



Professional Practice Group (PPG)
Annual Operating Grant Request Form

Name of PPG

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

Address

Preferred phone

Email address

Has a constitution for the group been submitted and approved by the SRNA?

Yes _____ No _____

Are you receiving other financial assistance?

Yes _____

Amount \$ _____

No _____

Do you charge membership fees for members?

Yes _____

Amount \$ _____

No _____

Is the contact information for the group up to date on the SRNA website?

Yes _____ No _____

Indicate changes to name, email and phone number of contact person:

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@srna.org

Note: Maximum support grant available is \$250.

FOR SRNA USE ONLY

Assistance Granted

Yes _____

No _____

Amount \$ _____

Compliance with Policy 12.7; 12.7.1

Yes _____

No _____

Date

Signature

Code
