



**A. CONTACT INFORMATION**

1. Title of Project/Program

2. Contact Person

3. Position

4. Phone Number

5. Fax Number

6. Email

7. Complete Mailing Address, Including Postal Code

8. Name and Complete Address of Host Organization (Community Club, Nursery School, Day Care, Church, etc.)

\*\*\*If your organization is not a non-profit incorporated body, it is necessary for you to obtain a host organization. The host organization must be a non-profit incorporated body; and furthermore, must hold adequate liability insurance and accept financial responsibility for programs operating under its authority.

9. Contact Person of Host Organization

10. Person Responsible for Financial Records

Name:

Name:

Phone:

Phone:

Email:

Email:

**B. PROJECT DESCRIPTION**

\*\*\* If applying for more than one project/activity, please complete a separate application form for each.

1. Amount of Request (\$)

2. Description of Project/Activity

Please give a detailed outline of the program/project.  
Use additional paper, if required.

Program Description	Number of sessions	Length of Session	Days offered	Location
	____ weeks  Session start dated: _____  Session end date: _____	____ hours  Start time: _____  End time _____	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	

3. Please explain how this program **meets a need** in your community?

**4. Target Group**

\_\_\_ Young Families (Parent/Child) \_\_\_ Parents/Caregivers Only \_\_\_ Preschool (0-6yrs) \_\_\_ Other: \_\_\_\_\_

5. Expected # Parents

6. Expected # of Children (include age range)

7. Which surrounding **communities** will be **invited to participate** in this program/event?

8. What **impact** are you hoping your project will have on the community / target population?

9. Describe how your project will **promote early childhood development** in relation to the four **Healthy Child Pillars** listed below. Information on the pillars is available on the Bright Beginnings website. Use additional paper if necessary.

**9.a. Positive Parenting**

**9.b. Nutrition and Physical Health**

**9.c. Literacy and Learning**

**9.d. Community Capacity (Building Community Partnerships)**

**10. AMOUNT REQUESTED:**

Complete a budget summary clearly indicating expected income and expenses. List all staff costs, travel, materials, training, advertising etc. List any accumulated surplus from previous years.

**IF THIS IS A REQUEST FOR CONTINUED FUNDING FOR A PREVIOUSLY SUPPORTED PROJECT, PLEASE INCLUDE FINANCIAL STATEMENTS TO MARCH 31<sup>ST</sup> OF THE CURRENT YEAR. Continue on additional paper if needed.**

Revenue		Expenses	
Monetary Donations		Honorarium (program facilitators)	
Fundraising		Honorarium (childcare)	
Other Funding Sources/Grants (please list source)		Honorarium (other)	
		Program Costs/Supplies/Handouts	
		Training	
Accumulated Surplus		Travel	
		Promotion (ads/posters)	
		Food/Refreshments	
Other (please specify)		Guest speakers	
		Equipment	
		Rent	
		Criminal Record Check/Child Abuse Registry Check	
		Other (please specify)	
<b>Total Revenue</b>		<b>Total Expenses</b>	

**11. DETAILED EXPENSE REQUEST**

Please provide a detailed list of **costs involved** for each program.

Facilitator Fees (if applicable)	Child Minder Fees (if applicable)	Snack (if applicable)	Mileage (when travelling outside community)	Supplies	TOTAL
\$ ____ wage requested x ____ hrs x ____ weeks =  \$ _____	\$ ____ wage requested x ____ hrs x ____ weeks =  \$ _____	\$ ____/session x ____ weeks =  \$ _____	____ kms x ____ wks =  \$ _____	\$ _____	\$ _____

**12. Community Partners**

\*\*\* **Proposals must show local community support.**

Below, please list community partners who have contributed in-kind resources to your group (volunteers, materials, space, equipment, etc.) Please estimate the value of their contribution. Use additional paper if required.

Community Partner	In-Kind Services/Resources	Estimated or Actual Value

13. How will you **create further community partnerships** in the future?

**14. Organization Background**

Our organization:

- would like to run a program for the first time
- has experience running family literacy/physical activity/parenting programs (in relation to this project application)
- will encourage program facilitators to participate in free training workshops offered in North Eastman
- includes members who have completed and/or updated a Criminal Record check
- includes members who have completed and/or updated a Child Abuse check
- includes members who hold valid certification in Emergency First Aid training
- includes members who hold valid certification CPR
- is inclusive to all families

Have any members of your group taken any of the following best practice training sessions:

Please check all that apply.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Family Learning FUNdamentals | <input type="checkbox"/> Toddlers at Play       | <input type="checkbox"/> Triple P                    |
| <input type="checkbox"/> Bookmates training:          | <input type="checkbox"/> Wiggle, Giggle & Munch | <input type="checkbox"/> Nobody's Perfect            |
| <input type="checkbox"/> _____                        | <input type="checkbox"/> Comfort Play, Teach    | <input type="checkbox"/> Literacy & Parenting Skills |
| <input type="checkbox"/> _____                        | <input type="checkbox"/> Mother Goose           | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> _____                        | <input type="checkbox"/> Other: _____           |  |
| <input type="checkbox"/> Shake, Rattle & Roll         | <input type="checkbox"/> Other: _____           |  |

**C. FUNDING**

1. Who has funded your program in the past?

2. What will happen with any residual funds?  
*There is an expectation that residual funds will be used for future years programming*

3. What will happen with any unused materials?

4. If you are unsuccessful in your request for funding, what will happen to your project?

**D. EVALUATION**

1. How will you **measure the success** of your project?

2. How will you ensure your project is **meeting the needs of participants**?

3. If you choose to run this program again in the future, how will you be able to **sustain** this project?

**Grant Applicant**

**Please Read and Sign:**

I have read and understood the “North Eastman Parent-Child Centred Coalition Grant Criteria and Guidelines”.

I have reviewed the “Recommended Guidelines for Parent-Child Programs” as outlined in the “On the Road to Best Practice” document made available on the Bright Beginnings website.

If this project is selected, I agree to:

- **follow the “Recommended Guidelines for Parent-Child Programs” as outlined by Healthy Child Manitoba;**
- **complete and submit both a Criminal Record and Child Abuse Record Check prior to facilitating a program;**
- **maintain a valid First Aid/CPR certification OR be willing to complete this training within 3 months of facilitating a program;**
- **complete the two-day Bookmates’ FUNdamentals training within the first year of facilitating a program;**
- **submit specific financial statements and/or record keeping information, as requested;**
- **complete and submit the required evaluation forms in relation to the project by specified deadline dates;**
- **attend the Bright Beginnings Regional Forum.**  
**\*\*\*Please note: This event will be one full day and is held on a weekday.**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Host Organization**

**Please Read and Sign:**

We accept to act as Host Organization for the completed grant application.

As a sponsoring organization, we have read and understood the “North Eastman Parent-Child Centred Coalition Grant Criteria and Guidelines”.

We have reviewed the completed grant application in which we are named “Host Organization”.

We acknowledge and accept financial responsibility as well as liability for programs operating under our authority.

Organization: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Should you have any further questions or require assistance in completing the application process, please contact our Regional Coordinator prior to submitting your proposal.

Please forward completed application to:

**Kelly Fiebelkorn, Regional Coordinator**  
**Bright Beginnings,**  
**North Eastman Parent Child Coalition**

Box 1698  
Beausejour, MB  
ROE OCO

Phone: 204-266-0662  
Fax: 204-268-9490  
Email: [bbcoordinator@hotmail.com](mailto:bbcoordinator@hotmail.com)  
Website: [www.brightbeginningsmanitoba.ca](http://www.brightbeginningsmanitoba.ca)

**APPLICATIONS MUST BE POSTMARKED NO LATER THAN JANUARY 31, 2019**