



**2024-2025**  
**ETFO LIANNE WYATT BENEVOLENT FUND**  
**APPLICATION**

Personal (information provided is strictly confidential)

Member ID: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Local Name: \_\_\_\_\_

Teacher       OT       ESP       PSP       DECE

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Eligibility**

Reason for grant request:

Unpaid Sick Leave

Temporary loss of income due to employment circumstances which ETFO is grieving.

Other urgent needs, please specify \_\_\_\_\_

Date unpaid leave/loss of income started: \_\_\_\_\_

Expected return to work date: \_\_\_\_\_

Have you received a grant from us in the past?      Yes       No

**Please provide a brief overview of the extent of your financial need (include supporting documents as attachment(s)):**

Total amount of grant requested (lifetime limit of \$5,000): \$ \_\_\_\_\_





**Guidelines for Lianne Wyatt Member Benevolent Fund**

1. *The purpose of the monies allocated to this item shall be to provide assistance to members in time of financial crisis, in the form of a non-repayable grant. If a member receives funding from ETFO and later receives a settlement (i.e. grievance settlement, LTD/WSIB settlement) to replace lost income for the same period, the member will reimburse ETFO for the amount provided under the Benevolent Fund.*
2. *Decisions regarding expenditures from the budget line shall be made by a committee comprised of the General Secretary (or designate), Chief Financial Officer (Chair), ETFO Budget Committee Chair, ETFO Vice-President responsible for donations and an Executive Staff member.*
3. *The Committee shall meet monthly to consider applications unless the fund is fully expended.*
4. *The Executive Staff member will prepare applications for the Committee, omitting any identifying information in order to preserve anonymity.*
5. *Applications will be reviewed by the Committee.*
6. *Information provided by applicants will be treated as confidential and shared only with individuals directly involved in fund administration and processing. All information/ documentation pertaining to the applications will be stored in a confidential manner in the office of the Chief Financial Officer.*
7. *The Committee will consider each application individually and may request more information/ documentation from the applicant if required to assess the need for support.*
8. *The Chair will communicate the Committee's decision to the applicant and arrange for the disbursement of funds, if granted.*
9. *Approval is subject to extent of need; satisfactory completion of the application; and availability of funds.*
10. *All decisions of the Committee are final and shall remain confidential.*
11. *ETFO shall consider requests for limited and specific assistance to members experiencing financial hardship due to:*
  - (a) *An unpaid sick leave.*
  - (b) *Temporary loss of income due to employment circumstances which ETFO is grieving.*
  - (c) *Other urgent needs (e.g., emergency child-care, urgent housing issues, homelessness following eviction, etc.).*
12. *ETFO shall not consider applications for the following requests (not exhaustive):*
  - (a) *The cost of drugs or medical treatment*
  - (b) *Tuition, professional development and other educational expenses*
  - (c) *The purchase or repair of electronic equipment and appliances*
  - (d) *Regular living expenses including utility bill payments*
  - (e) *Ongoing childcare*
  - (f) *Pet related expenses*
  - (g) *Contract expiry or costs related to seasonal or reduced employment*
  - (h) *Vacation related expenses*
  - (i) *Credit card payments or other forms of debt servicing*
13. *To access the fund, an active member in good standing must submit a completed application form.*
14. *The maximum grant to be made to a member shall not exceed \$5,000. Multiple applications can be made as long as the \$5,000 lifetime cap has not yet been met.*
15. *The member may not be eligible if in receipt of funding from other sources including EI, EI sickness benefits, LTD, WSIB, savings, strike pay, etc.*

**FOR PROVINCIAL OFFICE USE ONLY**

Amount:	\$	Budget Line:	<b>#22998</b>
Date:		Authorized:	