**2024-2025 PARENT/CHILD OR PARENT PROGRAMS with priority focus 1-4 years old**

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| **Organization**  **Nonprofit/incorporated** | Click or tap here to enter text. |
| **Contact Name** | Click or tap here to enter text. |
| **Job title of Contact person** | Click or tap here to enter text. |
| **Email address of Contact**  **person** | Click or tap here to enter text. |
| **Mailing address of organization** | Click or tap here to enter text. |
| **Make cheque payable to** | Click or tap here to enter text. |
| **List the names of programs for**  **Which you are applying for**  **2023-2025 coalition grants** | 1.Click or tap here to enter text.  2.Click or tap here to enter text.  3.Click or tap here to enter text.  4.Click or tap here to enter text.  5.Click or tap here to enter text. |
| **Total amount requested for 2024-2025 programming** | Click or tap here to enter text. |

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| **Organizations applying for programming grants are encouraged to work together with their community to build partnerships. List at least three community partners and their contributions**.   |  |  | | --- | --- | | **Community Partner** | **In Kind Contribution** | | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | |

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| **Promotion is key in reaching families interested in attending programs. List three ways your organization promotes parent-child and parent programming.** |
| 1. Click or tap here to enter text. |
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| **Goals are a broad vision for the change your organization wants to make in the community. They are a means to an end and help to define what you hope to accomplish. List toe-three goals of parent-child or parent programming offered by your organization.** |
| 1. Click or tap here to enter text. |
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| **Is there any other information about your organization you want us to know (Optional)** |
| Click or tap here to enter text. |

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| **X** | **Organization Checklist as Required by CYS** | |
|  | Our organization serves families within the boundaries of South East Manitoba. | |
|  | Our organization has read and understands the criteria for 2024/2025 funding as included in the attached information sheet. | |
|  | Our organization completes a Child Abuse Registry and Criminal Record check for all staff and volunteers involved in the operation of the program. | |
|  | Our organization includes members who hold valid certification in Emergency First Aid training and CPR. | |
|  | Upon approval of grant, our organization agrees to complete a Best Practices parent/child checklist for each location of programming. | |
|  | Upon approval of grant, our organization agrees to complete a COVID protocol guideline for in person programming if requested. | |
|  | Upon approval of grant, our organization agrees to submit a final report. | |
| Applicant Signature (can be electronic):  Click or tap here to enter text. | | Date:  Click or tap to enter a date. |

**Fill out this form once for all grant funded programs. Fill out a program application form for each program that you propose to run using Coalition grant dollars.**

**Application deadline June 3, 2024**

**Please submit applications by email or mail to Jennifer Waite, Coordinator Healthy Child Coalition Southeast.**

**Email:** [**jwaite@southernhealth.ca**](mailto:jwaite@southernhealth.ca) **Mail: 365 Reimer Ave., Steinbach MB R5G 0R9**