



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.

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



HOW TO FILL IN THE 'PROGRAM GOALS' FOR EACH PROGRAM PROPOSED

Please think of all of the statements below when completing the program goals.

Please provide as many specifics as possible.

1. Who – Who are the clients of this program? Have there been any changes noted over this past year (more complex needs, more referrals from doctors or the health authority, younger, older) etc.?
2. What – What do your staff do in this program. If this has already been explained in your proposal, there is no need to repeat it.
3. Where – Where do you provide the support? (in office, in client's own community, in society's 'home community', in homes)? Have there been any changes due to COVID-19? Is your facility okay or are you needing to make changes, etc.?
4. When – How often is this program provided (once a week, daily, 7 days a week or work week only)? Is it offered by appointment only? Do program staff respond to crisis situations? How many sessions per week does the 'average' client benefit from and for how long (a year, a month), etc.?
5. How Many – Please don't use words like 'frequently' (is that 3 times or 30 times?) or 'most clients' (maybe you can't say for sure that it's 10 out of 20 but can you say '... an average of 50% of clients ...'?) All data is important including number of sessions, average number of participants per session, gender of participants, age ranges, whether the participant is a 'program user' or a 'peer helper', etc.
6. Why – Your proposals should make it clear about why these programs are needed.



HOW TO CALCULATE PROJECTIONS & DATA FOR IMPACT STATEMENTS

Some subjective judgement will be required with any of these criteria.

1. **EMPLOYMENT:** (count people not events)

- a) There will be the opportunity to select 'new employment position' or 'maintained employment' on the proposal and reports form.
- b) Actual number of clients that secured employment/ regular volunteer positions.
- c) Number of clients that maintained employment at least in part due to agency's personal or practical support, based on the judgement of the employer, the client or your agency.

2. **IMPACT ON THE HEALTH CARE SYSTEM:** (count events, not people)

- a) Number of staff supported health interventions such as:
 - attend an appointment with a client,
 - assist a client to research a health-related issue instead of going to emergency etc.,
 - successful intervention in 'talking a client down' and avoiding hospitalization or emergency care etc.,
 - participation in a hospital or care facility discharge planning meeting for a client.
- b) When accepting a referral from the health authority due to client 'not eligible' for health authority services due to strict criteria for eligibility for their service, each visit by that person counts as a reduction in health system involvement.
- c) **PLEASE DO NOT** count attendance at cooking or other wellness or health related educational programs.

3. **IMPACT ON THE CORRECTIONS SYSTEM:** (count events, not people)

- a) Completion of an assessment and service plan with the client and/or the correctional service representative.
- b) Each meeting required to conduct and/or implement this assessment and plan.
- c) Staff attendance (face to face or virtual) at a meeting with a justice system representative.
- d) For services provided with the in-custody population: Classroom based education is typically preceded by a baseline assessment. If this is completed then use the criteria established in that assessment. Typically, this will mean that one to one meetings/events are counted as above in 3a); for group educational events each event is counted and multiplied by the number of participants attending that event.
- e) **PLEASE DO NOT** count a disclosure of possible criminal or illegal behaviour by a client or a third party (such as a partner if the behaviour involves possible domestic violence) when no agreement is made to establish a behaviour plan for the future.
- f) **PLEASE DO NOT** count support toward participation in substance abuse treatment or self-help program as events leading to a reduction of interactions with the justice system unless this is a court order that you are assisting to facilitate.

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 Information

How 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	2021/2022	
	\$10,000 critical grant	\$3,500 grant	\$1000 story			\$5,000 COVID grant		Total to Date
	\$	\$	\$	\$	\$	\$	\$	\$
Client Service Program	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	Total to Date
	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$

Injury Prevention/ Community Ed	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	Total to Date
	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$
Grand Total	\$	\$	\$	\$	\$	\$	\$	\$



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													
Program Type		Grant Application Complete for Grant Application				Interim Report Complete for Interim Report				Final Report Complete for Final Report			
One to One		Program Frequency		Click here		Actual Frequency		Click here		Actual Frequency		Click here	
Select subtype		Total Program Cost		\$		Total Cost YTD		\$		Total Cost YTD		\$	
Life Skills		Total Alliance Request		\$		Alliance Cost YTD		\$		Alliance Cost YTD		\$	
		Population Served				Actual Population Served YTD				Actual Population Served YTD			
Group		# Unique Clients with ABI				# Unique Clients with ABI				# Unique Clients with ABI			
Select subtype		# Family Members				# Family Members				# Family Members			
Life Skills		# Other				# Other				# Other			
Specialty		Program Goals				Program Progress				Program Outcomes			
Select subtype													
Corrections													
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			
		# Maintained Employment				# Maintained Employment				# Maintained Employment			

Community Program Grant Application



Organization Name:		Date:	
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Client Services Program Two (2)

Program Name													
Program Type		Grant Application Complete for Grant Application				Interim Report Complete for Interim Report				Final Report Complete for Final Report			
One to One Select subtype Life Skills	Program Frequency	Click here		Actual Frequency	Click here		Actual Frequency	Click here					
	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								
Group Select subtype Life Skills	# 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								
Specialty Select subtype													

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		
	# Maintained Employment			# Maintained Employment			# Maintained Employment		

Community Program Grant Application



Organization Name:		Date:	
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Client Services Program Three (3)

Program Name													
Program Type		Grant Application Complete for Grant Application				Interim Report Complete for Interim Report				Final Report Complete for Final Report			
One to One Select subtype		Program Frequency	Click here			Actual Frequency	Click here			Actual Frequency	Click here		
		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			
Group Select subtype Life Skills		# 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			
Specialty Select subtype Corrections													

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		
		# Maintained Employment			# Maintained Employment			# Maintained Employment		

Community Program Grant Application



Organization Name:		Date:	
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Client Services Program Four (4) **OPTIONAL**

Do not complete if you include a Community Education/Injury Prevention Program

Program Name									
Program Type		Grant Application Complete for Grant Application		Interim Report Complete for Interim Report		Final Report Complete for Final Report			
One to One Select subtype	Program Frequency	Click here		Actual Frequency	Click here		Actual Frequency	Click here	
	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				
Group Select subtype Life Skills	# 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				
Specialty Select subtype									
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		
	# Maintained Employment			# Maintained Employment			# Maintained Employment		

Community Program Grant Application



Organization Name:		Date:	
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Community Education/Injury Prevention Program **OPTIONAL**

Do not complete if you include a fourth Client Services Program

Program Name							
Program Type		Grant Application Complete for Grant Application		Interim Report Complete for Interim Report		Final Report Complete for Final Report	
<input type="checkbox"/> Community Education <input type="checkbox"/> Injury Prevention		Program Frequency		Actual Frequency		Actual Frequency	
		Total Program Cost \$		Total Cost YTD \$		Total Cost YTD \$	
Target Pop.		Total Alliance Request \$		Alliance Cost YTD \$		Alliance Cost YTD \$	
Sports Teams / Events		Pop. Served		Actual Pop. Served YTD		Actual Pop. Served YTD	
Community Events		# Child/Youth		# Child/Youth		# Child/Youth	
Community Groups		# Adult		# Adult		# Adult	
Schools:		# Seniors		# Seniors		# Seniors	
Grades 1-12		Program Goals		Program Progress		Program Outcomes	
Post Secondary							
Other							
Describe Other							

Community Program Grant Application



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))	\$	\$	\$
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Detail of 'other expenses' (Proposal Only):	Description of Expense
Direct Program Costs	
Consumables & give-aways (incl. food)	

NOTE: Do not include volunteer hours or 'gifts in kind'								
Interim Report			Final Report					
Other Rev.	Alliance Rev. YTD	Program Total YTD	Other Rev.	Alliance Rev. YTD	Program Total YTD			
		\$			\$			
		\$			\$			
		\$			\$			
		\$			\$			
		\$			\$			
		\$			\$			
\$	\$	\$	\$	\$	\$			
Interim Report			Final Report					
Wages	Other	Program Total YTD	Wages	Other	Program Total YTD			
		\$			\$			
		\$			\$			
		\$			\$			
		\$			\$			
		\$			\$			
\$	\$	\$	\$	\$	\$			



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.

NOTE: 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



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:	
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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