

CANADIAN MILITARY COMMUNITY NATIONAL YOUTH MODEL 2005 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 2005? YES NO
If yes, please attach a summary of the results or send to ogilvie.la@forces.gc.ca.
If no, when do you anticipate conducting the CYNA? _____

PROJECT / INITIATIVE

Please describe the project / initiative / resource you wish to apply to have funded: _____

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? YES NO
If yes, 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?
 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 anticipated outcomes (results) :
 _____ % participant retention rate _____ % 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
 Funding from other sources? YES NO *If yes, please list sources:* _____

<i>Project Requirements</i>	<i>Funding Required</i>	<i>Funding Requested</i>
program supplies	\$ _____	\$ _____
administration	\$ _____	\$ _____
support staffing	\$ _____	\$ _____
food & beverage	\$ _____	\$ _____
advertising	\$ _____	\$ _____
service / equipment / facility rental / purchase	\$ _____	\$ _____
other : _____	\$ _____	\$ _____

APPLICATION VERIFICATION

 PSP Manager signature Date MFRC Exec Dir signature Date Youth Rep signature Date

APPROVAL

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