

GCWCC "YOUTH AT RISK" PROGRAMMING Grant Application Form

APPLICANT:

NAME OF THE CENTRE: _____

CONTACT PERSON: _____

ADDRESS: _____

POSTAL CODE: _____ PHONE #: _____

PROGRAM NAME: _____

DESCRIPTION:

WHAT IS THE TARGET AREA AND TARGET GROUP?

WHAT PROBLEMS OR ISSUES WILL BE ADDRESSED BY THIS PROGRAM?

WHAT IS THE GOAL OF THE PROGRAM? HOW WILL IT INCREASE YOUTH PARTICIPATION?

DESCRIBE THE ADMINISTRATION OF THE PROGRAM. WHO WILL DO IT? HOW WILL IT BE DONE?

PROJECTED DATES OF PROGRAM: FROM: _____ TO: _____

PROJECTED # OF PARTICIPANTS: _____ AGE GROUP(S): _____

PROJECTED BUDGET

REVENUE		EXPENSES	
Groups Own Resources	\$	Staffing (Provide Wage Breakdown)	\$
Other Grants Sources (Provide List of Grantors)	\$	Facility Rental (Provide Breakdown of Costs)	\$
Other Funding (Provide List)	\$	Program Material (Provide List & Costs)	\$
GCWCC Grant Request	\$	Equipment (Provide List & Costs)	\$
		Other (List)	\$
Total:	\$	Total:	\$

(This application to be signed by two members of the Centre's Board, one being the President.)

(Date)

(President's Signature)

(Date)

(2nd Signature)

(Position)

Comments:

- Most recent monthly financial statement is attached
- Meeting Minutes indicating the Board's Approval of this Application is attached

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

