



YOUTH MENTAL WELLNESS GRANT APPLICATION

Date: YYYY/MM/DD

YOUTH MENTAL WELLNESS GRANT FUNDING GUIDELINES

The goal of the Youth Mental Wellness Grant is to improve mental wellness for youth in all Yukon communities. Eligible organizations may apply for \$10,000 to \$20,000 of funding.

Eligible applicants

A Yukon not-for-profit organization that is a legal entity can apply. These include:

- First Nation governments
- Registered non-profit organizations in good standing
- Municipalities and incorporated communities

Eligible organizations may only apply once.

Eligible expenses

- Programming expenses (supplies, rentals, food, printing, advertising, travel, additional staff wages that are not already funded by other sources)
- Up to 10 per cent of the requested funding may be used for equipment.

Ineligible expenses

- Administration fees
- Feasibility studies
- Operational funding (e.g. operational facility rent, utilities, core staff wages)
- Out-of-territory travel
- Personal items

Funding priorities

- We will give priority to mental wellness projects that clearly:
 - identify and address mental wellness issues for youth 12 to 25 years of age; and
 - demonstrate the use of the Yukon's 40 [Developmental Assets Model](#).

An interdepartmental committee will assess grant allocations based on the above criteria.

If there are many successful applications, the Youth Directorate contribution may not equal the full amount you asked for.

The application deadline is September 15, 2022.

Projects may start from the approval date and must be completed by March 31, 2023.

Applicant information

Name of organization

Contact person

Phone

Email

Project specifics

What is the name of your project?

Describe the mental wellness issue(s) or related service gaps that you wish to address with your project.

What are the desired outcomes of your project?

Referring to the Yukon's [40 Developmental Assets Model](#), what developmental assets does your current programming regularly address?

Developmental assets

Describe in detail how your project will address the identified wellness issue(s) or related service gaps while building on at least five of the [40 developmental assets](#).

1.

2.

3.

4.

5.

How does your project build new developmental assets or enhance those already offered through your current programming?

How will you determine if your desired outcomes have been successfully achieved?

Anticipated dates:

Additional information	
What is the total cost of your project?	\$
What is the amount of funding you are applying for?	\$
What is the minimum amount of funding required to run your project?	\$
Will your project use additional funding beyond what is offered through the Youth Mental Wellness Grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	

 Print the name of the authorized representative

 Position or title (if applicable)

 Signature of the authorized representative

 YYYY/MM/DD
 Date

Submit the completed form by email: gord.kurzynski@yukon.ca and chris.nash@yukon.ca.

The Executive Council Office's Youth Directorate and other Government of Yukon departments will review and approve applications

If you have questions about your proposed project application, contact the Youth Directorate:

Chris Nash
 Email: chris.nash@yukon.ca
 Phone: 867-456-6771

Gord Kurzynski
 Email: gord.kurzynski@yukon.ca
 Phone: 867-667-8213