



COMMUNITY PROGRAM GRANT APPLICATION FORM

Application Forms must be downloaded and saved to your desktop to open and complete.

An updated version of Adobe Reader set to open PDF files on your computer is required.

Adobe Reader can be downloaded at: <https://get.adobe.com/reader/>

Two (2) Categories of Program Funding are Available:

Organizations can apply for up to four (4) community program grants, including a maximum of one (1) Community Education/Injury Prevention program.

- **Client Services – maximum of four (4)**
- **Community Education/Injury Prevention – maximum of one (1)**

Programs do not need to be new to qualify for funding. Existing programs are eligible.

Brain Injury Alliance funds are primarily to support persons living with an acquired brain injury; Please keep program supplies limited to necessities.

Brain Injury Alliance funding may not be used to fund clients or programs who are funded by, or operate strictly on, a fee for service¹ basis.

A Glossary of Terms is available at www.braininjuryalliance.ca/glossary-of-terms/ .

¹ **Fee-for-service:** Term applies to mandatory, voluntary, or requested fees that a user pays for services provided.

Do not include in-kind or volunteer contributions in either program revenue, or expense amounts.

**Completed applications must be received by the Brain Injury
Alliance no later than midnight on May 31st**

Email completed application form to contact@braininjuryalliance.ca

Organization Name: **Information About Organization Seeking Funding**

Date of application:	<input type="text"/>	Email address:	<input type="text"/>	Phone:	<input type="text"/>
Contact Person	<input type="text"/>	Address:	<input type="text"/>	City:	<input type="text"/>
				Postal Code:	<input type="text"/>

Client InformationHow many unique individuals did you serve in the most recent measurable 12-month period in **all** your organization's programs?

People with Brain Injury	<input type="text"/>	Family Members	<input type="text"/>	Note: The 12 month period will be the normal period you use to calculate annual data.
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Primary Funders

Funder	Annual Amount	% of Budget	Funder	Annual Amount	% of Budget
Health Authority	\$ <input type="text"/>	<input type="text"/> %	Fundraising & Donations	\$ <input type="text"/>	<input type="text"/> %
Gaming	\$ <input type="text"/>	<input type="text"/> %	Other Grants	\$ <input type="text"/>	<input type="text"/> %
Brain Injury Alliance	\$ <input type="text"/>	<input type="text"/> %	Fee for Service	\$ <input type="text"/>	<input type="text"/> %

Describe fee for service programs provided by your organization that are not eligible for Alliance funding

Do you provide:	Y/N	# of people with ABI	# Others (non-ABI)	Describe
Housing Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contracted 1x1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Enterprise	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Organization Name:	Date:
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Organization History with the Alliance (List previous programs and funding amounts received from the Brain Injury Alliance)							
Other Alliance Grants	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	
	2015 \$10,000 critical grant	2016 \$3,500 grant	2017 \$1,000 success story			2021 \$5,000 COVID grant	
Client Service Program	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	Total to Date
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$
Injury Prevention/Education	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	Total to Date
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$
						Grand Total	\$

Organization Name: Date:

Program Types

Select one of the following program types for each program you list on pages 5-9.

Category of Service	Program Type	Description
One to One	Life skills	One to one services that focus on skill & task development, assistance with day to day living, social & emotional support.
	Case management	One to one services that focus on establishing connections in the community for medical, housing, financial, education &/or governmental services & supports; provides individualized education about brain injury, strategies to compensate for deficits; provides emotional support, assists with problem solving, some crisis management.
	Navigation	Similar to case management however service begins in the hospital and is typically time-limited.
Group Services	Life skills related	Group services that focus on skill & task development, emotional & peer support, assistance with day to day living, social supports.
	Educational groups	Group services for people with ABI & families that focus on education about brain injury, strategies to compensate for deficits, social support, emotional & peer support.
	Peer support groups	Group services that involve recruitment, training, supervision, and monitoring of people with ABI to provide emotional, social, and informational support to people who share similar experiences.
Special	Counseling	Services provided by a Masters level clinical counselor. Can be an employee or a contractor.
	Employment	A service that provides direct assistance geared to securing employment and/or volunteer work including work within your agency's programs. Organization Grants up to \$5,000.00 may be available through the Dr. Gur Singh Memorial Fund https://www.drgursinghgrants.ca/dr-gur-singh-organization-grants/
	Corrections	Service that is provided to individuals who are currently incarcerated and to staff within that system.
Injury Prevention & Community Education		Programs that are intended to raise awareness, knowledge & skills for individuals or groups outside of your direct client contacts, about brain injury &/or the prevention of injury &/or the services your society provides.

Organization Name: Date:

Client Services Program One (1)

Program Name							
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Program Type <input type="checkbox"/> One to One Select subtype <input type="checkbox"/> Group Select subtype <input type="checkbox"/> Specialty Select subtype	Grant Application Complete for Grant Application		Interim Report Complete for Interim Report		Final Report Complete for Final Report	
	Program Frequency		Actual Frequency		Actual Frequency	
	Total Program Cost	\$	Total Cost YTD	\$	Total Cost YTD	\$
	Total Alliance Request	\$	Alliance Cost YTD	\$	Alliance Cost YTD	\$
	Population Served		Actual Population Served YTD		Actual Population Served YTD	
	# Unique Clients with ABI		# Unique Clients with ABI		# Unique Clients with ABI	
	# Family Members		# Family Members		# Family Members	
	# Other		# Other		# Other	
	Program Goals		Program Progress		Program Outcomes	

Impact						
Population Served	Estimated		Actual YTD		Actual YTD	
Child/Youth	# Reduced Crim. Justice Involve.		# Reduced Crim. Justice Involve.		# Reduced Crim. Justice Involve.	
Adult	# Reduced Health System Involve.		# Reduced Health System Involve.		# Reduced Health System Involve.	
Seniors	# Obtained Employment		# Obtained Employment		# Obtained Employment	

Organization Name: Date:

Client Services Program Two (2)

Program Name																																																													
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Adult	# Reduced Health System Involve.		# Reduced Health System Involve.		# Reduced Health System Involve.	
Seniors	# Obtained Employment		# Obtained Employment		# Obtained Employment	

Organization Name: Date:

Client Services Program Three (3)

Program Name									
Program Type <input type="checkbox"/> One to One Select subtype <input type="checkbox"/> Group Select subtype <input type="checkbox"/> Specialty Select subtype		Grant Application Complete for Grant Application		Interim Report Complete for Interim Report		Final Report Complete for Final Report			
		Program Frequency		Actual Frequency		Actual Frequency			
		Total Program Cost		Total Cost YTD		Total Cost YTD			
		Total Alliance Request		Alliance Cost YTD		Alliance Cost YTD			
		Population Served		Actual Population Served YTD		Actual Population Served YTD			
		# Unique Clients with ABI		# Unique Clients with ABI		# Unique Clients with ABI			
		# Family Members		# Family Members		# Family Members			
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		Program Goals		Program Progress		Program Outcomes			

Impact									
Population Served		Estimated		Actual YTD		Actual YTD			
Child/Youth	# Reduced Crim. Justice Involve.		# Reduced Crim. Justice Involve.		# Reduced Crim. Justice Involve.				
Adult	# Reduced Health System Involve.		# Reduced Health System Involve.		# Reduced Health System Involve.				
Seniors	# Obtained Employment		# Obtained Employment		# Obtained Employment				

Organization Name: Date: **Client Services Program Four (4) OPTIONAL***Do not complete if you include a Community Education/Injury Prevention Program*

Program Name						
Program Type <input type="checkbox"/> One to One Select subtype <input type="checkbox"/> Group Select subtype <input type="checkbox"/> Specialty Select subtype	Grant Application Complete for Grant Application		Interim Report Complete for Interim Report		Final Report Complete for Final Report	
	Program Frequency		Actual Frequency		Actual Frequency	
	Total Program Cost		Total Cost YTD		Total Cost YTD	
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Impact						
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Child/Youth	# Reduced Crim. Justice Involve.		# Reduced Crim. Justice Involve.		# Reduced Crim. Justice Involve.	
Adult	# Reduced Health System Involve.		# Reduced Health System Involve.		# Reduced Health System Involve.	
Seniors	# Obtained Employment		# Obtained Employment		# Obtained Employment	



Organization Name:

Date:

Community Education/Injury Prevention Program *OPTIONAL*

Do not complete if you include a fourth Client Services Program

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Organization Name:		Date:	
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Financial Proposal Revenue						
	Other Revenue					
	Gaming	Health Auth.	Grants	Fund-raising/ Don.	Alliance Request	Program Total
TOTALS						
Financial Proposal Expenses						
	Wages	Other see below	Facility 10% max	Admin 10% max	Program Total	
TOTALS						
Total Program Surplus/Deficit: (must balance to zero (0)) \$						
Detail of 'other expenses' (Proposal Only):		Description of Expense				
Direct Program Costs						
Consumables & give-aways (incl. food)						



Organization Name:

Date:

STORY OF BENEFIT FROM ALLIANCE FUNDING

Not Required for Grant Application | Submit Story with Interim & Final Reports

Please share ONE story about an individual or family that has benefited from Alliance funded services. **Maximum 250 words.**
Please ensure that the individual consents to share their story.

Submit a signed authorization form (included on following page) from the individual that grants the Alliance permission to use this story and any photographs related to this person.

You may also share a story about the social impacts of Alliance funding as your success story, or as an additional story.

Please attach copies of current brochures or program material that are relevant to the work that was funded in whole, or in part, by the Alliance.

If you have any questions, contact the Brain Injury Alliance at: contact@braininjuryalliance.ca



Organization Name: _____

Date: _____

Brain Injury Alliance | ARTICLE, IMAGE & DIGITAL MEDIA CONSENT FORM

WHEREAS the Alliance is a province wide organization in British Columbia working to improve the quality of life of persons living with a brain injury, their families and their community.

WHEREAS the Alliance from time to time collects and publishes articles, photographs, images, and audio recordings for the purpose of encouraging public awareness and understanding of the lives of persons living with a brain injury and obtaining funding.

I hereby give the Alliance, its representatives and employees, permission to use and/or reproduce all digital media taken of, or including me, and/or information gathered about or including me by the Alliance or by any nominee of the Alliance, including any agency, clients, publication or other organization or institution, in all forms of media, for distribution to the general public for the purposes of publicity and promotion of the Alliance (the "Digital Media").

I further consent to the reproduction or use of the Digital Media with or without my name, and consent that the Alliance may seek copyright of the Digital Media in their name. I understand and agree that the Digital Media will become property of the Alliance and may not be returned.

I hereby release and hold harmless the Alliance and its nominees from all liability which I, my heirs, representatives, executors, administrators, or any other person acting on my behalf may have for any violation of any personal or proprietary right I may have in connection with the Digital Media.

I affirm that I am at least 19 years of age, or if I am under 19 years of age, I have obtained the required consent of my parents/legal guardians as evidenced by the signatures below.

Signed this _____ day of _____, 20____.

Client Name (please print)

Name of Client's Brain Injury Agency

Signature

Organization Name: Date:

Acceptance of Terms and Conditions

I hereby acknowledge that this application was made with the knowledge of, and approval by, the board of directors of the organization applying, and agree to comply to the following terms to receive funding:

- Successful applicants must recognize the Brain Injury Alliance (Alliance) funding by posting the Alliance logo on their website where other contributors to their organization are mentioned.
- Successful applicants must recognize the Provincial Government and the Brain Injury Alliance when the funded program is reported on by media.
- Provided program performance review forms must be completed within the deadlines provided to retain eligibility for subsequent grants.
- Grants are not transferable to other programs not identified in this application, or to other groups without the written permission of the Alliance.
- Subsequent funding may be provided following an approved program performance review. The Alliance does not guarantee multi-year funding.
- Funds not used must be returned to the Brain Injury Alliance. An alternate use of the funds may be granted following a review of a formal written request to the Alliance.
- The Brain Injury Alliance reserves the right to publish the names of successful applicants (individuals and/or organizations) in any or all media.
- Applicants are responsible for ensuring that all necessary applications and required documents are received by the Alliance on or before the expiry of grant application deadlines.
- The Brain Injury Alliance reserves the right to deny a grant request, or to limit the amount of grants issued to any or all groups.
- Funding allocations may vary depending on the number of successful applicants, and amounts applied for within the funding cycle.

Authorized Officer Name:	Signature:
Date Authorized Officer Signed (mm/dd/yyyy):	
Board Director Name:	Signature:
Date Board Director Signed (mm/dd/yyyy):	

Submission Details

The deadline for Community Program Grant Applications is: Midnight May 31st

Submit applications and related documents to: contact@braininjuryalliance.ca

We gratefully acknowledge financial assistance from the Province of British Columbia