

Policy: School Bus Grant

Effective Date: August 2024

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No: 500-11

Approved by: CAO

Purpose:

This policy provides a consistent procedure and set of guidelines for the school bus grant opportunity provided to the Township's local schools. The intention is to encourage local schools to explore their community through field trips by providing funding for their transportation.

Definitions:

"Local School" shall mean any elementary or secondary school within the Township of Zorra.

Policy:

Guidelines 1.0.

- 1.1. Each Local School is qualified to received up to \$500 annually to be used towards busing for field trips within the Township of Zorra.
- 1.2. Each school my apply more than once a year as long as their total annual amount does not exceed \$500 (i.e. Teacher A applies for \$200, Teacher B applies for \$200, and Teacher C applies for \$100).
- 1.3. Additionally, transportation for Township-sponsored Local Government Week activities will be covered by the Municipality.
- After the field trip, Teachers/Students utilizing the funds must submit a letter to Council outlining 1.4. the details of their field trip.
- Letter submissions must include an example of how students lived the Zorra brand by "doing your 1.5. part" while on their field

2.0. **Procedure**

- 2.1. Applicants must send in their completed grant request form a minimum of three weeks prior to the field trip.
- 2.2. Township Staff will respond to the grant request within two business days, informing the applicant if their request was approved or denied.
- 2.3. Following the field trip, the applicant must submit the invoice from the bussing company to the Township along with the required letter submission. The Township will then send a payment to the school for the amount requested in the grant application, preferably through Electronic Funds Transfer, given:
 - a) The amount is equal to or less than the invoice from the bussing company; and



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b) The amount is equal to or less than the remaining funds available for the school as per section 1.2 of this policy.

3.0. **Associated Documentation**

3.1. All associated documentation (application forms, letter submissions, etc.) will be saved in the following folder on SP: Finance/Grants/School Bus Grants

Departments affected:

All departments.

Next revision date: (every five years)

August 2029.

Accessible Formats:

If you require this document to be in an accessible format, please contact the Director of Corporate Services at clerk@zorra.ca or 519-485-2490 ext. 7228.



Township of Zorra

163 Brock Street PO Box 189 Thamesford Ontario N0M 2M0



School Name:





School Bus Grant Form

This form is to be completed to apply for funding towards a class trip to a destination within the borders of the Township of Zorra, including the Beachville District Museum. Program endorsed by Council Resolution No. 19-02-18. See Policy 500-11 for grant details and guidelines.

Mailing Address:				
Teacher Name:				
Contact Email:				
Grade:				
Trip Destination:				
Proposed Date of Trip:				
Purpose of Trip:				
Grant Amount Requested:				
Please email the completed application form and EFT form to clerk@zorra.ca				
Office Use Only:	Application Status:	☐ Granted	☐ Denied	
Date:				
Township Staff Initials:				
Forwarded to Twp Finance Dept:				



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163 Brock Street PO Box 189 Thamesford Ontario N0M 2M0





www.zorra.ca



ACCOUNTS PAYABLE DIRECT DEPOSIT FORM

The Township of Zorra is currently in the process of updating our vendor files and to process payments more effectively, the Township is transitioning payments to our vendors from cheques to Electronic Funds Transfer (EFT). This will allow payments to be received in a timely manner as well as reduce mailing time and costs.

Please complete your information below and return it to accountspayable@zorra.ca or fax to 519-485-2520. Please include a **copy of a "void" cheque with the form.**

A copy of a cheque outlines the information that we need to ensure the correct information is collected to be used to set up your account with us.



COMPANY NAME:			
CONTACT NAME:			
MAILING ADDRESS:			
PHONE NUMBER:			
EMAIL:			
BANK NAME:	TRANSIT NUMBER:		
BRANCH NUMBER (FINANCIAL INSTITUTION):			
ACCOUNT NUMBER:			
I authorize the Township of Zorra to deposit my Accounts Payable payments directly to the bank account according to the information I have provided.			
Signature	Date File: F01/Communications		