



Funding Guidelines and Application

Thank you for taking the time to complete this application. To ensure that your proposal has the best chance possible of being approved make sure that it meets all the mandatory criteria and as many of the additional criteria as possible.

Eligibility Criteria - Applicants must be a:

- Registered Non-Profit Organization
- Or
- Public Institution (Northern Health, School District 50 etc.)

AND

- At least one letter of support required.

Mandatory Evaluation Criteria

To be successful, the following criteria MUST be met. In your project description (question 4) please show how your project will do the following:

- Serve residents of Haida Gwaii
- Provide Early Childhood Development services
- Meet an identified community need
- Articulate measurable outcomes
- Avoid duplication by complementing or enhancing existing resources
- Demonstrate partnerships and/or co-ordination and collaboration between services
- Demonstrate ability and experience of organization to deliver services

Application Deadline and Submissions

Please submit completed applications via email to SX6 Coordinator Corrina Hornidge at sb6haidagwaii@gmail.com anytime after May 15th and before Nov 1, 2014 @ 4:00 pm.

Decisions will be made once per month. Upon receipt of your application you will be contacted with the next date for application reviews and you will be notified by email or phone when a decision has been made.

After you complete the application please review the checklist above. If you have further questions about your application please don't hesitate to contact Corrina via email or 250-557-4336.

Good Luck!

Application

1. Name and Address of Organization:

Legal Name of Organization:

Mailing Address including postal code:

Community:

2. Contact Person

Name:

Email Address:

Phone Number (with extension if applicable):

3. Application Info

If you have received previous funding from Success By 6 (SX6) or Make Children First (MCF) funding and have NOT submitted your final report, please do so prior to submitting your new application.

- A) List previous SX6 or MCF funds you have received:
- B) Name of Project/Service:
- C) Please list any other organizations you will be partnering with:
- D) Which grant funding are you applying for?

Aboriginal Engagement: Programs or projects related to prenatal, infant and early childhood development and parenting directed towards First Nations families with children aged 0-6 years.

Make Children First - Projects and programs that increase community capacity, service delivery & effectiveness, engage families, increase opportunities for identification and screening and improve outcomes for children and families.

4. Description

Please describe the project you have in mind, be sure to include information from the 'mandatory evaluation criteria' on the previous page.

5. For Whom?

Describe who will benefit from this project and how you determined there is a need.

6. Through What Means?

Explain how you will fund this project. **Aside** from the grant you are requesting in this application what in kind donations, human resources, facilities and partnerships and other grant money do you have to draw on?

Money and in-kind donations and/or services	Value in dollars
Total	

7. At What Cost?

How much money are you requesting in this proposal?

In the space below please provide a detailed explanation of the costs of the project and list in the chart below how the funds from this grant will be spent.

Project costs	Dollar value
Total grant monies sought from this application	

8. To What End?

Describe the goal of the project.

9. With What Impact?

Describe the end point you envision for this project.

10. Measured How?

Explain how the project will be evaluated

11. Additional Information

Please attach pictures, diagrams, reports, stories etc. that you feel will help us to better understand your project.