

Sample Financial Reimbursement Policy

Purpose

The purpose of this policy is to establish the benefits and regulations pertaining to all professional development financial reimbursement programs offered by this chapter. The chapter offers financial reimbursement to provide opportunities for participants to increase their professionalism, knowledge and skills by attending courses, conferences and workshops relevant to fundraisers offered locally, nationally and internationally.

Program Procedures

1. To be considered for a professional development reimbursement, applicants must submit a completed application prior to the published deadline (**note**: a sample application is included in the policy).
2. The *(Professional Development and Advancement)* Committee will review all applications and make funding decisions. Both successful applicants and alternates may be selected.
3. Reimbursement may be for the full amount requested or a portion thereof.
4. The *(Professional Development and Advancement)* Committee Chair is responsible for notification of selection for reimbursement, with said notification to include the financial reimbursement amount.
5. Financial reimbursement is conditional on the recipient fulfilling the obligation for which the award is made. If an initial recipient cannot use the financial reimbursement awarded, it may be awarded to an alternate.
6. Payment of financial reimbursement funds will be dependent on the type of program. Each program description must clearly state when and how the funds will be distributed to the successful applicant.
7. *Add chapter specific procedures. Example:*
 - *Financial reimbursement may only be used for <specific restriction> and must provide a full accounting of the expenditures within <# of days> of the incurred expense to receive the award.*

Application Criteria

Application criteria varies based upon the scholarship. (**NOTE**: see below for possible criteria that can be applied to each available scholarship.)

Programs Available

List each financial reimbursement opportunity made available by the chapter including details (# of opportunities available, amount of award, deadline for application, etc. [**NOTE TO CHAPTERS**: Not all of these programs are necessary within a chapter. The size and structure of your chapter, along with available resources, will help determine which of these programs are applicable to your chapter]

Examples:

- Chapter Meeting Financial Reimbursements: 8 scholarships for up to \$60 each. As chapter meeting fees increase, the financial reimbursements will increase to pay for the meeting. Deadline: 20 days before desired meeting
- Young Professionals Chapter Meeting Scholarship: 8 scholarships for up to \$60 each. As chapter meeting fees increase, the financial reimbursements will increase to pay for the meeting. Deadline: 20 days before desired meeting
- Chamberlain Scholarship: 1 financial reimbursement of a registration fee to the AFP International Conference. The AFP Foundation for Philanthropy will directly pay the funds to AFP IHQ for registration. Recipients will be required to pay \$10. Deadline: Chapter reporting form and registration form due to IHQ by October 31 each year.
- Chapter Scholarship: *(any number) financial reimbursement(s)* of a registration fee to the AFP International Conference. The chapter will pay the early bird discounted registration rate to AFP IHQ on behalf of the individual. Deadline: One month before the conference.

Important information to consider when formulating your chapter policy on financial reimbursement:

A sample of specific application criteria that may be applied to financial reimbursement opportunities offered by your chapter:

- Applicants must be employed by a registered charitable organization with at least **50%** of the job devoted to development work.
- Preference *may/will* be given to chapter members.
- Only one individual from the same organization may be selected for any one award.
- Applicants must not have received any other AFP (*Chapter Name*) financial reimbursements in the past twelve (12) months.
- *Add specific criteria for individual awards or chapter specific criteria. Examples:*
 - *Preference for the <diversity> financial reimbursement will be given to persons of color and/or individuals representing small organizations.*
 - *Applicants for the AFP International Conference financial reimbursement must never have attended an international conference as a registered participant. Preference will be given to newcomers to the field of fundraising – especially those with less than 3 years of experience.*
 - *Financial Reimbursement recipients for the AFP International Conference and for chapter event must submit an evaluation report about their experience following attendance at the class or conference.*
 - *Preference for the CFRE/ACFRE exam process will be given to individuals who have already begun the application process.*

Financial Reimbursement Application

(Chapter Name)

(Date Approved)

(Date Revised)

PART I – PERSONAL & EMPLOYMENT INFORMATION

PERSONAL INFORMATION					
Last Name		First Name			
Job Title/Position:			Employer:		
Current Business Address:			E-Mail Address		
City		Province		Postal Code	
Business Phone:		Cell Phone:		Business Fax:	
Are you a member of AFP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received the CFRE designation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received prior assistance from this fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No
FUND DEVELOPMENT INFORMATION					
Are you currently employed in a Fund Development Position?			Number of years in the profession:		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
If you are NOT employed full-time in a Fund Development Position, Please outline the nature and extent of your responsibilities and activities in Fund Development:					
List below, in point form, all your volunteer activities with the chapter. Where applicable, list the capacity in which you were involved and time commitment					
Have you made a donation to the AFP Every Member Campaign (EMC) this year?				<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART II –CONFERENCE INFORMATION

Name:
<List specific financial reimbursement options available here>
Sample information
What course or conference are you planning on attending for this application?
Indicate the organizer of this program:
‡AFP International ‡AFP xx Chapter ‡OTHER _____

PART III – BENEFITS OF PROGRAM, AND PROFESSIONAL DEVELOPMENT ACTIVITIES

WHAT BENEFITS DO YOU EXPECT TO SEE AS A RESULT OF YOUR PARTICIPATION IN THIS PROFESSIONAL DEVELOPMENT ACTIVITY?
HOW WILL THE INFORMATION YOU GAIN FROM THIS COURSE OR EVENT BE PASSED ON / SHARED WITH OTHER PEOPLE INVOLVED IN YOUR ORGANIZATION?
LIST ANY PREVIOUS COURSES, CONFERENCES, SEMINARS OR TRAINING IN FUNDRAISING YOU HAVE PARTICIPATED IN:
1.
2.
3.
4.
5.
6.
7.

PART IV – FINANCIAL INFORMATION / PROGRAM EXPENSES

Name:			
YOUR FINANCIAL INFORMATION INSTRUCTIONS: <i>All applicants applying for reimbursement must complete this entire section. Please attach supporting documents to verify anticipated expenses</i>			
EXPENSES:		RESOURCES:	
Registration, Tuition and/or Fees	\$	Indicate contributions from employer:	\$
Books and supplies	\$	Indicate personal contributions:	\$
Travel		Other contributors: <i>(please identify)</i>	\$
Accommodations	\$		\$
Meals	\$		\$
Miscellaneous Expenses (Itemized with description & amounts):	\$		\$
TOTAL EXPENSES	\$	TOTAL RESOURCES	\$

PART V – SIGNATURE / ENDORSEMENTS

APPLICANT DECLARATION	
<p><i>This information is collected under the authority of the Freedom of Information and Protection of Privacy Act, the Taxation Act (Canada) and the Statistics Act (Canada) to determine your eligibility for the reimbursement program. Please direct any questions about the use of this information to the Office Administrator, xx Chapter,. Telephone: .</i></p>	
<p>By signing this application, I declare and acknowledge:</p> <ol style="list-style-type: none"> 1. That to the best of my knowledge and belief, I hereby verify that the information and summary of activities as submitted in this application are correct 2. That I, the applicant, meets the eligibility requirements as outlined in the AFP Financial Reimbursement Program guidelines 3. That I will be responsible for submitting a written report on the event covered by this application, so that the chapter may share the benefit of this experience with other members. 4. That if I receive reimbursement my name may be published in the chapter newsletter 5. That I understand the information provided on this application may be used for research and statistical analysis 6. That if any information is inaccurate, that any financial reimbursement may be reassessed and/or withdrawn 	
<p><i>Signature</i></p>	<p><i>Date</i></p>

Submit this completed application <with a current resume> to <chapter contact information>

For Chapter Use Only	
Date Received: _____	Action Taken: _____