**THE PSAANS LEADERSHIP DEVELOPMENT GRANT**

APPLICATION – 2025 and onwards

**Step 1**: Please Provide Your Personal Information

Name of Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In which Region/CSAP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Step 2**: Are you applying for funding for a Professional Development Opportunity ☐ or a Collaborative Professionalism Opportunity ☐?

**Step 3**: Is your proposed Leadership Development Opportunity eligible for Article 60 funding in your RCE/CSAP? Yes ☐ or No ☐. If yes, have you applied? Yes ☐ or No ☐.

**Step 4**: Please provide a detailed description below of the Professional Development or Collaborative Professionalism opportunity, explaining how it relates to the guidelines for this fund. Include the date(s) and location(s) of the event and any other information that is relevant to this application. Include all cost details in an organized fashion, clearly indicating the total cost, other sources of funding, and the total grant requested (not to exceed $1,000 per member). Receipts will be required for all costs except meterage and meals, which will be reimbursed at the current government rates. (Meterage (April 1, 2024) 58.38 cents per km/Breakfast $8.00/Lunch $15.00/Supper $20.00). If you are collaborating with another PSAANS member, provide all the relevant details. Each member must apply separately but the applications will be considered together.

**Detailed Description:**

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**Step 5**: If this is a collaborative opportunity or if substitute costs are requested, please provide documentation showing that the absence has been approved by the RCE/CSAP. An invoice for substitute costs from the RCE/CSAP must be sent to [LPD@psaans.ca](mailto:LPD@psaans.ca). If the invoice is not received before the deadline, the applicant will become personally responsible for those costs.

**Step 6**: Send completed applications, including this form and all additional documentation required in Steps 3 and 4, by email to [LPD@psaans.ca](mailto:LPD@psaans.ca) (preferred) or by mail to PSAANS PD, Suite 219 – 1496 Bedford Highway, Bedford, NS, B4A 1E5. Final claims, including receipts (which must be in the applicant's name where applicable) and substitute invoices, must be received by PSAANS no later than March 31st, for funds allocated in Phase 1, and September 9th, for funds allocated in Phase 2. Official Claim Forms will be provided to successful applicants. Payment will not be issued until all required documentation has been received.

For Office Use Only:

Approved By:

Date:

Amount: