

Good Neighbours Program - Employee Volunteer Busing Grant Application

NEW Application

Please Note: Grants are awarded on a first-come, first-served basis upon receipt of a duly completed application. Discretion will be used by the Program Coordinator to distribute funds evenly and accordingly between the non-profit organizations. Decisions may be made to hold applications and process applications closer to the time of travel.

Grants will be processed on quarterly basis. **Due to year end processing, please submit your application on or before November 15 of the current calendar year.** Syncrude Canada Ltd. shall determine the interpretation, application and administration of this program, which can be suspended, revised or terminated at any time, and its decision shall be final.

Eligible for \$2,000.00 - one trip per employee each year. Travel must be in the current calendar year.

- To qualify for the busing grant, you must have completed your volunteer time (40 hrs. minimum) before submitting the application.
- Your volunteer time must be completed within the current calendar year.
- Please complete the entire form and please ensure you record the Organization's legal name.
- A BUS QUOTE (for future travel) OR AN INVOICE (for travel completed) (on bus company letterhead) complete with a departure and return date MUST be submitted with your application.
- All applications must be signed by the applicant and an official of the non-profit organization.
- Incomplete applications will be returned to the applicant.

Employee Busing Grant Applicant Information

Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Name:	Employee No.:
Home Mailing Address:				Postal Code:
Work Address (Mail Drop):				
Telephone - Home:		Telephone - Work:		
Hire Date:		Retired Date (if Applicable):		
E-mail:		How long have you volunteered with this group?		

Organization Information

Organization Name (legal name):				
Mailing Address:			Postal Code:	
Daytime Telephone:		E-mail:		
Contact Name:		Title:		
Is the organization registered as a Charitable Organization under the Canada Income Tax Act? Yes No				
Charitable Registration No.				
Non-Profit: Yes: No:		What year was the organization founded?		
Other: (Specify)				

Please explain your role as a volunteer with this organization?



Community Investment Advisor
Syncrude Canada Ltd.
P.O. Bag 4023, MD 1000
Fort McMurray, Alberta
T9H 3H5

Telephone: (780) 790-6356 E-mail: grant.maggie@syncrude.com

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What is your role during the trip?
When is the group traveling?
Where in Alberta will the non-profit group be traveling?
What is the duration of the trip?
What event is your group traveling for? Please provide the purpose of the trip?

Signature of Applicant: _____

Date: _____

As of December 2009, the Good Neighbours Employee Volunteer Busing Grant application has been revised.

Incomplete application forms will be returned to the application.

Old application forms will not be accepted as of February 1, 2010



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Organization Declaration - Employee Volunteer Busing Grant Application

Organization Declaration: Please have the designated organization fill out this section.

1. We confirm that Name of Volunteer is currently a volunteer actively involved in our organization and has been so for a minimum of at least 40 Hours.
2. If the volunteer provides more than 40 hours of volunteer service, please advise. If the volunteer acts in a role on the organizations' board, or is an active coach, team manager or designated fundraiser/event planner, please attach examples of projects/events or a list of the current board members.

On behalf of Name of Organization, I certify to the best of our knowledge that the information contained in this application is accurate.

Name: _____ Title: _____

Signature: _____ Date: _____

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Please ensure that the application form is complete. This includes signatures (applicant/organization official) and attachments. Incomplete application forms will be returned to the applicant.

Please forward application to:
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