



Career, Employment and Youth Services Division
Department of Human Resources, Labour and Employment

GRANTS TO YOUTH ORGANIZATIONS PROGRAM

Section 1: General Information

Name of Organization: _____
Permanent Mailing Address: _____
E-Mail Address: _____
Contact Person: _____ Position: _____
Telephone: (h) _____ (b) _____ Fax: _____
No. of Paid Staff: Full-Time _____ Part-Time _____ No. of Adult Volunteers: _____

Section 2: Type of Grant Requested

Administrative Special Project Amount Requested _____

Section 3: Client Groups Served

Type of Organization: Provincial Governing Body Regional/Community Agency
No. of Youth Served: _____ No. of Communities Served: _____ Age Groups Served: _____
(Annually)

What policies and practices does your organization follow to include youth who may have increased challenges for participation (eg: inability to pay)?

Section 4: Purpose of Program/Service/Duration of Program(s)

Are there any other organizations in your area with similar programs? Specify.

What is the main purpose of your organization?

List affiliations/partnerships with other organizations (if applicable).

List major programs/services/activities of your organization:

Programs and Services/Activities	Location	Short Description	Duration Start & End Date	# of Youth Participants	Age Group
(Sample Program(s))					
1. Leadership Weekend	Bishops Falls	Train Youth Leaders in our program	Sept. 6 – 7/08	22	15 - 18

If request is for a special project grant, please complete the following:

Description of Target Group and Age of Clients:

Project Title: _____ Location: _____

Project Overview:

Project Description:

Objectives:

Duration of Project: _____ Start Date: _____ Completion Date: _____

Section 5: Organizational Considerations

Incorporated: Yes No In Process Fed. No.: _____ Prov. No.: _____

Registered with Revenue Canada as a charitable organization? Yes No Number: _____

Year Formed: _____ Written Constitution: Yes (please attach) No

Liability Insurance (Mandatory): Amount of Coverage: _____ Insurer: _____

Principal Officers: Bd. Of Dir. Exec. Com. Other (Specify): _____

Elected Appointed How Often/By Whom: _____

<i>President/Chair</i>	<i>Treasurer</i>	<i>Other Officer</i>
Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
_____	_____	_____
_____	_____	_____
Telephone: _____	Telephone: _____	Telephone: _____

In what type of facility is your agency/organization housed? Private Provincial Municipal Other (specify): _____

What methods for monitoring and evaluating programs and/or special projects are in place?

Section 6: Financial Considerations

Fiscal Year: From: ____/____/____ To: ____/____/____

Financial statement for last complete fiscal year attached: Yes No

Budget request to HRLE related to a special project OR Budget request to HRLE related to organization's administrative expenses

Rental/mortgage costs incurred by your organization per year (if applicable): _____

Please complete the following section relating to either your special project grant or administrative grant request:

	Details	Total Expenses	Amount Requested From HRLE
Program Materials	_____ _____	_____ _____	_____ _____
Salaries & Benefits	_____ _____	_____ _____	_____ _____
Honoraria	_____ _____	_____ _____	_____ _____
Facilities	_____ _____	_____ _____	_____ _____
Office Administration	_____ _____	_____ _____	_____ _____
Travel	_____ _____	_____ _____	_____ _____
Other (specify)	_____ _____	_____ _____	_____ _____
Total	_____	_____	_____

If amount requested is different from previous year, please give details of proposed increase:

Please complete the following section relating to sources of funding in addition to this grant request:

	Operations/Administration	Special Project
Organization's Contribution	_____	_____
Other Provincial Departments (specify)	_____	_____
Federal Government Departments (specify)	_____	_____
Municipal Government	_____	_____
Business/Private Sector	_____	_____
Other (eg: fundraising, fees, National Office contribution) (specify)	_____	_____
Total funding other sources	_____	_____

If request is for a special project grant, is there a possibility that the program will continue and, if so, what is the plan to sustain the project?

Section 7: Conditions

Departmental funding may be used only for the purposes specified in this application. Once the Department has agreed to provide financial assistance, no substantial change in these activities shall be made without the consent of the Department and it shall be at the discretion of the Department to determine what constitutes substantial change in each case.

The Department reserves the right to determine the extent and type of information required to support payment of the grant. Further, the Department may require that an audit be undertaken to verify the purposes for which Government funds have been utilized.

Any funding not used for these purposes must be returned to the Department.

The organization is wholly responsible for its own debts. The Department will not consider any application to pay debts.

If any part of this funding is used to pay salaries or honoraria, federal and provincial laws concerning salaries and source deductions must be applied (i.e. deductions for income tax, unemployment insurance, etc.)

Whenever appropriate, public acknowledgement of funding by the Department is expected. Publications should clearly acknowledge the Department's assistance. A standard statement of acknowledgement is available on request.

The organization agrees to respect and apply the spirit and provisions of existing human rights legislation.

Under the *Access to Information and Protection of Privacy Act*, members of the public may request and obtain access to information held in Provincial Government records. Should a request be received for information about this grant application, the Department will consult with you prior to disclosing any information. It should be noted, however, that only personal information and certain third-party confidential financial information may be withheld. When funding is approved, the amount of funding, the purpose for which the funds were granted and the name of the organization receiving the funding are considered public information.

A successful proponent with respect to this program shall be required to complete contractual arrangements with the Department to confirm the agreement between the parties.

Section 8: Authorization

Please list persons with signing authority:

- a. _____
- b. _____
- c. _____

We, the undersigned, certify that to the best of our knowledge, this contains a full and correct account of all matters stated within.

Name: _____ Signature: _____ Position: _____

Name: _____ Signature: _____ Position: _____

IMPORTANT: Please check to ensure the following documents are included with your completed grant application. Any application that does not have all these documents attached will not be considered:

- A financial statement for the previous year that includes a breakdown of HRLE grant contribution (audited if available)**
- Annual report or report of activities**
- A detailed budget for the year for which the funds are being requested**
- A complete list of board of directors/executive committee**

*Please forward completed applications by **JUNE 16, 2008** to:*

Ellen Chalker, Program Coordinator
Department of Human Resources, Labour and Employment
P. O. Box 8700
St. John's, NL
A1B 4J6