

## CANADIAN MILITARY COMMUNITY NATIONAL YOUTH MODEL 2006 APPLICATION FORM

### COMMUNITY INFORMATION

Location: \_\_\_\_\_  
 Name of PSP Contact: \_\_\_\_\_ email: \_\_\_\_\_  
 Name of MFRC Contact: \_\_\_\_\_ email: \_\_\_\_\_  
 Name of Youth Committee Chair: \_\_\_\_\_ email: \_\_\_\_\_  
 # of youth of CF families within community: \_\_\_\_\_  
 Anticipated # of youth to participate in proposed activity: \_\_\_\_\_  
 Of the anticipated participants % of who are youth from CF families: \_\_\_\_\_

### BACKGROUND

Was a Community Youth Needs Assessment (CYNA) completed in 2006?      YES      NO  
*If yes, please attach a summary of the results. If no, was a CYNA completed in 2005 with the results forwarded to National Youth Project Team?*      YES      NO

### PROJECT / INIATIVE

Please describe the project / initiative / resource you wish to apply to have funded (***Please use a different application form for each project you wish to have funded. NO APPENDICIES WILL BE ACCEPTED.***)

Will this project / initiative be a joint MFRC - PSP activity?      YES      NO  
 Will this project / initiative involve community partners?      YES      NO  
 If yes, please list partners \_\_\_\_\_

Are youth involved in the development and implementation of the activity? *Please check all that apply:*  
 Participant       Administrator       Fundraiser  
 Leader       Evaluator       Marketer  
 Content developer       Advisor       Other \_\_\_\_\_

How will you advertise / attract youth to the program / initiative? *Please check all that apply :*  
 Flyers / posters       Word of mouth       Posting packages  
 Bulletin boards       B/W/U media       Web sites  
 Welcome calls/emails       Local schools       Other \_\_\_\_\_

### OUTCOMES

Please describe your outcomes (results) from 2005:  
 \_\_\_\_\_ % return participation      \_\_\_\_\_ % participants rating program / initiative as exceptional  
 \_\_\_\_\_ % first time participants      \_\_\_\_\_ % minimization of "service gap" identified by CYNA  
 Other measures: \_\_\_\_\_

Please describe how the proposed initiative / project advances the strategies of the National Youth Model:  
 \_\_\_\_\_  
 \_\_\_\_\_

### FINANCIAL PLAN

Total anticipated cost of the project / initiative: \$ \_\_\_\_\_ Canadian Dollars (CD)  
 Total amount of funding applying for: \$ \_\_\_\_\_ CD

<i>Project Requirements</i>	<i>Funding Requested</i>	<i>Matching Funds</i> ⇨	<i>Source</i>
program supplies	\$ _____	\$ _____	_____
program management ( <i>max 10% of total funds</i> )	\$ _____	\$ _____	_____
food & beverage	\$ _____	\$ _____	_____
advertising	\$ _____	\$ _____	_____
facility or equipment rental / purchase	\$ _____	\$ _____	_____
other : _____	\$ _____	\$ _____	_____

<i>Youth Staff Funding (to a max of \$10K annually)</i>	<i>Total Amount</i> ⇨	<i>MFRC portion</i> ⇨	<i>PSP portion</i> ⇨
requirement ( <i>please list</i> ): _____	\$ _____	\$ _____	\$ _____
requirement ( <i>please list</i> ): _____	\$ _____	\$ _____	\$ _____
requirement ( <i>please list</i> ): _____	\$ _____	\$ _____	\$ _____

### APPLICATION VERIFICATION

PSP Manager signature	Date	MFRC Executive Director or BoD Chairperson signature	Date	Youth Rep signature	Date
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### APPROVAL

B/W/U Commander (or designate) signature	Date
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