



BC CONFEDERATION OF PARENT ADVISORY COUNCILS

Suite 350, 5172 Kingsway, Burnaby, BC V5H 2E8
Tel: (604) 687-4433 Toll Free: 1-866-529-4397 Fax: (604) 687-4488
e-mail: info@bccpac.bc.ca

September 2009

Final Call for Applications for the Parent Education on Crystal Meth Grant

Grant money is still available to assist District Parent Advisory Councils in hosting Parent Education Sessions on Crystal Meth in your community. Funds will be approved and distributed by BCCPAC through an application process (*please see reverse side for application form*). **The deadline for applications is October 31, 2009.** Please note that *late applications will not be processed.*

- \$1,000.00 maximum grant per district.
- Rural districts with an identified need may apply for up to \$500.00 of additional funding.

Eligibility:

- All DPACs in BC who would like to host an education session on Crystal Meth for parents.
- Those districts that do not have a DPAC should contact the BCCPAC office.

Eligible Uses of Crystal Meth Grant:

- Costs associated with hosting a parent education session on Crystal Meth include:
 - Speakers
 - Travel and accommodations (if needed)
 - Refreshments
 - Childminding
 - Handouts
 - Facilities (if not able to use your school or district facilities)

Other Terms and Conditions:

- An application must be completed and signed by two members of your organization's executive.
- Notice of event with date and time must accompany your application.
- A report on the success of your event must be submitted to BCCPAC following your event, with completed evaluation forms from participants and pictures, if possible, within 30 days of the event.



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PARENT EDUCATION ON CRYSTAL METH GRANT APPLICATION FORM *DEADLINE: OCTOBER 31, 2009*

DPAC Information:

LEGAL NAME OF YOUR ORGANIZATION: _____
(as it appears on your Constitution and Bylaws)

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

SCHOOL DISTRICT NAME: _____ SD NUMBER: _____

Funding Information:

1. What is the estimated cost for your DPAC to host a Crystal Meth Session? _____
2. Please include a detailed list of *all* estimated costs for the event?
(ie. Speaker fees \$200.00, refreshments \$150.00 etc.) _____

3. How many participants do you anticipate? _____
4. How many communities does your DPAC represent? _____
5. When do you anticipate this event happening? _____
6. Will this event be for just parents? Are students, educators, community members invited?

7. Will this be in partnership with your district or another organization within your community?

8. Please list any additional comments: _____

Certification

This grant application must be submitted by two executive officers of your DPAC.

DPAC EXECUTIVE #1

NAME: _____

POSITION / TITLE: _____

ADDRESS: _____

POSTAL CODE: _____

DAYTIME PHONE: _____

EVENING PHONE: _____

EMAIL: _____

DPAC EXECUTIVE #2

NAME: _____

POSITION / TITLE: _____

ADDRESS: _____

POSTAL CODE: _____

DAYTIME PHONE: _____

EVENING PHONE: _____

EMAIL: _____

I confirm and acknowledge that:

- I am an executive member of the DPAC making the application, and that this is my title, role or positions within the organization.
- I am authorized and permitted to make this application on behalf of our membership
- I confirm personally and on behalf of the DPAC that all facts and information provided in this application are true and accurate.
- I undertake to comply with all conditions, guidelines and rules of the grant, as published or issued or as decided on by BCCPAC on items in question that might arise between time of grant and implementation of event.
- I understand and confirm that any information submitted herein may be disclosed by the Ministry of Education and BCCPAC publicly, in compliance with PIPA and the Freedom of Information Act
- I understand that funds are made available upon completion of application and verification by BCCPAC, if funds are not used for Parent Education Session as applied for, said grant must be returned to BCCPAC.
- *(I understand that failure to follow the above guidelines and conditions may result in possible exclusion from future BCCPAC Grant opportunities)*

Signature: _____

Signature: _____

Date: _____

Date: _____

For Office Use:		