





APPLICATION FORM 2019-20

STI / RVNQ LEGACY FUND PROPOSAL COVER SHEET

| NAME OF O | RGANISAT | 10N: | | | | | | | |
|--|-------------|------|------------|------------------|------------|------------|-------------------------------|---------|--|
| NAME OF P | ROGRAMN | 1E: | | | | | | | |
| CONTACT PERSON INFORMATION | | | | | | | | | |
| TITLE: | FIRST NAME: | | LAST NAME: | | | JOB TITLE: | | | |
| | | I | | | | | | | |
| EMAIL ADD | RESS: | | | | | | | | |
| TELEPHONE | : | | | EXT: | | | | | |
| | | | | | | | | | |
| ORGANISA | TION'S | | | | | | | | |
| ADDRESS: | | | | | | | | | |
| | | | | | | | | | |
| TYPE OF ORGANISATION: | | | | | NON PROFIT | | | | |
| (e.g. charity (registered/unregistered), company and r | | | | l reg. no.) | | | ORGAN (Y/N) | | |
| CANADA BASED ORGANISATION OR OUTSIDE OF CANA | | | CANADA? | | | | | 1 | |
| APPROVED VESSEL STATUS (Y/N) | | | | | | | | | |
| FINANCIAL AUDIT PROVIDED (Y/N) | | | | | | | | | |
| GRANT AMOUNT | | | TOTALE | BUDGET FO | OR | | | | |
| REQUESTE | | | | PROPOS PROGRA | SED | | | | |
| NUMBER OF INDIVIDUALS SERVED BY | | | THOUH | | | | | | |
| PROPOSED PROGRAMME: | | | | | | | | | |
| HOW MANY CANADADIAN AND NON- CANADIAN PARTICIPANTS? | | | | | | | LEAST 60 NADIANS Y/ | 0% N | |
| AGE RANGE BETWEEN 14 AND 25? (Y/N) | | | | | | | | | |





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| HOW MANY VOYAGES ARE BEING PLANNED? | |
|---|--|
| HOW LONG IS/ARE THE VOYAGE/S GOING TO BE? (DAYS) | |
| WHICH SHIP/S WILL BE INVOLVED? (WEBSITE) | |
| IMPLEMENTATION OF A NEW PROJECT OR EXISTING PROGRAM? | |
| ORGANISATION'S WEBSITE ADDRESS: | |
| GEOGRAPHIC AREA SERVED DURING THE PROGRAMME: | |
| (City/County/State or Province) | |
| MISSION OF ORGANISATION: | |
| | |
| | |

PROPOSAL SUMMARY

Max. 75 words

NARRATIVE





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The narrative information must be presented in the text boxes below. Please respond directly and succinctly to the questions. Any words over the limit for each box will not be saved.

1. Please provide a brief history of your organisation.

Include a description of current and past programs, main purpose of organisation, and how it is currently funded. Describe staff and organisational qualifications that relate to the proposed program.

Max 300 words

2. Describe the proposed program.

Include implementation of program, intake, case management, program services, placement in jobs or continuing education, and follow-up.

Max 300 words

3. Describe the youth that will benefit from the program and their needs and/or issues.

Include any demographic information and the number of youth to be served per program period and indicate if the program targets **specific disadvantaged youth populations** (such as pregnant teens, offenders, youth with mental health issues, etc.). Please include the percentage or number of young people in your program that struggle with financial, social, or physical disadvantages.





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Max. 200 words

4. Based on your description of the **disadvantaged youth population** you intend to serve, please describe your past experience with this group (if available) and your **outreach**, **recruitment and engagement strategies** to ensure your target group can access your program.

Max. 200 words

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5. Program Objectives

List the objective(s) of the program, the action that will be taken to reach this objective, and how this action will be evaluated and assessed. Be specific. The objective(s) needs to be **measurable**; describe the "who" and "how", and be time bound. A minimum of one objective is required; additional objective boxes may be added below if needed.

| OBJECTIVE 1: | |
|--|--|
| ACTION: | |
| EVIDENCE OF SUCCESS (please include KPIs): | |

| OBJECTIVE 2 (OPTIONAL): | |
|----------------------------|--|
| ACTION: | |
| | |
| EVIDENCE OF | |
| SUCCESS (please | |
| include KPIs): | |
| | |









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| PROGRAM OFFERS AN ONGOING EDUCATIONAL EXPERIENCE (INSERT SCALE 1-5) | |
|---|--|
| PROGRAM PROMOTES | |
| RESPONSIBILITY (SCALE 1-5) | |
| PROGRAM PROMOTES LEADERSHIP | |
| (SCALE 1-5) | |
| PROGRAM PROMOTES LIFE SKILLS | |
| (SCALE 1-5) | |
| PROGRAM CONTRIBUTES TO | |
| INTERNATIONAL UNDERSTANDING | |
| AND FRIENDSHIP (SCALE 1-5) | |

6. Does the program include collaboration with other agencies/organisations/partners?

If yes, describe them and their role in the project.

| NAME: | ROLE: |
|-------|-------|
| | |

7. Marketing support for Sail Training

Please list the marketing materials you will be able to provide STI pre, during and post the voyage, with the understanding that STI have the right to publish all such materials. Good examples (but not essential) of this would be:

- photos /videos of the voyage for social media & website use
- regular updates by blog/website
- publishing a newspaper or magazine article on the voyage (mentions of STI included)
- holding a presentation in a school, university or youth organisation on the project (mentions of STI included)
- using another way of informing the public about the project and the use of the Legacy Fund as provided by STI. Suggestions should be sent to STI at least one month before the voyage

The organisation should provide evidence of the material no later than 2 months after the end of the voyage. Materials should be published according to data protection requirements including photo permissions of the persons shown, if photos are published.





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Max. 200 words

FINANCIAL

- 8. Based on your request can you show specifically how STI funding will be utilised (eg. staffing, travel, equipment, training etc)?
- 9. Use the template below to show the cost and proposed income for the program:

TOTAL PROJECT EXPENSE: \$ _____

| INCOME | STI | Other Income: | Totals |
|---|-----|---------------|--------|
| Secured ¹ | | | |
| Proposed ¹ | | | |
| TOTAL INCOME PER FUNDING SOURCE (please add the secured and proposed columns) | | | |
| FUNDING REQUESTED IS MAX. 50% OF TOTAL PROJECT COST (Y/N) | | <u>.</u> | |

¹List all sources of program revenue secured or proposed. Be specific, for example, if total foundation support is from several foundations, please list the names of each foundation here.

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DECLARATION

I declare:

- that I have attached my organisation's latest audited report and accounts,
- that I understand that the grant will be paid in three stages and that the project is viable under this arrangement,
- that any vessel(s) used for the project will conform to the STI Approved Vessels Guidance and attach a signed declaration by the owner(s) to this effect,
- that I am authorised on behalf of the organisation to submit a proposal to STI, that my agency meets all eligibility requirements, and that all information provided in this proposal is true and accurate. A full report on the outcomes of the project will be sent to STI within two months of the project's completion
- that STI has my organisation's permission to use material in this form and other reports submitted on the project for its own promotion, publication, and dissemination of good practice to other sail training operators.

| SIGNED: | |
|-----------|--|
| NAME: | |
| POSITION: | |
| DATE: | |

PRIVACY POLICY

Sail Training International has updated its Privacy policy in line with the new GDPR regulations. The new regulations require us to explain what data we hold about you and how we will use it. To view our updated policy go to www.sailtraininginternational.org/privacy-policy/ By submitting this form you agree to our updated privacy policy. If you have any questions about your data please do not hesitate to get in touch