

**Job Opportunity for Youth**

**GRANT APPLICATION**

ALL FIELDS ARE MANDATORY

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

PLEASE TYPE IN THE SPACE PROVIDED

|  |
| --- |
| **Date:**       M/dd/yyyy |

**Part A: Registered Charity or Qualified Donee:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization Name |  | | | |
| Street Address |  | PO Box | |  |
| Town |  | Postal Code | |  |
| Primary Contact |  | Title | |  |
| Phone # |  | Fax # | |  |
| Email |  | Website | |  |
| Approved by Authorized Representative | Name  Title | | | |
| Charitable Registration # |  | | Your #  Sponsor’s # | |

**Sponsored Organization (If applicable):**

|  |  |  |  |
| --- | --- | --- | --- |
| Organization Name |  | | |
| Street Address |  | PO Box |  |
| Town |  | Postal Code |  |
| Primary Contact |  | Title |  |
| Phone # |  | Fax # |  |
| Email |  | Website |  |
| Approved by Authorized Representative | Name Title | | |
| Letter of Support from Registered Charity or Qualified Donee attached: Yes  No  If no, when expected: | | | |

**Part B: Organization Background**

**Tell us what the organization(s) involved in the project do in our community:**

|  |
| --- |
|  |
|  |

# Part C: Job Opportunity for Youth Employment Plan

|  |  |  |  |
| --- | --- | --- | --- |
| Youth Position |  | | |
| Brief overview of the position: | | | |
| Expected hours per week: | | Expected number of weeks: | Wages: $      / hour (Salary is to be based on minimum wage) |
| Amount Requested | $       (Maximum $5,000) | | |
| Period this Grant Covers | Start Date:       End Date: | | |

**Outline the Work and Learning Plan**:

|  |  |  |
| --- | --- | --- |
| How will you maximize training, job skill development and hands-on experience in each of these career readiness skills? | Communication Skills |  |
| Teamwork |  |
| Decision Making Skills |  |
| Lifelong Learning Skills |  |
| Professionalism |  |
| Occupational or Technical skills |  |
| How to you intend to engage the student in each of these support strategies? | Meaningful Participation: |  |
| Sustained Involvement: |  |
| Structured Activities: |  |
| Adult Support/mentoring: |  |
| Project Completion: |  |

|  |  |  |
| --- | --- | --- |
| **Job Opportunity for Youth Budget Summary** | | |
| **Expenditures (\*HST excluded)** | **Cost** | **Check for expenses to be covered by grant** |
| Student Wages | $ |  |
| Source Deductions | $ |  |
| \*Advertising for position | $ |  |
| \*Other - | $ |  |
| \*Other - | $ |  |
| Total Project Expenditures | $ |  |

|  |
| --- |
| Have you applied to any other fund provider for this particular project? Yes  No  If yes, please identify funder and amount of request. |

|  |  |
| --- | --- |
| **Payment Schedule** – Please indicate approximate dates grant funding will be required **(After May 1st)**  Note: Grant funding will be paid in 2 – 3 installments, contingent on receipt of interim reports. | |
| 1st Installment | m/dd/yyyy |
| 2nd Installment | m/dd/yyyy |
| 3rd Installment | m/dd/yyyy |

Attachments and Check List:

**Sponsored Organizations:**

Letters of support from Registered Charity or Qualified Donee

New Applicants only:

List of Board of Directors

Summary of current year operating budget for your organization

Most recent (audited or un-audited) financial statements and Annual report (if published)

(Note: The Community Foundation may request additional information from previous applicants who have not received a grant in the past 5 years)

**How to Apply**:

E-mail (preferable) your application and attachments to [admin@cscf.ca](mailto:admin@cscf.ca) by the deadline date.

Please save your Application as: *Year-Project Name-Report Name*. (i.e. *2017-MarketingAssistant-Application*)

**For further information contact:**

Martha Murphy, Executive Director or Pamela Vandesteeg, Executive Assistant at 705-653-2005