



### **APPLICATION 2020-21**

### **STI / RVNQ LEGACY FUND PROPOSAL COVER SHEET**

NAME OF O	RGANISAT	ION:					
NAME OF P	ROGRAMM	1E:					
CONTACT P	ERSON INF	ORMATION					
TITLE:	FIRST NAI	ME:	LAST NAME:			JOB TITLE:	
EMAIL ADD	RESS:						
TELEPHONE	<u>:</u>			EXT:			
				1			
ORGANISAT	TON'S						
ADDRESS:							
TYPE OF OR							
(e.g. charity	(registere	d/unregistered), company an	d reg. no.)				
GRANT AMO	GRANT AMOUNT \$CAN EQUESTED:			JDGET FOR ED PROGRAM:	\$CAN		
NUMBER O PROGRAMN		JALS SERVED BY PROPOSED			<b>.</b>		
ORGANISATION'S WEBSITE ADDRESS:							
GEOGRAPHIC AREA SERVED:							
(City/County/State or Province)							
MISSION OF	F ORGANIS	ATION:					





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# PROPOSAL SUMMARY

Max.	75 words		
ARRATI	<u>VE</u>		
	rative information must be questions. Any words over		directly and succinct
purpose	provide a brief history of your provide a brief history of your programs and how the proposed program.		
Max.	150 words		





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	<b>Describe the proposed program</b> . Include implementation of program, intake, case management, prograservices, placement in jobs or continuing education, and follow-up.
	Max 300 words
L	
ŗ	demographic information and the number of youth to be served per program period and indicate if the program targets <b>specific disadvantaged youth populations</b> (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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4.	Based on your description of the <b>disadvantaged youth population</b> you intend to serve, please describe your past experience with this group and your <b>outreach and engagement strategies</b> to ensure they access your program.				
	Max. 200 words				
5.	tive, and how this a <b>ble</b> ; describe the "v	es. List the objective(s) of the program, the action that will be taken to reach this objection will be evaluated and assessed. Be specific. The objective(s) needs to be measurawho" and "how", and be time bound. A minimum of one objective is required; additional by be added below if needed.			
	OBJECTIVE 1:				
	ACTION:				
	EVIDENCE OF SUCCESS:				
	OBJECTIVE 2:				
	ACTION:				
	EVIDENCE OF SUCCESS:				





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Max. 200 words

7.

#### 6. Does the program include collaboration with other agencies?

AGENCY:	ROLE:
Marketing support for Sail Training	
	e able to provide STI pre, during and post the voyage, with the ish all such materials. Good examples (but not essential) of thi
<ul> <li>photos /videos of the voyage for socia</li> <li>regular updates by blog/website</li> </ul>	al media & website use
publishing a newspaper or magazine a	article on the voyage (mentions of STI included) niversity or youth organisation on the project (mentions of STI
	oublic about the project and the use of the Legacy Fund as oe sent to STI at least one month before the voyage
·	the material no later than 2 months after the end of the voy- g to data protection requirements including photo permission d.





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#### **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: \$CAN	

INCOME	STI	Other Income:	Totals
Secured <sup>1</sup>			
Proposed <sup>1</sup>			
TOTAL INCOME PER FUNDING SOURCE (please add the secured and proposed columns)			
EXPENSES	STI	Other Income:	Totals
Personnel, benefits			
Supplies/Equipment			
Travel and subsistence			
Staff training			
Payments to partners/contractors			
Other:			
Indirect (Overheads, apportioned office costs):			
TOTAL EXPENSES ALLOCATED TO EACH FUNDING SOURCE:			

<sup>&</sup>lt;sup>1</sup>List 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 authorized 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, and

SIGNED:	
NAME:	
POSITION:	
DATE:	