



CANADIAN MILITARY COMMUNITY NATIONAL YOUTH MODEL 2007-2008 APPLICATION FORM

PROGRAM ENHANCEMENT FUNDS

SECTION #1

COMMUNITY INFORMATION

Location: _____

Name of PSP Contact: _____ email: _____

Name of MFRC Contact: _____ email: _____

Name of Youth Committee Chair: _____ email: _____

Number of youth of CF families within community: _____

Anticipated # of youth to participate in proposed activity: _____

Of the anticipated participants % of who are youth from CF families: _____

Does your location have an active youth committee? YES NO

SECTION #2

BACKGROUND

Please indicate the date your latest Community Youth Needs Assessment was conducted and attach a summary of the results: _____
(Day/Month/Year)

List the three highest identified needs from your most recent CYNA:

- 1) _____
- 2) _____
- 3) _____

List any ongoing projects that have been approved for funding through the National Youth Model (note: indicate whether they were over 2 years, or over 3 years):

e.g. Youth Recreation Adventures Summer Program (funded in 1st year and 2nd year of Youth Model Funding)

SECTION #3

PROJECT / INIATIVE

Please describe the project / initiative / resource you wish to apply to have funded (*Please use a different application form for each project you wish to have funded*).

If you are submitting more than one project/initiative, please rank this project (with #1 being the most important): # _____ out of # _____.

NOTE: Rank according to importance to youth and availability of matching funds.

NO APPENDICIES WILL BE ACCEPTED

SECTION #4

PARTNERSHIP

Will this project / initiative be a joint MFRC - PSP activity? YES NO
Will this project / initiative involve community partners? YES NO

In addition to PSP, MFRC and your B/W/U Commander, please list additional community partners:

SECTION #5

YOUTH INVOLVEMENT

Are youth involved in the development and implementation of the activity?

Please check all that apply:

<input type="checkbox"/> Participant	<input type="checkbox"/> Administrator	<input type="checkbox"/> Fundraiser
<input type="checkbox"/> Leader	<input type="checkbox"/> Evaluator	<input type="checkbox"/> Marketer
<input type="checkbox"/> Content developer	<input type="checkbox"/> Advisor	<input type="checkbox"/> Other _____

SECTION #6

PROMOTION

How will you promote/attract youth to the program/initiative?

Please check all that apply:

<input type="checkbox"/> Flyers / posters	<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Posting packages
<input type="checkbox"/> Bulletin boards	<input type="checkbox"/> B/W/U media	<input type="checkbox"/> Web sites
<input type="checkbox"/> Welcome calls/emails	<input type="checkbox"/> Local schools	<input type="checkbox"/> Other _____

SECTION #7

OUTCOMES

Please describe your outcomes (results) from 2006:

_____ % return participation _____ % participants rating program as exceptional
_____ % first time participants _____ % minimization of "service gap" identified by CYNA

Other measures: _____

Please describe how the proposed initiative/project advances the strategies of the National Youth Model: _____

Describe how the proposed initiative/project links to the identified needs from your CYNA: _____

SECTION #8

FINANCIAL PLAN

Note: Matching funds significantly contribute to the financial sustainability of youth initiatives. In-kind contributions in the form of resources, volunteers, and equipment are also acceptable and may be factored into your ratio calculations.

Total anticipated cost of the project/initiative: \$ _____ Canadian Dollars (Cdn)
 Total amount of funding applying for: \$ _____ Cdn

<i>Project Requirements</i>	<i>Funding Requested</i>	<i>Matching Funds</i> 60%	⇒ <i>Source</i>
Program supplies	\$ _____	\$ _____	_____
Program management (<i>max 10% of total funds</i>)	\$ _____	\$ _____	_____
Food & Beverage	\$ _____	\$ _____	_____
Promotional costs (<i>e.g. advertising</i>)	\$ _____	\$ _____	_____
Facility	\$ _____	\$ _____	_____
Equipment rental	\$ _____	\$ _____	_____
Equipment purchase	\$ _____	\$ _____	_____
Other : _____ (Please specify)	\$ _____	\$ _____	_____

SECTION #9

PUBLIC STAFFING FUNDS ANNUAL ALLOCATION

Please indicate the portion of public staffing dollars for youth program staff at your location. Note: Public Staffing funds expire 31 March annually.

<i>Youth Staff Funding</i>	<i>Total Amount</i> ⇒	<i>MFRC portion</i> ⇨	<i>PSP portion</i>
	\$ <u>10K</u>	\$ _____	\$ _____

SECTION #10

APPLICATION VERIFICATION

PSP Manager	MFRC Executive Director or BoD Chairperson	Youth Committee Chair
Please print	Please print	Please print
Signature	Date	Signature
Date	Signature	Date

Prior to submission please ensure all fields are complete.