TREVOR COBURN MEMORIAL GRANT APPLICATION

GRANTS UP TO \$500 FOR YOUTH-LED PROJECTS ADDRESSING:

- PEER MENTORSHIP
- YOUTH HOMELESSNESS
- YOUTH SUBSTANCE USE
- CHALLENGES IMPACTING YOUTH IN & FROM CARE





HAVE AN IDEA? TELL US ABOUT IT!

McCREARY CENTRE SOCIETY

McCreary is a BC charity committed to improving the health of BC youth through research, evaluation, and youth-led projects.

TREVOR COBURN MEMORIAL GRANTS

This granting program was developed in memory of Trevor Coburn who passed away suddenly in August 2020. Trevor was a long-standing member of the McCreary family who was committed to improving youth health in our province. He was valued as a participant and later as a peer mentor of McCreary's Youth Advisory and Action Council (YAC), an adult support at our Breaking Barriers and Building Bridges (B4) by-youth-for-youth health conference, and as a researcher and facilitator on projects related to homelessness and substance use.

This grant program will provide up to \$500 towards youth-led projects addressing one or more of the areas of youth health that Trevor was passionate about (peer mentorship, youth homelessness, youth substance use, or any issue impacting youth in and from care).

TO APPLY FOR THIS GRANT:

Your project should:

- Address at least one of the following topics: peer mentorship, youth homelessness, youth substance use, or an issue impacting youth in and from care.
- Be led by a young person between the age of 12 and 29.
- Be supported by an organizational representative (e.g. a supervisor, youth transition worker, support worker, social worker, counsellor, teacher, adult mentor, etc.).
 This representative must agree to receive the grant cheque at their organization's address, and to provide support to the project as needed.

STEP 1:

Tell us about your project by filling out an application form.

STEP 2:

Turn in your completed application form one of three ways:

- Email application to: mccreary@mcs.bc.ca
- 2 Print and mail application to:

McCreary Centre Society ATTN: Trevor Coburn Memorial Grant 3552 East Hastings Street Vancouver, BC V5K 2A7

3 Complete and submit an application via Simple Survey: https://form.simplesurvey.com/f/l/TrevorCoburn Grant

STEP 3:

We will contact you with any questions we have and let you know if your application has been successful within 4 weeks of receiving it.

If you have any questions about your project idea, the application process, or would like help preparing your grant application, email mccreary@mcs.bc.ca or call 604-291-1996 (extension 236).

ADDITIONAL INFORMATION:

- Applicants can receive one grant in a 12-month period.
- Applicants will be required to share the results of their projects by submitting a short report, receipts for project expenses, and photos and/or videos. A template for the report will be provided.

APPLICATION FORM

PART 1: GENERAL INFORMATION

1 YOUTH PROJECT LEADER INFORMATION AGE NAME (first and last) TELEPHONE **EMAIL** ORGANIZATION SUPPORT INFORMATION NAME (first and last) RELATIONSHIP TO YOUTH PROJECT LEADER **ROLE ON THE PROJECT** ORGANIZATION (e.g. school, agency, etc.) MAILING ADDRESS (address must be of an organization, residential addresses will not be accepted): CITY **STREET** OR PO BOX **PROVINCE POSTAL CODE TELEPHONE EMAIL 3** PROJECT TITLE **PROJECT AREA OF FOCUS** (mark all that apply) \square Peer mentorship \square Youth homelessness \square Youth substance use ☐ An issue impacting youth in and from care

PART 2: PROJECT INFORMATION

TELL US ABOUT YOUR PROJECT. Please include how it addresses peer mentorship, youth homelessness, youth substance use, and/or an issue impacting youth in and from care.			
2 ROUGHLY HOW MANY YOUTH WILL BENEFIT FROM YOUR PROJECT?			
B WHERE WILL YOUR PROJECT TAKE PLACE?			
4 HOW WILL YOU LET YOUTH KNOW ABOUT YOUR PROJECT?			
5 HOW WILL YOU KNOW YOUR PROJECT HAS BEEN A SUCCESS? For example, you may hand out feedback forms, count how many youth benefited from your project, or provide quotes from youth project participants, etc.			

PART 3: PROJECT BUDGET & TIMELINE

PROJECT BUDGET Provide a budget, outlining the amount of money you are requesting from the Trevor Coburn Memorial Grant (max \$500) and how it will be spent. Please note we will request copies of receipts for project expenses.

EXPENSES & DESC	CRIPTION	TOTAL COST (\$)	REQUESTED AMOUNT (\$)
TOTAL (¢)			
TOTAL (\$)	:		
EXAMPLES OF ELIGIBLE EXPENSES: - Equipment/venue rental - Food for participants - Project supplies (e.g. markers, flip charts, display boards, etc.) - Honoraria up to \$150 (e.g. Speakers, instructors, etc.)	EXAMPLE OF INELIGIBLE EXPENSES: - Expenses benefiting an individual - Trips/activities that take place outside of the project - Overhead costs (e.g. electricity or gas bill, phone or internet bill, rent, etc.) - Any expenses that happened BEFORE the grant was approved - Costs related to wages or salaries		

PROJECT TIMELINE Provide a timeline including details of what you will do in your project, when you will do it and when you plan to complete your project.

DESCRIPTION OF ACTIVITY/TASK	STARTING DATE	COMPLETION DATE
ANTICIDATED DO LECT COMPLETION DATE		
ANTICIPATED PROJECT COMPLETION DATE:		
Think of your timeline as a TO DO list by outlining the tasks you will need to carry out to successfully complete your project.		

PART 4: GUIDELINES CHECKLIST & AGREEMENT

0		ELINES CHECKLIST. Review the list below and check the boxes to ensure that your project is in line with the Coburn Memorial Grant guidelines.
		My project addresses at least one of the following topics: peer mentorship, youth nomelessness, youth substance use, or an issue impacting youth in and from care.
		My project is youth-led (youth between 12 to 29 years old).
		My project is supported by an organization representative.
2		EMENT. Please check the boxes below and sign to indicate you and your organization support have read and to them.
		All of the information I provided in this Trevor Coburn Memorial Grant application is correct.
		Once the project is completed, I understand that I will be required to provide a short report, receipts or project expenses, and photos and/or videos of my project.
		give permission for details of my project to be displayed by McCreary Centre Society on their vebsite or in other print/electronic forms.
	Youth	Project Leader's Name (first and last):
	Date:	Signature:
	Organ	ization Support's Name (first and last):
	Date:	Signature:

THANK YOU!

WE LOOK FORWARD TO READING YOUR APPLICATION