

**CHILD AND YOUTH INITIATIVES FUND  
PROJECTS FOR CHILDREN AND YOUTH**

**2023 DEADLINE: 11:59 PM on September 24, 2023**

**GRANT APPLICATION FORM**

**APPLICANT INFORMATION:**

<b>Organization Name:</b>		
<b>Project Contact Person:</b>		<b>Position:</b>
<b>Address:</b>		
<b>City:</b>		
<b>Postal Code:</b>		
<b>Telephone:</b>		
<b>Cell:</b>		
<b>E-Mail:</b>		
1. Type of grant requested (check <b>one</b> only): <b>Agency Initiated Project</b> <input type="checkbox"/> <b>Individual (Youth) Initiated Project</b> <input type="checkbox"/>		
1 a. If Youth Initiated, name of youth:		
2. Is project New or Existing? (check <b>one</b> only): <b>New</b> <input type="checkbox"/> <b>Existing</b> <input type="checkbox"/>		
3. Amount of grant requested: \$ (Maximum limits: \$3,000 for Agency Initiated, \$500 for Youth Initiated.)		
4. <b>NAME OF PROJECT:</b>		
5. Describe in detail the proposed project, the intended use for the grant and provide a budget: (Please attach this information if space is not adequate.)		

6. Describe the sources and amount of matching funding and any in-kind services to be provided. If these cannot be confirmed at the time of application, please indicate what other sources of funding will be explored. Confirmation will have to be provided before completion of the project.
1.
2.
3.
7. Where will the project be offered?
8. How many <b>City of North Vancouver</b> children or youth are expected to participate?
9. What is the expected age range of participants?
10. What is the expected duration of the project?
11. Please list and describe the roles of any organizations or individuals which will be involved in planning or delivering the proposed project in cooperation with the applicant, e.g. consultants, co-sponsoring agencies, resource people etc.

12. Please describe the need for the proposed project.

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13. Please list previous funding from this grant:

Amount:	Year:	Name of Project:
Amount:	Year:	Name of Project:
Amount:	Year:	Name of Project:
Amount:	Year:	Name of Project:
<b>Signature of Project Contact Person:</b>		<b>Date:</b>
<b>Name (Please print or type):</b>		

***Please return completed application to:***

**Julia Spitale, Coordinator - Community Development  
City of North Vancouver, 141 West 14<sup>th</sup> Street, North Vancouver, B.C. V7M 1H9  
Phone: 604.998.3285, Fax: 604.985.9417  
Email: [youth@cnv.org](mailto:youth@cnv.org)**

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Budget Attached:	Yes	No
Did you or your organization receive a C+Y grant last year?	Yes	No
If yes, have you submitted the Accountability Form?	Yes	Attached