

Project Title:		
Name of Lead Organiza	ation (or Collaborating Eli	gible Organization):
Contact Name:		
Contact Email:		Contact Phone:
Location of proposed p	project:	
Approximate start date	e and duration (days, wee	ks, months):
What is (are) the target	t group(s) for your activity	? Check all that apply.
Entire Community	Parents	$\Box$ Persons with disabilities
🗆 Youth (12-18)	□ Adults	🗆 Indigenous peoples
🗆 Children (0-11)	□ Women/Girls	$\Box$ Persons of low socioeconomic status
🗆 Families	□ Men/Boys	□ Other:
□ Seniors	□ 2SLGBTQIA+ persons	3
What category does yo	our proposed project fall i	nto? Check all that apply.
□ Sports (club or team) /	Recreation / Fitness / Physic	al literacy
🗆 Church / Faith-based g	(roup	
🗆 Music, Art, Drama, Dai	nce, or Culture	
□ Volunteering		
$\Box$ Youth leadership		
🗆 Club / Service group (g	irl guides, 4h, cadets, etc.)	
$\Box$ Other (please describe	):	<u></u>

(e.g, chess, book club, cooking class, lego club, trades, robotics, etc.)

Link to priority areas. Please indicate which of these goals your project supports. Check all that apply.

- $\hfill\square$  Increasing the availability, accessibility and diversity of leisure-time activities for youth
- $\hfill\square$  Strengthening youths' sense of belonging and connection to community

## **Project description:**

Briefly describe your project, its main goals, and how you'll make it happen. *Example: To increase participation in [activity/club], we'll offer 3 free "try-it" days to encourage teens to try it out.* (*More space available on page 4 if required*)

## Why is this project needed?

Tell us why this project is important. If you want, you can use stats from the Planet Youth Timiskaming Data Report to support your answer. Example: In Timiskaming, only 26% of teens play sports with a club 3 times a week or more. (More space available on page 4 if required)

#### Please tell us how your project has been informed by youth needs/voice.

Example: We talked to a youth group, asked students for ideas, or based the project on feedback we've received from youth. (*More space available on page 4 if required*)

## How many youth will your project reach?

Tell us how many youth you expect will join or participate. (More space available on page 4 if required)

Dollar amount requested: \$\_\_\_\_\_

#### **Budget breakdown:**

Give a simple breakdown of how you'll spend the funds. If you have other contributions (like donations or help from partners or volunteers), please list them here too. (More space available on page 4 if required)

#### How will you know your project is successful?

We ask you to track the number of participants as part of the grant requirements. Are there other ways that you plan to measure the success of your project? For example, tracking attendance, asking participants for feedback, or collect photos/videos/testimonials, etc. <u>See **Sample Indicators and Metrics to Measure Project Success** below with ideas of things to track and measure. (More space available on page 4 if required)</u>

# Please share any ideas you have for keeping this activity going after the funding is used, if that is your intention (OPTIONAL/ NOT MANDATORY): (More space available on page 4 if required)

<b>If approved for a grant, who will</b> Note: Grants cannot be given to ar		anization.	
Organization Name:			
Street Address:	City:	Province:	Postal Code:

By sending in this application, on behalf of the organization, I give permission to Planet Youth Timiskaming to share our initiative (via media releases, newsletters, website, social media, workshops, conferences, etc.) with other organizations and communities so they can learn and be inspired by our approaches, learnings, and successes.

## If for any reason your organization does not wish to have their information or stories shared, please check here. Checking this box does not impact your funding request:

Applications must be submitted by March 2, 2025 to Erika.Aelterman@neph.ca

Date: \_\_\_\_\_

Use this space for any additional information.