



2017 Holiday Dinner Grant Application Form

Updated: Nov. 2017

General Information

Name of Group / Organization: _____

Telephone: _____ Email: _____ Fax: _____

Address: _____ City: _____ Postal Code: _____

Contact Name: _____ Position / Title: _____

Do you represent an official Fed Local? Yes No

Would you like to know how to create local network for youth in and from foster care in your community?
 Yes No

Part 1: Event Information

What communities will be included in your event? _____

Please list confirmed and potential partners and share with us how they will be participating in your event.

Project Partner	Promotional	In-Kind	Financial	Amount	Description of contribution
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____

How do you plan on promoting your event? MCFD CLBC DAA Newsletter
 Foster Parent Associations Youth Serving Agencies Other: _____

Would you like us to share your event by: Facebook Twitter Website E-Newsletter



Part 1B: Participants

Please tell me how many people from the groups below you hope to have at your event:

	Estimated Numbers		Estimated Numbers
Youth in or from care 14 to 18	_____	Youth in or from care 19 to 24	_____
Foster Parents	_____	Staff	_____
Adult allies/Elders/Volunteers	_____	Youth NOT in or from care	_____
TOTAL PARTICIPANTS	_____	MAXIMUM EVENT CAPACITY	_____

Part 1C: Youth Engagement

Please describe how young people will be meaningful engaged and supported to help plan and participate in your holiday event.

Part 1D: Sustainability

Have you hosted a holiday dinner for youth in and from care before? Yes No

Would you like to host dinners for youth in and from care in the future? Yes No



Part 1E: Resources

Please list the resources you have access to, and those that you will need to run your event.

Resource	Have	Need	Plan to Obtain
<i>Ex. Venue for our event</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Talk to our Local host agency about using a space.</i>
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Part 1F: Community Impact

Please explain the impact you hope that your event will have within your community.

What steps do you need to take to achieve your event goals and what is the outline for your event?

Part 2: Event Budget

Please outline your proposed budget for this holiday event.

Revenue Source	Amount (\$)	Expense Type	Amount (\$)
Federation of BC Youth in Care Networks (up to \$500)		Food	
		Decorations	
		Supplies	
		Venue Rental	
		Travel (including youth travel)	
Total Revenue Sources:		Total Expenses:	
		Balance (Surplus/Deficit):	

Part 3: Submission Deadline and Selection Process

All applications must be submitted to the Fed by **Friday, November 24** at 12:00 p.m. by:

1. Scanning or sending an electronic PDF of the application to Shannon.Dolton@fbcyicn.ca;
2. Faxing your application to 604-527-7764; mark it "Holiday Dinner Grant Application"; or
3. Mailing your application to: Federation of BC Youth in Care Networks, Suite 500 - 625 Agnes Street, New Westminster BC, V3M 5Y4.

After the submission deadline, all applications will be reviewed by a selection committee of youth in and from care, Fed staff and board members, and partner organizations.

Part 4: Declaration

I understand that if successful in my application for holiday dinner grant funding that I will be responsible to submit a 1/2 page write up about my event (no more than 500 words) and at least 5 event photos to the Fed. These materials may be used at the Fed's discretion in various promotional activities including, but not limited to, Power Pages provincial magazine for youth in and from care, annual reports, brochures, and social media. To confirm the consent of participants I will use the consent sign in sheet provided.

By signing below I acknowledge that I am authorized to provide this approval and will abide by the terms and conditions stated.

Signature

Date (Month/Day/Year)