



2019 HOLIDAY EVENT GRANT APPLICATION FORM

GENERAL INFORMATION

Name of Group/Organization: _____

Telephone: _____ Email: _____

Address: _____

City: _____ Postal Code: _____

Contact Name: _____

Contact Position/Title: _____

If awarded Holiday Dinner Grant:

Name/Organization to go on grant cheque (if different from above):

Mailing address for cheque (if different from above):

Address: _____

City: _____ Postal Code: _____

YOUTH ENGAGEMENT AND LEADERSHIP

What steps is your group/organization taking to ensure that youth are meaningfully engaged throughout the planning process of your event?



EVENT INFORMATION

Do you plan on getting event insurance?

Yes

No

No – our event is covered by the organizations insurance

Where do you plan to hold your holiday event? _____

What date do you plan to hold your holiday event? _____

What kind of event are you holding? What activities are you planning?

PARTICIPANTS

What do you hope is the impact on youth participants?

What is the estimated number of people you hope will attend your event?

Youth in care aged 14-18 _____

Youth from care aged 19-24 _____

Foster Parents: _____

Staff: _____

Adult Allies/Elders/Volunteers: _____

Youth not in or from care: _____

Total: _____

EVENT BUDGET

What is the budget for your holiday event? _____

What is the amount of the holiday grant amount you are requesting? _____

How do you plan to use the grant?

DECLARATION

I understand that if successful in my application for the Holiday Event Grant funding, I will be responsible for submitting a Holiday Event Report form. The completion of the reporting form is a condition of receiving the Holiday Event Grant and failing to return the reporting form could impact future Holiday Event Grant application success.

I understand that my organization will use due care in the performance of the obligations under this agreement to ensure that no person is injured, no property is damaged or lost, and no rights are infringed including, without limitation, privacy rights.

Federation of BC Youth in Care Networks and your organization will each remain solely responsible for all liabilities arising from the performance or non-performance of their respective obligations in this agreement. Neither party will be liable for any injury or damage to a person or for the loss or damage to the property of the other party, or any other person in any manner based upon, occasioned by or in any way attributed to the performance or non-performance of that party's obligations pursuant to this agreement unless such injury, loss or damage is caused solely and directly by the wrongful or negligent act or omission of an employee of that party while acting within the scope of the employees employment.

Your organization will indemnify and save harmless The Federation of BC Youth in Care Network from any and all losses, damages, liabilities, judgements, claims, demands, causes of actions, suits, actions or other proceedings of any kind or nature and expense which The Federation of BC Youth in Care Networks may suffer or incur arising in connection with or as a result of anything done or omitted to be done by your organization or its employees, officers, agents or directors in the performance of this agreement, including any breach by your organization of its obligations pursuant to, or its representations, warranties, and covenants set forth in, this agreement. These indemnities referred to in this shall not extend to any costs, losses, damages, judgements, claims, demands, causes of action, suits, action, contract or other proceedings of any kind or nature to the extent that they are based on, occasioned by, or attributable to anything negligent, negligently done, or negligently omitted to be done by the Federation of BC Youth in Care Networks in connection with this agreement or the performance of this agreement.

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

Name _____

Signature _____ Date _____

SUBMISSION DEADLINE AND SELECTION PROCESS

All applications must be submitted to the Fed by **Friday, November 8, 2019** by scanning or sending an electronic PDF of the completed application to shannon.dolton@fbcyicn.ca

Following the submission deadline, all applications will be reviewed by a selection committee made up of youth in and from care and Fed staff. All applicants will be notified of the status of their applications by Friday, November 15, 2019.