



GRANT APPLICATION – 2006

MB4Youth Division
 310 - 800 Portage Avenue, Winnipeg MB R3G 0N4
 Phone: 1-800-282-8069 (Ext. 0901)
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[Ce document est aussi offert en français]

DEADLINE DATES

- Complete and mail or fax to above address/ fax number (if faxing, do not send originals in the mail).
- **Maximum one application per organization for each employment period (May 8 to August 25 and June 19 to August 25).**
- The primary contact person listed on this application form will be notified by phone of the receipt of their grant application in our office and will be given a confirmation number. Please allow 2-3 days to receive a confirmation phone call and keep your fax confirmation as your initial receipt that your application was sent in by the deadline date. **If you have not received a phone call by the deadline date, please call to confirm that we have received your application. Late applications will not be accepted.**
- **For positions starting on May 8, applications must be received by February 17, 2006.**
- **For positions starting on June 19, applications must be received by March 31, 2006.**

APPLICANT INFORMATION

⇒ Name of Organization: _____

⇒ Mailing Address of Organization: _____

⇒ City/ Town: _____ Postal Code: _____

⇒ Are you a non-profit organization or municipal/ civic government? Yes No

⇒ Revenue Canada Employer Registration #: _____

If the Workers' Compensation Board has determined that it is not mandatory for your organization to have Workers' Compensation coverage for Green Team employees, private liability insurance is required. If your organization is only applying for Workers' Compensation if you are approved for funding, check off the box below. Final approval of employees will not be granted until coverage has been established by program staff.

⇒ Workers' Compensation # or Private Liability Insurance #: _____

⇒ Our organization will be applying for Workers' Compensation coverage once approved for funding.

FOR OFFICE USE ONLY:

BIZ	<input type="checkbox"/>	COMMUNITY CENTRE	<input type="checkbox"/>	LUD	<input type="checkbox"/>	SPECIAL NEEDS GROUP	<input type="checkbox"/>
CONSERVATION DIST	<input type="checkbox"/>	COMMUNITY GROUP	<input type="checkbox"/>	MUSEUM/ ZOO	<input type="checkbox"/>	SPORTS ASSOC	<input type="checkbox"/>
CEMETERY	<input type="checkbox"/>	ENVIRONMENTAL GROUP	<input type="checkbox"/>	NORTHERN AFFAIRS CC	<input type="checkbox"/>	TOWN	<input type="checkbox"/>
CHAMBER OF COMM	<input type="checkbox"/>	HOUSING REHAB GROUP	<input type="checkbox"/>	RM	<input type="checkbox"/>	VILLAGE	<input type="checkbox"/>
CITY	<input type="checkbox"/>	LGD	<input type="checkbox"/>	SPECIAL EVENTS GROUP	<input type="checkbox"/>	OTHER	<input type="checkbox"/>

PROJECT DESCRIPTION

⇒ Which employment period are you applying for? May 8 to August 25 June 19 to August 25

⇒ List all project sites (address/ location). **If municipal/ civic government, list specific areas (i.e. cemetery, municipal building grounds, town park, etc.)**

⇒ Give a short description of the project (i.e. sports camp project, grounds maintenance project, etc.). A detailed description of each position is required on the next page.

ADDITIONAL INFORMATION

All information must be completed for each section that is applicable to your project. Information must be as accurate as possible and only detailing areas specific to the proposed project.

⇒ Youth activity projects (camps/ drop-ins):	Approximate # youth attending per day:	
	Cost for youth per day: (write N/A if not charging any fees)	
	Breakdown of costs if charging a fee:	
	What date will camp/ drop-in be operational?	
	What will be the regular hours of operation? (days of week and hours)	
⇒ Tourism projects (including museums):	Approximate # visitors attending per day:	
	What will be the regular hours of operation? (days of week and hours)	

Organizations that are approved for youth activity projects and charge a fee must post a statement in their program materials and in a visible area at the project locations that indicates a reduced fee is available for youth who are unable to afford the stated charge. If the organization chooses to bring the youth to a pool as an activity, a lifeguard must be present at all times (excluding any Green Team employees).

POSITION DESCRIPTION

⇒ How many positions are you applying for? (**maximum 4**) _____

⇒ Give a **detailed description of the job tasks** for each position you are applying for. Include the estimated % each task will take in the overall position (**the % for each task must equal 100% for each position**).

Position #	Job Tasks	% of Job
1	•	
	•	
	•	
	•	
	•	
	•	
2	•	
	•	
	•	
	•	
	•	
	•	
3	•	
	•	
	•	
	•	
	•	
	•	
4	•	
	•	
	•	
	•	
	•	
	•	

⇒ What will the youth do during rainy weather? **Please give details.**

⇒ How much time and when will your organization **directly** supervise the youth **every day**? **Please give details.**

In addition to direct supervision, employees must also have access to some form of communication (i.e. cell phone, two-way radio) if working in remote areas.

SKILLS DEVELOPMENT

⇒ What training (if any) will the youth receive during their employment with this project? Check off all that apply.

- | | | |
|------------------------------------|--|--|
| First Aid <input type="checkbox"/> | Computer Software <input type="checkbox"/> | |
| CPR <input type="checkbox"/> | Machinery Equipment <input type="checkbox"/> | |
| WHMIS <input type="checkbox"/> | Other (please specify): _____ | |

⇒ What soft skills (if any) will the youth be developing during their employment with this project and how will your organization develop this skills with them? Examples of soft skills include: reliability on the job, listening skills, etc. **Only list the skills your organization will be specifically targeting and developing with the youth.**

Soft skills	How will they be developed?

PROGRAM PRIORITIES

Organizations specifically hiring youth in the following categories must already have a qualified youth in mind they want to hire. If checked off any of the categories listed below because of this reason, program staff will follow-up with your organization to complete an employee profile.

⇒ If your project is specifically hiring or working with youth in any of the categories listed below, check off all that apply and give details.

Youth Category	Details
Aboriginal youth. <input type="checkbox"/>	
Youth with a disability. <input type="checkbox"/>	
Youth having dropped out of high school. <input type="checkbox"/>	
Youth living on the street. <input type="checkbox"/>	
Youth transitioning out of the justice system. <input type="checkbox"/>	

⇒ Does your project fit into any of the program priorities listed below? If yes, check off all that apply and give details. **See the Program Information included with this grant application for details on the criteria for these areas.**

Top Program Priorities	Details
Building Construction <input type="checkbox"/>	
Public Health Education <input type="checkbox"/>	

FOR OFFICE USE ONLY:

CENTRAL <input type="checkbox"/>	CAMP <input type="checkbox"/>	NEIGHBOURHOOD CLEAN-UP <input type="checkbox"/>
EASTERN <input type="checkbox"/>	DROP-IN CENTRE <input type="checkbox"/>	PUBLIC EDUCATION <input type="checkbox"/>
INTERLAKE <input type="checkbox"/>	ENVIRONMENTAL REV <input type="checkbox"/>	RECYCLING <input type="checkbox"/>
NORTHERN <input type="checkbox"/>	EVENT MAINTENANCE <input type="checkbox"/>	STREET/ROAD ENHANCEMENT <input type="checkbox"/>
PARKLANDS <input type="checkbox"/>	GARDENING <input type="checkbox"/>	TOURISM <input type="checkbox"/>
WESTERN <input type="checkbox"/>	GRAFFITI REMOVAL <input type="checkbox"/>	TRAIL ENHANCEMENT <input type="checkbox"/>
	GROUNDWORK <input type="checkbox"/>	OTHER <input type="checkbox"/>
	HOUSING REHAB <input type="checkbox"/>	

PROJECT COSTS

⇒ Complete the following table for the number of positions you are applying for. **Use the minimum/ maximum information below to help you complete the table.**

- Organizations must offer each employee a **minimum of 25 hours per week** and a **minimum of 6 weeks** of employment. The program will not reimburse for hours worked over 40 hours per week or 8 hours per day.
- **Maximum 560 hours for positions starting May 8 and 320 hours for positions starting June 19.**
- **Maximum wage per hour that is reimbursed is half of \$7.60/hour. Organizations must pay at least the Manitoba minimum wage (\$7.60/hour as of April 1, 2006).**

Position #	Position Title (i.e. Youth Activities Worker, Grounds Maintenance Worker, etc.) Complete one line for each position you are applying for.	Proposed Hours per Week	Proposed # of Weeks	Total Hours (hours per week times # of weeks)	Actual Start Date of Position
1					
2					
3					
4					

⇒ If applicable, estimate the amount for project costs (i.e. criminal records check, safety clothing, paint, equipment, etc. - **maximum \$500**): _____

⇒ Breakdown of project costs estimated above:

OTHER SUPPORT

⇒ Have you applied to any other provincial, federal or municipal government program to fund **these specific position(s)**? Yes No

Hometown Green Team funding cannot be used in conjunction with other provincial, federal or municipal government program funding. If checked off yes to above question, program staff will follow-up with your organization once Hometown Green Team funding has been finalized to verify if you have received funding from the other program(s).

⇒ If applicable, list any other organization(s) that are assisting you to complete this project and what their role will be (i.e. payroll, additional work for employees, etc.).

FOR OFFICE USE ONLY:					
Calculation for each position	Position #1	Position #2	Position #3	Position #4	Total cost for all positions
<i>Total hours listed in above table X</i>					
<i>Reimbursement for wages (\$7.60/hour) X</i>					
<i>4% vacation pay</i>					

CONTACT INFORMATION

All information will be sent to the primary contact person listed below. The primary contact person is responsible for distributing information to the alternate contact person and project supervisor so they are aware of program criteria. Please provide additional phone numbers if different during summer months. If organizations do not return phone calls in a timely fashion to inquiries from program staff, funding to the organization may be affected in the following year. Organizations must ensure that program staff have the means to leave messages if they are not available.

⇒ Primary Contact Person:	Name:		
	Phone #(s) - days :		
	Cell #:	Fax #:	
	E-mail:		
⇒ Alternate Contact Person:	Name:		
	Phone #(s) - days :		
⇒ Project Supervisor:	Name:		
	Phone #(s) - days :		
	Cell #:		
	E-mail:		

CERTIFICATION

1. I, (*print name of person authorized to sign this contract*) _____, hereby declare that I am the applicant, or the authorized representative of the applicant, named in the Applicant Information Section of this application.
2. I have completed all applicable information under the Project Description Section for which I am requesting program assistance. I understand that this and any subsequent information submitted by me and approved under the Hometown Green Team program comprise part of this application.
3. I understand that the officials responsible for the Hometown Green Team program have the authority to assess each application on its individual merits and will exercise their absolute discretion in determining the amount (if any) of grant funding approved for each project.
4. I understand that upon approval of this application, the legal entity or the individual, as the case may be, named in the Applicant Information Section undertakes to comply with all terms and conditions as set out on all Hometown Green Team's Program Information and Grant Application forms as well as all other program documents.
5. I understand that upon approval of this application, the officials responsible for the Hometown Green Team program have the authority to monitor each project site without prior notice to the applicant.
6. I understand that if the applicant named in the Applicant Information Section fails to meet any or all of the conditions as set in the application and supporting materials, the applicant shall, upon request by the Government of Manitoba, be required to repay all funds paid to the applicant.

Name of Authorized **Person** in Organization (please print): _____

Title: _____

Signature: _____ Date: _____