

**2016/2017 Bright Futures Fund  
Proposal for Project Funding**

## Bright Futures Funding Proposal 2016/17

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### 1. ORGANIZATIONAL INFORMATION

#### a) Applicant Organization

Complete legal name of organization		
Mailing address of organization		Postal Code
Street address of organization (if different from mailing address)		Postal Code
Contact Person	Email	Phone
Financial Contact Person (if different from above)	Email	Phone
Name of person submitting application	Email	Phone
Signature		Date

#### b) Partner Organizations

Complete legal name of partner organization		
Mailing address of organization		Postal Code
Contact Person	Email	Phone
Complete legal name of additional partner organization (if applicable)		
Mailing address of organization		Postal Code
Contact Person	Email	Phone

<b>c) Organizational Structure</b>	
The applicant organization is a (choose one): <input type="checkbox"/> Non-profit organization <input type="checkbox"/> School, grades: <input type="checkbox"/> School division <input type="checkbox"/> Post-secondary institution <input type="checkbox"/> Other (explain):	The major partner organization is a (choose one): <input type="checkbox"/> Non-profit organization <input type="checkbox"/> School, grades: <input type="checkbox"/> School division <input type="checkbox"/> Post-secondary institution <input type="checkbox"/> Other (explain):
<b>d) History and Governance of the Non-Profit Organization</b>	
In what year did the non-profit organization form?	Does the organization have a public board or an advisory board with community representatives? <input type="checkbox"/> No <input type="checkbox"/> Yes, it meets once every:
Is the non-profit partner incorporated? <input type="checkbox"/> No <input type="checkbox"/> Yes, federal no:                      or provincial no:	

<b>2. PROGRAM INFORMATION</b>
<b>a) Program Details</b>
Please summarize the program for which you are requesting funding. Ensure to highlight social, academic, and financial supports that will be provided.
Please describe the participants who would be engaged in this program:  Ages/Grades:  Number of Participants: (if program is cohort based please identify the number of participants per cohort and the total number of participants)  Location/Community:  Demographics (specifically, please indicate if programs have been tailored for any of the following groups: Aboriginal participants, new Canadians, disabled participants, male or female participants, and rural or northern participants):
If the program is expanding (new locations, new cohorts, new project components, etc.), please indicate the identified areas of growth and explain the need for those changes.
If aspects of the program are changing from the previous year, please indicate the changes, the rational for the changes, and how these changes will be evaluated to ensure program integrity.

### 3. ACCOUNTABILITY

Describe how you intend to track the following program performance measures:

Over the short term (i.e. program year):

Academic

Engagement:

Motivation:

Growth:

Future orientation:

Social

Growth:

Over the long term:

High school graduation:

Post-secondary enrolment/completion:

Please describe other indicators you are tracking that may not be included above.

Describe how you intend to track financial accountability:

### 4. PROGRAM BUDGET

#### a) Projected Partnerships

List the agencies, institutions, or organizations with whom you have or will develop partnerships and/or funding relationships. Please indicate the nature of the partnerships – financially-based, service-based, etc., and the specific commitment – in kind or financial – that is expected from these organizations (this should only reflect funding and in kind support that is specific to the program outlined in this application).

#### b) Projected Staffing

List the additional staff you will expect to need for the proposed program/expansion.

#### c) Projected Budget

Financial information must be included with your funding application. Bright Futures requires the submission of a total project budget and projected cash flow as well as a projected cash flow that reflects only the anticipated expenditure of Bright Futures dollars. If approved, your budget and cash flow will become a part of the agreement for funding.

All projections should be based on your program year, and must be as specific as possible. Please keep details of how you arrived at your calculations so you can provide additional

information if required.

A template for these cash flow projections is included with this application package. Please feel free to edit the cash flow line items to better reflect your program needs.

**d) Budget Summary**

Total program cost: \$

Total Bright Futures funding request: \$

**e) Future Plans**

If you expect to apply for Bright Futures funding in subsequent years – whether to sustain the programming outlined in this application, or if you expect to apply for funding to support further expansion, please describe your tentative plans for the next three years:

Including funding that will be required to sustain the programming described in this application, please indicate the estimated funding requests that you plan to make in:

2016/17: \$

2017/18: \$

*Please note that although this information is requested, the approval of funding to support the program outlined in this application does not indicate approval or approval in principle for funding in subsequent years. All programs funded through the Bright Futures program are required to apply for funding on an annual basis.*

Thank you for your application. You will receive confirmation that it has been received by the Bright Futures Analyst.