**Worksheet**

**Intergenerational Wellness | Category 1: Family Sharing & Healing**

This worksheet has been provided to help applicants gather the necessary information and support documents in preparation for filling out the online application form. This document is for draft purposes only and cannot be submitted – please transfer the information to the online form when ready. Only online applications will be accepted.

PERSONAL INFORMATION

\*= optional field, all other fields are required

**First Name**

**Middle Name\***

**Last Name**

**Email Address**

**Phone Number**

**Mailing Address**

**Confirmation of Project**

Confirmation that this application is for Category 1: Family Sharing and Healing.

**Do you qualify as an Impacted Japanese Canadian Family?**

Eligible families have a line of descendants from a Japanese Canadian who was directly impacted by the BC Government actions in the 1940s and whose family experience in BC predates April 1, 1949.

Yes or No

If you have checked “no” above, you are not eligible for this grant.

**Did you or a member of your immediate (nuclear) family receive funding during the first intake of the Intergenerational Wellness grant stream?**

Yes or No

If you have checked “yes” above, you are not eligible for this grant.

**Funding Amount Requested**

Funding of up to $5,000 per application. Please note that each Impacted Japanese Canadian nuclear family may only apply for one project. Extended family members cannot enter separate applications for the same project.

**Confirmation of Financial Stewardship**

The applicant will assume the financial responsibility for the grant and must be prepared to provide banking information as needed at the time the grant agreement is signed in order to receive funding.

*If you have not checked the confirmation box, you are not eligible to receive an Intergenerational Wellness grant.*

**FAMILY INFORMATION**

**Family History Description**

For identification purposes, please provide a short description of your family history, including where they were in BC before the war. NOTE: You must include the first and last names of family members. (Maximum 300 words)

**Family Member Involvement**

For this project, please provide the full given names of family members directly involved. Please specify your relationship to each person as the primary applicant.

**PROJECT INFORMATION**

**Project Title**

The name that you wish this project to be referred to for grant management and public recognition purposes.

**Project Description**

Please describe your project, including the activity, the intended outcomes, and how your project will support intergenerational wellness of the family through sharing and healing. If applicable, please describe how the family will participate and interact throughout the project.

(Maximum 300 words)

**Project Management Plan**

Please provide the name(s) and a brief biography of the family member(s) leading the project. In your description, please describe each family member’s role in the project.

(Maximum 300 words)

**Project Timeline**

Please specify your project timelines from start to completion. Please provide a start and end date to your project.

(Maximum 300 words)

**Description of Project Budget Expenses**

In point form, provide a description of your budget items. Examples of expenses include: purchases, rentals, labour/fees for people involved in the project, travel expenses, and administrative costs. *If your project has a travel component, please also specify the names of all travelers, travel locations, dates, mode of travel, and the reason for travel.* (Maximum 300 words)

**BUDGET**

**Project Budget**

Please enter a balanced budget showing projected sources of funding and expenses. Your budget should include a detailed breakdown/rationale for all expenses, in particular those that comprise 10% or more of the budget. If project costs exceed the maximum possible grant, please also specify all confirmed additional funding sources in your budget submission. It is critical that your budget aligns with the amount of funding requested.

**BUDGET TEMPLATE**

Please note, applicants are required to use the budget form that is built into the application. All fields must be filled out in order to move forward through the application. All Yes/No fields must be checked.

*It is highly recommended that the budget template below be used to work out the budget before beginning the online application process.* The amount needed for the project, including the amount requested and any extra costs, must align with your overall budget. The total of all budget items MUST match the total of the grant amount requested. For example: If your requested grant amount is $4,500, all of the expenses noted in your budget must add up to the same amount or the application cannot move forward.

**Total amount requested from Community Fund**

Please enter a number less than or equal to $5000.

**Does your budget exceed the grant available?**

If yes, by how much?

**What is your total budget?**

In order to qualify for funding, you will be required below to provide an itemized list of confirmed sources of funding to make up the difference of the amount you are requesting from the Community Fund and the total budget of your project.

**Confirmed Source of Income**

Please identify each source. If you or your family is prepared to cover the amount, please type “Personal Source” under “Confirmed Source of Income”. Click + to add another line.

**Sample:**

Amount requested from JCLS: $5,000

Total budget of the project: $7,000

Source of funding for the extra $2,000: Personal Source

For each section of the budget, you must determine if you have expenses within that particular section. For instance, if you require no Purchases, click NO and move onto the next section. If you *do* need to purchases, click YES and fill out the fields within the section, We have provided sample expenses within each section as a guide. If you have expenses that are not provided in the list, there is a place to list those items.

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**Purchases**

Specify equipment, quantity, itemized cost, and the rationale for purchase. Please see the guidelines related to Capital Purchases and Equipment Purchases when filling out these fields.

**Do you have Purchases?**

(E.g, Materials and tools, equipment, software, etc.)

 Yes / No

If Yes:

**Materials and Equipment**

NOTE: per the guidelines, equipment purchases are capped at 50% of the total budget. Combined computer equipment purchases (laptops, scanners, desktops computer, monitors, etc) are capped at 20% of the total budget.

**• Software and Subscriptions**

**• Printing Costs**

**• Other Expense** (Purchases)

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**Rentals**

Specify equipment, rental rates, and rationale for rental.

**Do you have Rental fees?**

(E.g., Venue, facility, audio visual, etc.)

Yes / No

If Yes:

**• Venue Rental**

Including insurance, tables, chairs, etc.

**• Audio Visual Equipment**

Audio visual equipment could include projectors, video camera or lighting equipment rentals etc.

**• Other Equipment**

**• Other Expense** (Rentals)

Please identify each expense. One expense per line. Click + to add another line.

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**Labour**

Specify hourly rates, hours of work, purpose, etc. Obtain more than one service quote, where possible.

**Do you have Labour fees?**

(E.g., Professional fees, facilitator fees, honoraria, etc.)

Yes / No

If Yes:

**• Professional Fees**

Fees for counselling, etc

**• Facilitator/Moderator Fees**

**• Honoraria**

Honoraria can include payment to the family member(s) or other people involved in aspects of the project other than management. See Administrative fees.

**• Research**

**• Fees for Institutions and Researchers.**

**• Digitization & Archiving**

**• Language Translation Services**

**• Printing & Publishing Services**

**• Other Expense** (Rentals)

Please identify each expense. One expense per line. Click + to add another line.

**Travel Expenses**

Please specify the number of travelers, travel destinations, costs per traveler, number of days, etc.

**Do you have Travel Expenses?**

(E.g., Air travel, ferry travel, car rentals, etc.)

Yes / No

If Yes:

**• Air Travel**

**• Ferry Travel**

**• Accommodations**

**• Car Rentals**

**• Fuel/Mileage**

**• Parking**

**• Taxis**

• **Public Transportation**

**• Catering** (Alcohol is not permitted)

**• Per Diems**

**• Other Expense** (Travel Expenses)

Please identify each expense. One expense per line. Click + to add another line.

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**Administrative Costs**

Administrative costs must not exceed 20% of the grant total.

Do you have Administrative Costs?(Required)

Fee for administering the project, including family member(s)

Yes / No

If yes:

**Fees**

**Couriers/Shipping Costs**

**Printing Costs**

**Other Expense** (Administrative Costs)

Please identify each expense. One expense per line. Click + to add another line.

**Attestation of Application**

[Mandatory Checkbox] By completing this application form I declare that the information above is truthful and accurate to the best of my knowledge and belief. *Yes*