**Worksheet**

**Intergenerational Wellness | Category 2: Seniors Intergenerational Group Wellness**

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.

\*= optional field, all other fields are required

**ORGANIZATION/GROUP INFORMATION**

First Name

Middle Name\*

Last Name

Email Address

Phone Number

Organization or Group Name

Organization or Group Mailing Address

Type Of Organization or Group

• JC Organization or Group

• Non-JC Organization

Organization Status

• Incorporated Organization (Please provide your Business Registration Number)

• Unincorporated Group

Japanese Canadian Organizations, Non-Japanese Canadian Organizations and Unincorporated Japanese Canadian Groups can apply. The applicant must demonstrate that they have relevant experience providing wellness programs, activities, or services for seniors. The applicant must demonstrate that they have relevant experience and qualified personnel identified to manage the project they are proposing. The application should relate to the core value of intergenerational wellness and healing from intergenerational trauma.

**Confirmation of Project**

Confirmation that this application is for Intergenerational Wellness Category 2: Seniors Intergenerational Group Wellness

**Description of Organization or Group**

Description of the organization or group, including its mission statement, a brief history of the organization or group, and current activities. Please highlight services provided to the Japanese Canadian community and seniors.

(Approximately 300 words.)

**Organization or Group's Membership Totals**

If applicable, description of the organization or group’s membership totals, including the breakdown of Japanese Canadians and seniors, and an estimate of the number of Survivors and Descendants of families who lived in BC prior to April 1, 1949.

(Maximum 300 words)

**Description of Relevant Experience**

Description of relevant experience providing wellness programs, activities, or services for seniors.

(Maximum 300 words)

**Funding Amount Requested**

Funding of up to $10,000 per application. Funding of up to $10,000 per application. Each group or organization may apply for only one project.

**Confirmation of Financial Stewardship** (for unincorporated groups only)

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.

**PROJECT INFORMATION**

**Project Title**

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

**Description of the Project**

Please describe your project, including the activity, the intended outcomes, expected attendance, and how your project will support the wellness of Japanese Canadian seniors and Survivors. Describe how the audience will engage, participate, and interact throughout the project.

(Maximum 300 words)

**Course/Workshop Description** (If applicable)

If your project has a course/workshop component, please also provide titles, detailed descriptions for the courses/workshops, and the names of persons identified to lead them (if known). (Optional Maximum 300 words)

**Project Management Plan**

Please provide the names of key personnel and their role(s) in the project. Provide a brief description of the expertise/experience they bring to 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**

Please outline what resources are required to complete your project and provide a short rationale for each. Please also ensure all resources match what you’ve captured in your budget. Examples of resources include: purchases, rentals, labour, travel expenses, administrative costs, and contingency amounts (for unanticipated expenses).  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)

**Supplementary File Uploads**

If needed, upload supplementary files including CVs, letters and other documents.

**BUDGET & FINANCIALS**

**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 $10000.

**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. Click + to add another line.

**Sample:**

Amount requested from JCLS: $10000

Total budget of the project: $12000

Source of funding for the extra $2000: 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.

**\*\*\***

**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.

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**Contingency**

Please refer to the FAQs for an explanation of Contingency budget. Please explain any amounts exceeding 10% of the budget total.

**Do you have a Contingency budget?**

Yes / No

List the amount and the description

**Financial Statements**\*

The most recent financial statements from the last two years.

\*For incorporated organizations only

**Certificate of Incorporation**\*

Copy of the Organization's Certificate of Incorporation.

\*For incorporated organizations only

**Letter Of Endorsement**

If applicable, a letter of endorsement from an organization.

\*For unincorporated groups only

**Attestation of Application**

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