

# AREA/CHAPTER GRANTS

## Steps for Applying for Chapter/Area Grants

### Before Holding Class:

1. The Chapter completes **Sections I and II** of the Area/Chapter Grant Form, sends the original form to the Area Representative and keeps a copy for its records. (Suggest completing this step at least four weeks before class is to be held.)
  - a. The proposed class **must meet specialized training requirement**. Refer to SNA certification requirements for specialized training.
  - b. Instructors must be chosen from the WSNA-approved list of instructors.
  - c. The class must provide training for **at least 15 people**.
  - d. A completed budget must be submitted with the application (see below)
  - e. **The amount due to instructors (up to \$650 per class) will be paid directly by WSNA to the instructor. Chapters should not pay instructors unless the amount charged by the instructor is in excess of the \$650 grant. In that case, the chapter will pay the balance.**
  - f. A Chapter may receive no more than a total of \$650 per fiscal year.
  - g. If an Area Rep (rather than an individual chapter) wishes to host training(s) for the area, he/she may apply for up to \$1,300; but two classes must be completed to receive this amount. The Area Rep must be sure that the classes are held when all chapters in the area can attend. Written flyers, invitation, etc., describing the training must be sent to all chapters. **That information must accompany the application form when submitting for reimbursement.**
2. The Area Representative will determine if chapter grant money is still available in the area. If money is still available, the Area Rep will initial the application in Section I and forward the application and budget to the Executive Director for approval. *Time is of the essence, and the form should be mailed to the Executive Director within two days of receipt.* Executive Director: WSNA, ATTENTION Kathy Buchanan, 9116 E Sprague Ave #471, Spokane, WA 99206-3601.
3. The Executive Director will approve the grant application and budget if all have been met.
  - a. The Executive Director will make three copies of the approved form.
    - i. The original will be returned to the chapter. *Time is of the essence, and the form should be returned to the Chapter within five days of receiving the request.* If granted, the chapter will proceed with class registrations.
    - ii. The Executive Director will retain the second copy
    - iii. The third copy will be returned to the Area Rep.
  - b. If the grant is denied, the Executive Director will indicate the reason in Section IV, retain a copy of the denied application, and send the original to the chapter.

### After Holding Class:

1. Chapter completes **Section III** and sends to the Executive Director along with a **copy of the sign-in sheet**. The completed Section III will serve as an invoice for WSNA payment to the instructor and to the chapter, if applicable.
2. If the class still qualifies (at least 15 in attendance), the Executive will pay the instructor and reimburse the chapter according to the amounts indicated in Section III
3. Checks will be made payable to instructors or WSNA Chapters only.

**Chapters will be liable for payment to instructor if above procedures are not followed.**

Name of Class _____		Location: _____		Date: _____	
<b><u>Revenue:</u></b>			<b><u>Expenses:</u></b>		
WSNA Instructor Fees (Paid by WSNA directly to instructor) _____		WSNA Instructor Fees (Paid by WSNA directly to instructor) _____			
Other WSNA contribution _____		Materials (Other than curriculum provided by OSPI) _____			
Chapter/District Contribution _____		Site Costs (Custodial, rental, etc.) _____			
Registration Fees _____ x \$ _____ = _____ (Number)		Meals (if applicable) _____			
Other Revenue: (Describe) _____		Other Expenses: (Describe) _____			
<b>Total Revenue:</b> _____		<b>Total Expenses:</b> _____			

# WSNA Area/Chapter Grant Application

## Section I

Date: \_\_\_\_\_ Chapter Name: \_\_\_\_\_ # \_\_\_\_\_  
Area Representative: \_\_\_\_\_ Area Representative Initials: \_\_\_\_\_  
Area Representative Address: \_\_\_\_\_  
Chapter/or Area Rep Requesting Grant: \_\_\_\_\_  
Main Contact (name): \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

## Section II

Proposed Training:  
  
Training Title: \_\_\_\_\_  
  
Instructor: \_\_\_\_\_  
  
Date of Training: \_\_\_\_\_  
  
Number attending: \_\_\_\_\_  
  
Total Cost of Training: \$ \_\_\_\_\_  
  
(Attach budget—See Page 1)  
  
Chapter Contribution: \$ \_\_\_\_\_  
  
I approve this class be held:  
  
Executive Director Signature \_\_\_\_\_  
  
Date: \_\_\_\_\_

## Section III

Actual Training:  
  
Training Title: \_\_\_\_\_  
  
Instructor: \_\_\_\_\_  
  
Date of Training: \_\_\_\_\_  
  
Number in attendance: \_\_\_\_\_  
  
Requested Reimbursement: \$ \_\_\_\_\_  
  
\$ \_\_\_\_\_ payable to instructor  
  
\$ \_\_\_\_\_ payable to chapter  
  
Chapter Contribution: \$ \_\_\_\_\_  
  
I approve payment as outlined above:  
  
Executive Director Signature \_\_\_\_\_  
  
Date: \_\_\_\_\_

## Section IV.

**If not granted, please indicate reason:**

### **Remember:**

- Follow the steps outlined with this form.
- No reimbursement will be sent prior to training.
- No reimbursement will be granted for training of fewer than 15 people.
- Checks for instructors will be made to the instructor; other payment (if any) will be made to chapters.
- **Chapters will be liable for payment to instructor if outlined procedures are not followed.**