

ST. VITAL PARENT CHILD COALITION

Grant Application Form

The St. Vital Parent Child Coalition (SVPCC) invites groups or organizations to apply for grants to support programming for St. Vital families with children ages 0-6 years. Eligible programs are designed to build healthy child development through the core activities of; positive parenting, nutrition and physical health, community capacity building, learning and literacy.

Activities must be provided within the SVPCC boundaries. See map on the FAQs page.

Prior to completing the application please review the application and FAQs to ensure the proposal fits within the criteria.

Applications that do not meet the requirements will not be considered.

SECTION 1

Organization Information

Group/Organization Name	
Contact's Name	
Contact's Title or Job Position	
Address	
Postal Code	
Phone Number	
Fax Number	
E-mail	
Total budget request	
Make cheque payable To:	

Briefly describe your group/organization:

Is your group/organization provincially incorporated &/or a registered charity? Yes No

If **YES**, please include your incorporation or charity number: _____

If **NO**, please provide at least (1) letter of support from an incorporated non-profit organization. The letter of support must include the incorporated or non-profit charity number for the sponsoring organization.

Please Note: As a sponsoring organization you are responsible for ensuring that all reporting forms and receipts are submitted by the deadlines set out in this application. **The sponsoring organization may also apply for a grant.**

Letter of support attached? Yes No

Name of sponsoring organization: _____

Incorporation or charity number of sponsoring organization: _____

SECTION 2

Program Information

Proposal Title:	
Goal:	
Parent Child Coalition Target: <input type="checkbox"/> Nutrition <input type="checkbox"/> Community Capacity <i>(At least one of the targets must be addressed for funding consideration.)</i> <input type="checkbox"/> Literacy <input type="checkbox"/> Other (describe): <input type="checkbox"/> Parenting	
Partnerships <i>(SVPCC encourages community partnerships this can be for space, promotions, food, funds, or other):</i>	
Funds Requested: <i>(Please attach detailed budget.)</i>	Length of Project:
Rationale for Project <i>(i.e. how do you know this is a need? E.g. needs assessment, research, EDI data, community consultation etc.)</i>	
Brief project description:	

<p>What program results do you hope to achieve to consider this a successful program? How will you measure the success of your program?</p>	
<p>What percentage of the children in attendance are expected to be 0-6 years of age?</p>	
<p>How will parents and children interact in the program OR how will the program teach parents about healthy child development, at ages 0-6 years?</p>	
<p>How will you encourage participation? Please include your outreach plan. (See FAQs page for more information)</p>	
<p>Our expectation is that funded programs will reach families in the SVPCC boundaries. Please provide an estimated percentage of the number of St. Vital residents you expect at the program.</p>	
<p>Who will be facilitating this program and have they had any related training?</p>	
<p>If you have run this program recently, what was your average attendance (# children, # families)?</p>	<p>If this is a new program, what is your anticipated attendance per session?</p>



Capacity building is encouraged to be a part of any program SVPCC supports. In what way does the program you intend to run include capacity building (See FAQ’s page for more information)?

*Final reports are due within **six weeks** of program end date.

SECTION 3

Budget

Has your program applied for other funding for this program? Yes No

If yes, please provide the source of funding and the amount received or requested.

Please provide a budget (one for each program request)

NOTE: A budget will be approved and sent to you. Any changes to this approved budget must be requested.

SECTION 4

Previous Funding

Has your group/organization received funding from SVPCC in the past? Yes No

If yes, please provide the amount and date of last funding. _____

Have all reporting requirements for that funding been met? Yes No

If the program is not yet complete, please give details (when will it end, how much funding has been used to the current date, and how much will be used by the end of the program)

SECTION 5

CERTIFICATION

We, the undersigned, certify that the information provided in this application is true and accurate to the best of our knowledge. We further certify that we will provide SVPCC receipts and reports as required.

Name (Print): _____

Name (Print): _____

Title: _____

Title: _____

Phone Number: _____

Phone Number: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

CHECK LIST TO ENSURE YOUR APPLICATION IS COMPLETE:

- Completed Application
- Proposed Budget(s)- **one for each proposed program**
- Sponsorship Letter OR Incorporation Number
- Signed Certification
- Completed Parent Child Coalition Program Checklist

Sponsoring Organization ONLY

Sponsoring organizations may use the following form, or include this information on their letterhead:

_____(incorporation # or charitable # _____)
Name of Sponsoring Organization

Agrees to sponsor: _____
Name of Applicant

for their _____
Name of Program

requesting the amount of \$_____.

As a sponsoring organization we understand and accept the responsibility to ensure financial responsibility: Receipts and reports will be submitted within 6 weeks of program completion (or a date mutually agreed with SVPCC and the applicant).

Sign

Print Name

Job Title

Address

Date