



Assiniboine North Parent Child Coalition Grant Application Form

Complete **all sections** of the grant application before submitting the application either as hard copy or email.

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INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED**

A. Name of Organization(s) & Program Requested:		
Person responsible for financial records		
Name:		
Address:		
Telephone:	Fax:	Email:
Description of the organization.		
How long has your organization existed?		
How many members, participants and volunteers does it have?		
Members		
Participants		
Volunteers		
Describe the structure, mandate and main objectives of your organization.		
Structure:		
Mandate:		
Objectives:		
Describe an example(s) of activities that demonstrate your organizations experience delivering parent child centered programs with community partners.		

B. Person responsible for the program/activity		
Name:		
Address:		
Telephone:	Fax:	Email:
Facilitator name (if known):		
C. Name of program and activity description		
1a. Target Group (i.e. parents, children 0 to 6)		
1b. Number of expected participants		
2. Healthy Child Priority (parenting, nutrition, literacy, or capacity building)		
3. Need/Problem (What is the need? How have you identified it?)		
4. Programs/Activities (What are you planning to do? Actions? Activities?) Please include number of sessions and number of hours per session.		
5. Partners (Indicate who your partners are and their role in the activity/program)		
6. Evaluation (What is the evaluation plan for the program?)		
7. Program Completion Date:		

BUDGET

Expenses (indicate N/A if not applicable)	
Facilitators # hours _____ x # weeks _____ x \$ _____ per hour =	
Child Minder(s) # hours _____ x # sessions _____ x \$ _____ =	
Mileage # kms _____ x # sessions _____ x .40 cents per km =	
Supplies (i.e. crafts, handouts) \$10 per session # sessions _____ x \$10.00 =	
Food (snacks) # sessions _____ x \$20.00 =	
Promotion/Advertising	
Venue (please provide address where program will take place)	
Other (please list)	
TOTAL EXPENSES	
Revenue (list funding sources and income from each)	
Any funds remaining from any previous grants received from coalition	
TOTAL REVENUE	
Fundraising	
Donations	
Partner Financial Contributions	
In-Kind (list source and type of in-kind services)	
Requested Coalition Grant	