

**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:**

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|       |
|       |

# Part C: Job Opportunity for Youth Employment Plan

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| 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**:

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| --- | --- | --- |
| 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: |       |

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| **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 | $       |  |

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

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| **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 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