2025-2026 PROGRAM GRANTS
When applying for more than one program, please complete one program grant application for each. If you plan to offer multiple blocks of sessions of a program, you only need to complete one application.

|  |  |
| --- | --- |
| **Organization name** | Click or tap here to enter text. |
| **Program name** | Click or tap here to enter text. |
| **New Initiative**[ ]  | **Existing Initiative**[ ]  | **Existing /enhanced**[ ]  |
| **Location of program(community)** **If more than one, please indicate**Click or tap here to enter text. | **Communities Served**Click or tap here to enter text. | **Priority population**Choose an item. |
| **How was the need for this program identified? Check all that apply:**[ ] **Discussion with community** [ ] **Needs Assessment Formal/Informal**[ ] **Early Development Instrument (EDI)**[ ] **Research /Best Practices**[ ] **Established Successful program** | **Do Families need to register?**Choose an item. | **Is the program accessible?**Choose an item. |
| **Approximate dates** **Complete for each block of sessions.****Include all locations for total sessions offered.** | **Summer****July-Aug****From:** Click or tap to enter a date.**To:** Click or tap to enter a date. | **Fall****Sept-Dec****From:** Click or tap to enter a date.**To:** Click or tap to enter a date. | **Winter****Jan-Mar****From:**Click or tap to enter a date.**To:**Click or tap to enter a date. | **Spring****April-June****From:** Click or tap to enter a date.**To:** Click or tap to enter a date. | **Total # of sessions offered**Click or tap here to enter text. |
| **Include information for all locations** | **# frequency of sessions** Choose an item. | **Weekday or weekend**Choose an item. | **Time of day offered** Choose an item. | **Approximate # of families attending**Click or tap here to enter text. | **Approximate****# of children attending**Click or tap here to enter text. |
| **Short description of program.****Explain as if it is a new program to the reader** | Click or tap here to enter text. |
| **Action Plan:** **Briefly describe a typical program session (point form)** | Click or tap here to enter text. |
| **Projected Outcomes****Give 2-3 specific outcomes you expect from the program** | Click or tap here to enter text. |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Facilitator Fees: \*\*Program Specific\*\* ex. Delivery of program, prep time, clean up time**  |  **Total** |
| **#of facilitators**Click or tap here to enter text. |  **# of hours**  Click or tap here to enter text.  |  **# of weeks**Click or tap here to enter text. | **$ per hour**Click or tap here to enter text. | Click or tap here to enter text. |
| **Honorariums:** |  |
| **# of volunteers**  Click or tap here to enter text. |  **# of weeks**  Click or tap here to enter text.  | **$ amount per session**Click or tap here to enter text. | Click or tap here to enter text. |
| **Child Care Fees for parenting programs only** |  |
|  **# of childminders**  Click or tap here to enter text.  | **X # of hours**Click or tap here to enter text. | **X # of weeks**Click or tap here to enter text. | **$ per hour**Click or tap here to enter text. | Click or tap here to enter text. |
| **Supplies:** (books, craft supplies, play based learning tools) (Up to maximum $25/session)  | Click or tap here to enter text. |
| **# of sessions**Click or tap here to enter text. | **$ amount /session** Click or tap here to enter text. | Click or tap here to enter text. |
| **Program specific Materials: Please provide a separate list** | Click or tap here to enter text. |
| **Food:** (snacks) (maximum $20/session) |  |
| **# of sessions**Click or tap here to enter text. | **$ amount/session**Click or tap here to enter text. | Click or tap here to enter text. |
| **Facilitator Mileage:** Payable at 0.46 cents/km and **only** if delivering in another community from Organization’s location. |  |
| **# kms (round trip)** Click or tap here to enter text. |  **# sessions**  Click or tap here to enter text. | Click or tap here to enter text. |
| **Promotion/ Advertising:**  | Click or tap here to enter text. |
| **Rent: (Rent only if program runs in a venue not at organization’s location)** | Click or tap here to enter text. |
| **TOTAL AMOUNT requested from coalition: (must equal the amount of the grant)** | Click or tap here to enter text. |
| **Approximate total cost of program (coalition grant + other costs to organization)** | Click or tap here to enter text. |

**Application Deadline: June 6, 2025
Please submit applications by email or mail to Jennifer Waite, Coordinator
 Healthy Child Coalition South East (204) 380-1707**

**Email:** **jwaite@southernhealth.ca** **Mail: 365 Reimer Ave, Steinbach, R5G 0R9**