 Bank Name:
 Swift Code:
 Bank full address: Street: City: Prov.: Country:

Failure to provide all the necessary information may result in a delay in processing the grants

4. Organization Details: (Mission/History/etc.)

5. Additional information:

Please attach any additional information that will assist the Committee in determining grant eligibility.