



Professional Practice Group (PPG)
Special Grant Request Form

Name of PPG

Name of President, Secretary, Treasurer or designate applying for grant

Address

Preferred phone

Email address

Reason for requesting special grant (if applicable, please state conference location or purpose for funds and number of RNs or students participating)

Budget (if applicable, please provide a brief outline of the budget)

Are you receiving other financial assistance? Yes _____ Amount \$ _____ No _____

Amount of grant requested: \$ _____

(Amount of funding will be determined according to the group's budgetary need, number of RNs and students participating in the event.)

I agree to provide a 250-word report or pictures that could be used in the SRNA newsbulletin. (Ensure individuals agree to have their picture published.)

Yes _____ No _____

The report should be sent to the SRNA within 30 days of the event.

I agree to acknowledge the SRNA either verbally during the conference or visually on an event brochure. Yes _____ No _____

Date _____

Signature _____

Please complete this form and return it to the SRNA office. You can mail or email form to Anita Nivala, Program Assistant, Nursing Practice:

2066 Retallack Street, Regina, SK S4T 7X5 or scan and email links@sma.org

FOR SRNA USE ONLY

Assistance Granted Yes _____ No _____ Amount \$ _____

Compliance with Policy 12.7; 12.7.1 Yes _____ No _____

Date _____

Signature _____

Code _____