



British Columbia Teachers' Federation

100-550 West 6th Avenue, Vancouver, BC V5Z 4P2 • 604-871-2283, 1-800-663-9163 • www.bctf.ca
TTY 604-871-2185 (deaf and hard of hearing) Professional and Social Issues Division fax: 604-871-2286

2011–12 SOCIAL JUSTICE GRANT APPLICATION FORM

Please fill out all sections of this application form. No further attachments required.

Title of project: _____

Name of local/sub-local: _____

Name of applicant: _____

Applicant's address: _____

Phone: _____ E-mail: _____

School: _____

School address: _____

School phone: _____ School fax: _____

Applicant's signature: _____

Social justice contact's signature: _____

Local president's signature: _____

GRANT FORMULA

The Federation will provide up to \$2,000 matching the local on a 4:1 ratio

\$500 local = \$2,000 BCTF

\$250 local = \$1,000 BCTF

The maximum for any BCTF social justice grant is \$2,000.

RETURN THIS FORM TO:
Sheila Jones, Treasurer's Office, BCTF
100 – 550 West 6th Avenue, Vancouver, BC V5Z 4P2, or fax: 604-871-2293

For further information about social justice grants and the application process, please contact:

James Chamberlain

Phone: 604-871-1842, toll free at 1-800-663-9163, local 1842

E-mail: jchamberlain@bctf.ca



PROJECT DETAILS

Title of project: _____

Rationale/need for project: _____

Brief outline of project: _____

How will this project have an ongoing impact on teachers and students in your local?

Outline how each quadrant of the social justice lens applies in this project.

Access: _____

Agency: _____

Advocacy: _____

Solidarity action: _____

Number of local teachers involved in this project: _____

Other groups involved: _____

Project start date: _____ Project end date: _____

List of estimated project expenditures (be specific): _____

Estimated total project costs: _____

Amount granted by local: _____

Total funding from other sources: _____

Amount of social justice grant request: _____

Application checklist	
Local social justice plan included	<input type="checkbox"/>
Project included in local social justice plan	<input type="checkbox"/>
President, SJ contact's signatures	<input type="checkbox"/>

Reminder: Complete follow-up/evaluation report no later than 30 days after project completion and send a copy to James Chamberlain at the BCTF.

Local social justice plan: Please develop this local plan with your local Social Justice Committee. It must be approved by your president or local executive.

Name of local/sub-local: _____

Social justice contact(s): _____

Social justice committee members: _____

Document all the social justice objectives of your local/sub-local for this school year in the applicable boxes below. Please feel free to attach additional pages to explain this, if needed.

Local SJ committee objectives	Local executive SJ objectives
SJ outreach/coalition building	Political SJ objectives

How socially just is your social justice grant or project?

Use these questions to help you plan your project. Please provide details on how your grant application fits with the social justice lens.

Name of project

Access	Agency
<p>How does your local social justice project or grant provide equal access for students and teachers from different schools or grade levels to work together?</p> <ul style="list-style-type: none"> • • 	<p>How will students and teachers have the opportunity to have input into the scope of the project and determine the product(s) at the local level?</p> <ul style="list-style-type: none"> • •
Solidarity action	Advocacy
<p>How does the grant/project allow for networking with community groups; coalition building to effect systemic change on this social justice issue at the local level?</p> <ul style="list-style-type: none"> • • 	<p>How does this grant/project help students and teachers to develop concrete skills to effect change locally and globally? (i.e., personal awareness, analysis of the issue and action)</p> <ul style="list-style-type: none"> • •