



# Pre-School Readiness/Wellness Event Grant Application Form

**A. CONTACT INFORMATION**

1. Primary Contact Person	2. Host Organization & Complete Mailing Address <b>**Must be a Non-Profit Incorporated Body</b>
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3. Phone Number of Contact Person	4. Fax Number of Contact Person
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4. Email of Contact Person	5. Complete Mailing Address of Contact Person
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6. List **participants and organizations** involved in planning this event. (Schools/Health/Nursery School, Day Care, Volunteers, etc.)

**B. PROJECT DESCRIPTION**

**Bright Beginnings Formula:**  
**\$300 base rate + \$5 per preschool child**  
**(based on those who attended in the previous year this event was held)**

Should this amount exceeds your requirements, and/or if there are funds carried over from previous events, please adjust your request accordingly.

1. Amount of Request (\$)	2. Area to be served by the Wellness/Readiness Event
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3. Date: _____ Time: _____ Location of Event: _____	4. Number of 3 and 4 year olds expected for screening
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5. Please list **stations and activities** according to **pillars** met through this event. Use additional paper if needed.

LEARNING & LITERACY	POSITIVE PARENTING	PHYSICAL HEALTH & NUTRITION	COMMUNITY CAPACITY BUILDING

6. Please indicate whether or not you will include any the following stations at your event and if so, **who you expect to staff these stations.**

<b>SPEECH AND LANGUAGE</b>	YES/NO	
<b>AUDIOLOGY</b>	YES/NO	
<b>OCCUPATIONAL THERAPY</b>	YES/NO	
<b>PHYSIOTHERAPY</b>	YES/NO	

**AMOUNT REQUESTED: \$**

7. Complete a **budget summary** clearly indicating expected income and expenses. List all staff costs, travel, materials, training, advertising etc. Continue on additional paper if needed.

<b>Revenue</b>		<b>Expenses</b>	
Monetary Donations		Food/Refreshments	
Fundraising		Promotion (ads,posters)	
Other Funding Sources/Grants (please list source)		Supplies/Handouts	
		Equipment	
		Prizes	
Accumulated Surplus		Travel	
		Postage	
Other (please specify)		Other (please specify)	
<b>Total Revenue</b>		<b>Total Expenses</b>	

**8. Community Partners**

Please list all community partners and in-kind contributions associated with this event. Use additional paper if required.

<b>Community Partner</b>	<b>In-Kind Services/Resource</b>	<b>Estimated or Actual Value</b>

**Please Read and Sign:**

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

If this project is selected, I agree to:

- complete and submit the required evaluation forms in relation to the event by specified deadline date;
- attend the Bright Beginnings Regional Forum and present the results of this project.

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

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

Should you have any further questions or require assistance in completing the application process, please do not hesitate to contact our Regional Coordinator.

Please forward completed application to:

**Melinda Ives, 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 OCTOBER 31<sup>ST</sup>, 2019.**