



Yes, I have read and accept the terms and conditions of the BNH Youth Connections Grant Program. \*

\* Mandatory Fields

## Part 1: Applicant Information

|  |
|--|
| <b>Legal First &amp; Last Name</b> (For issuing cheques & direct deposit) *                                  |
| <b>Preferred Name</b> (If different from Legal Name above)   |
| <b>Phone:</b> *  |
| <b>Email:</b> *  |
| <b>Pronouns</b> (select all that apply)<br>They<br>She<br>He<br>None of the above, my personal pronouns are: |
| <b>Age:</b> *<br>12 - 14<br>15 - 17  |
| What Year Were You Born In?  |
| <b>Address:</b> *  |
| <b>City:</b> *   |
| <b>Province:</b> *   |
| <b>Postal Code:</b> *  |

## Part 2: Details about Your Project\*

1. What is the name of your project?

2. My project type is: (select all that apply)

**Leadership** – Creating opportunities for youth to share skills to support a project (perhaps creating a neighbourhood website featuring area goings on; a little library, or block gardening day)

**Social Connections** – Providing activities for peers/neighbours to come together (for example renting or purchasing sports equipment for neighbourhood recreation, neighbourhood language and culture potluck get-togethers)

**Beautification** – Enhancing the appearance of a neighbourhood (such as a boulevard clean up or graffiti paint out)

3. Briefly describe your project idea and vision. How will it connect peers/neighbours?:

4. When will your project take place? (Month, day, time)

5. Where will your project take place? (select all that apply)

Community space (community centre, neighbourhood house, school, etc.) Outdoors (local park, beach, etc.)

Personal residence (backyard, living room, etc.)

Other:

6. Who will help you plan and implement your project? (select all that apply)

Family / housemates

Neighbours

Friends

Community staff (eg. neighbourhood house, school, community centre staff, etc.)

Other:

7. How will you promote your project? (select all that apply)

Word-of-mouth

Posters/post cards

Social Media

Email lists

Other:

**8. If you have a website or social media account connected to your project, add link here:**  
**<200** characters

**9. How will your project accommodate current Public Health Guidelines? How will you adjust your project if needed?** (select all that apply)

Move to virtual if needed

Move outdoors if needed

Be flexible with my project date

Reduce my participant numbers

Ensure everyone is wearing masks

N/A or Other:

**10. Approximately how many people will participate or directly benefit from your project? \***

5 people or fewer

6 - 10 people

11 - 20 people

21 - 50 people

51 - 100 people

More than 100 people

## Part 3: Budget \*

**1. Budget:** The goal of the grant is to contribute to expenses associated with your project such as food, art and craft supplies, gift cards, and honorariums. Complete the budget below with as much detail as possible. NOTE: Depending on your project you may not need to complete each line of the budget. For more detail read the Terms of Reference (first pages in the application).

| Description   | Amount |
|---|--------|
| Food Items:   |        |
| Supplies:   |        |
| Rental Fees OR Room Booking Fees:   |        |
| Promotion (posters, social media ads, etc.):  |        |
| Honorarium(s):  |        |
| Other:  |        |
| Other:  |        |
| <b>Total Budget:</b>  |        |
| How much are you asking from the Youth Connections Grant? (may not exceed \$500)  |        |
| Please list other sources of funding or resources:<br>Example: Donations from grocery stores or gift card from local business |        |

**2. If you don't receive the full grant amount, how will you change your project?** (Select all that apply)

Reduce the participants number

Reduce materials

Look for other donations

Find less expensive rental space ( example: neighbourhood house)

Other:

**3. How did you hear about the Youth Connections Grants? (Check all that apply)**

Local community organization

E-newsletter

School

Poster/Brochure

Neighbour

Website

Social Media (please specify):

Burnaby Neighbourhood House

Other:

## Part 4: Pre-Survey

Your answers are important to us and can help us determine if we are reaching the diversity of the communities we serve. The information is for our use only and is confidential.

**1. How long have you lived in Burnaby?**

Less than 1 year

1 - 2 years

3 - 4 years

5 - 10 years

10 years or more

**2. Have you applied for a Community Grant before?**

Yes

No

**3. Do you participate in any Leadership programs or any afterschool clubs?**

Yes

No

**4. Why do you want to apply for the BNH Youth Connections Grant? (Check all that apply)**

To help the community

Make new friends

Provide a program, events or activity that is not offered in my community

Want to do something with my friends, family or neighbours

Other:

**The End! Thank you.**