



Application for FCC PAF Safety Day Fund



1. PAF SAFETY DAY INFORMATION		
Date of Safety Day:		
Safety Day Venue Location:		
Address: (street & mailing)		
City:	Province:	Postal code:
Estimated number of Children:	Estimated number of Volunteers:	

2. COORDINATOR INFORMATION (also referred to as applicant)		
Payable to: Applicant <input type="checkbox"/> or Organization <input type="checkbox"/>		
Applicant First Name:	Last Name:	
Name of Organization : (if applicable for reimbursement purposes)		
Coordinator/Organization Address: (where cheque can be mailed if e-transfer not applicable)		
City:	Province:	Postal Code:
Phone Number:	Coordinator Email:	
	e-transfer: Yes <input type="checkbox"/> No <input type="checkbox"/>	

3.	Type of Funding being requested for PAF Safety Day: Qualify for up to \$1500 which could include lunch, snacks, venue rental, presenter travel expenses, PA system rental, shipping of resources, and student bussing. (see Guidelines attached)	
4.	Total Requested Amount \$	
5.	Costs If you have a breakdown of the items please indicate below (they can be approximate):	
Vendor being used if applicable.	Description of Expense:	Item Cost
Anticipated Total to be claimed		
Please Indicate stations that will be displayed specifically relating to Ag Safety:		



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6.	Acknowledging FCC as a sponsor: Coordinator commits to acknowledging FCC as a community supporter of this PAF Safety Day. (Upon approval of the application, CASA will provide an FCC sponsor poster and media advisory template for you) Yes <input type="checkbox"/>
7.	Checklist: Please ensure you have completed the following: By checking this box, I, the applicant confirm that I have completed #1-6 Yes <input type="checkbox"/> By checking this box, I, the applicant commit to send in the receipts required for full reimbursement Yes <input type="checkbox"/> By checking this box, I, the applicant, if successful agree to submitting photo(s) of the PAF Safety Day (photo of a farm safety station with kids, photo of FCC recognition at safety day with participants) Yes <input type="checkbox"/> By checking this box, I, the applicant agree to send in my PAF Final Report to CASA Yes <input type="checkbox"/> By checking/signing below, the applicant verifies that all information in this application is true, to the best of his or her knowledge, and accepts all of the terms and conditions of the FCC PAF Safety Day Fund as set out in this Application. The applicant further acknowledges that approval for the FCC Safety Day Fund lies within the absolute and unfettered discretion of CASA and nothing contained herein shall be construed as a guarantee of funding or acceptance into the FCC PAF Safety Day Fund. CASA will notify the coordinator within 5 business days of receipt of application. Please Sign below or use Check Box if sending by email. Accepted <input type="checkbox"/> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%; border-bottom: 1px solid black;"></div> <div style="width: 50%; text-align: center;">Date: </div> </div>

Please submit by email or fax to:

Attention: FCC PAF Safety Day Community Fund coordinator
 Canadian Agricultural Safety Association
info@casa-acsa.ca
FAX: (877) 261-5004

Questions: please contact CASA at 1-877-452-2272

For CASA office Use		
Requested Funding: \$	Photos <input type="checkbox"/>	Report <input type="checkbox"/> Receipts <input type="checkbox"/>
Approved Funding amount by CASA: \$	Accounting: \$	
Approve funding request:	Approve cheque issue:	
Funding mailed	Date:	Cheque # or e-transfer #