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## Planet Youth Timiskaming

# Youth Activity Fund: Funding Request Form

Applications must be submitted by **January 5, 2026** to [Erika.Aelterman@neph.ca](mailto:Erika.Aelterman@neph.ca)

### Section 1: Contact Details

Contact person: \_\_\_\_\_

Contact email: \_\_\_\_\_

Contact phone: \_\_\_\_\_

Lead Organization (or Collaborating Eligible Organization): \_\_\_\_\_

Provide a brief description of your group or organization:

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### Section 2: About Your Initiative

Name of initiative (project / event / activity): \_\_\_\_\_

Location of proposed initiative : \_\_\_\_\_

Approximate start date and duration (days, weeks, months): \_\_\_\_\_

Has your organization received a grant from the Youth Activity Fund in the past?

☐ Yes ☐ No

If you selected yes, are you requesting funds to continue your previously funded initiative or to implement a new one?

☐ Continuation of last initiative

☐ New initiative

If you are applying for funding to continue your initiative, what do you hope to achieve with this support?

(More space available on page 6 if required)

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**What is (are) the target group(s) for your activity?** *Check all that apply.*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Entire Community | <input type="checkbox"/> Parents            | <input type="checkbox"/> Persons with disabilities           |
| <input type="checkbox"/> Youth (12-18)    | <input type="checkbox"/> Adults             | <input type="checkbox"/> Indigenous peoples                  |
| <input type="checkbox"/> Children (0-11)  | <input type="checkbox"/> Women/Girls        | <input type="checkbox"/> Persons of low socioeconomic status |
| <input type="checkbox"/> Families         | <input type="checkbox"/> Men/Boys           | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Seniors          | <input type="checkbox"/> 2SLGBTQIA+ persons |  |

**What category does your proposed project fall into?** *Check all that apply.*

- ☐ Sports (club or team) / Recreation / Fitness / Physical literacy
- ☐ Church / Faith-based group
- ☐ Music, Art, Drama, Dance, or Culture
- ☐ Volunteering
- ☐ Youth leadership
- ☐ Club / Service group (girl guides, 4h, cadets, etc.)
- ☐ Other (please describe): \_\_\_\_\_  
(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.*

- ☐ Increasing the availability, accessibility and diversity of leisure-time activities for youth
- ☐ Strengthening youths' sense of belonging and meaningful connection to community

**Project description:**

*Briefly describe your project. Please include your projects main goals, expected impact on your community, and how you'll make it happen. (More space available on page 6 if required)*

- **Main goal(s):** \_\_\_\_\_  
\_\_\_\_\_
- **Expected impact(s):** \_\_\_\_\_  
\_\_\_\_\_
- **How you'll make it happen:** \_\_\_\_\_

### 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 6 if required)

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### Please tell us how your project has been informed or led 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 6 if required)

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### How many youth will your project reach?

Tell us how many youth you expect will join or participate.

- ☐ None
- ☐ 1-5
- ☐ 6-10
- ☐ 11-20
- ☐ 21-50
- ☐ 51-99
- ☐ 100 or more

**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 6 if required)

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## Section 3: Funding Amount

Applicants may request funding up to \$3000.

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

Please note that we will aim to support as many initiatives as possible at the full requested amount, but may provide funding for a partial amount based on other applications received.

### 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 6 if required)

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If approved for a grant, who will receive the payment? *Note: Grants cannot be given to an individual; they must go to an organization.*

Organization Name: \_\_\_\_\_

Street address and/or box #: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

## Section 4: Evaluation

Describe how you will measure the impact of your initiative. Check all that apply.

Please note that fund recipients **are required to report engagement/attendance**. The other suggested indicators listed are optional for fund recipients to track and report.

Indicator of Impact	Will you measure this indicator?	Describe how you will measure (check all that apply)
Participant engagement/attendance	<b>Yes (Required)</b>	<input type="checkbox"/> Sign-in sheet or other attendance tracking document <input type="checkbox"/> Observation/headcount <input type="checkbox"/> Other (please specify): _____
Sustained attendance (i.e., number of repeat vs. unique participants)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sign-in sheet or other attendance tracking document <input type="checkbox"/> Observation/headcount <input type="checkbox"/> Other (please specify): _____
Demographic diversity of participants (e.g., gender, race, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Survey or interview <input type="checkbox"/> Observation <input type="checkbox"/> Other (please specify): _____
Participant and/or community satisfaction	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Survey or interview <input type="checkbox"/> Observation <input type="checkbox"/> Other (please specify): _____
Social media engagement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Number of views, likes, shares, comments, or mentions on social media platforms. <input type="checkbox"/> Others (please specify): _____

Changes in school climate or youth program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> School or program attendance <input type="checkbox"/> Observation of changes in youth behaviour or attitude. <input type="checkbox"/> Other (please specify): <hr/>
Skill development	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Completion of task <input type="checkbox"/> Observation of new or improved skills <input type="checkbox"/> Other (please specify): <hr/>
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Please describe: <hr/>

(More space available on page 6 if required)

## Section 5: Terms of Funding

**Please read and check the boxes if you agree to the following terms:**

- ☐ If successful in receiving funding, I agree to acknowledge Planet Youth Timiskaming's financial contribution to our initiative in promotional materials.
- ☐ I understand that funds awarded must be spent by **March 31, 2026**. If for any reason we think we may be unable to spend the funds in time, I will let Planet Youth Timiskaming know as soon as possible, so that the funds can be returned and reallocated.
- ☐ If successful in receiving funding, we agree to keep our receipts for 6 years, or submit them to Planet Youth Timiskaming for storage

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 **January 5, 2026** to [Erika.Aelterman@neph.ca](mailto:Erika.Aelterman@neph.ca)

**Name:** \_\_\_\_\_

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

*Use this space for additional information.*