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.

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| **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. | | | | |

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