



YOUTH ROOTS GRANT APPLICATION

Date of application: YYYY/MM/DD

Applicant information

Name of organization, business or individual		
Complete address		Postal code
Is the organization registered with Yukon Corporate Online Registry? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Business vendor ID (if applicable)	Registration no. for charity (if applicable)	City of Whitehorse business licence (if applicable)
Contact person for this application	Phone	Email
Who should the Youth Roots Grant cheque be made out to?		

Project specifics

What is the name of your project?

Describe your plan for the grant

What will the program, initiative or event entail?

Why do you want to do this?

How will your project/event/initiative help prevent harms from cannabis or other substances among youth?

How will the benefits of this project/event/initiative be sustained beyond this funding time-frame?

Anticipated dates

Proposed location

Participants

Who will be participating in the proposed program, initiative or event? (For this grant, the age range for youth is from 12-25 years of age, though the proposed initiative does not need to directly target youth. The intent is that the outcome will benefit youth.)

Goals

What are three goals for this project?

1.

2.

3.

Developmental assets

Your project must address at least five assets from the [40 Developmental Assets Model](#). List those assets.

1.

2.

3.

4.

5.

Budget information**Describe how the Youth Roots Grant will be spent**

The maximum amount available for a Youth Roots Grant is \$5,000.

Funding will be distributed based on:

- Information provided in the application form
- Positive Youth Development Grant funding scale
- Total number of requests and community need

While we hope to fund every project, grant allocations will be based on the above criteria. The total grant provided by the Health Promotion Unit may not equal the full amount that is requested.

Eligible expenses:

- Wages or staff training (includes facilitator wages for teaching sessions and specific training). Preference to youth hiring/facilitation will be considered.
- Activity equipment, supplies or food
- Facility rental

Ineligible expenses:

- Overhead or day-to-day operating costs (e.g., rent, utilities)

Item	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total amount of funding you are applying for	\$

Additional information

Does your project require additional funding beyond what is offered through the Youth Roots Grant?

- Yes ... What is the total cost of your project? \$ _____
- No

Does your project include other sources of funding or in-kind donations?

- Yes ... In-kind donations: \$ _____ Other donations: \$ _____
- No

Print name of authorized signing representative

Position/title (if applicable)

Signature of authorized representative

Date

Submit completed form in person: 305 Jarvis Street, 2nd floor, Whitehorse
Open Monday/Wednesday/Friday, from 8:00 a.m. to 12:00 p.m.

by email: health.promotion@yukon.ca

by fax: 867-456-6502

by mail: Government of Yukon, Health and Social Services, Health Promotion Unit (H-305)
Box 2703, Whitehorse, Yukon Y1A 2C6

If you have questions about your proposed project, email catherine.chenier@yukon.ca or phone 1-867-332-8530.

Personal information in this form is collected under the authority of Section 29(c) of the *Access to information and Protection of Privacy Act*, and used for the purposes of providing funding and administered by Health Promotion Unit. For further information, contact the Health Promotion Unit at health.promotion@yukon.ca, or toll free within Yukon 1-800-661-0408, ext.657, or in writing at HP305, Box 2703, Whitehorse, Yukon, Y1A 2C6.