

## TRAINING 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/

Brain Injury Alliance Training Grants are available only to Alliance Member Organizations.

Organizations can apply for (1) training grant for maximum of \$15,000.00

Priority will be given to:

- 1. Cultural sensitivity training
- 2. Training in trauma informed services
- 3. Training that will benefit the provision of services to people with brain injury.

Brain Injury Alliance funding may not be used to fund clients or programs who are funded by, or operate strictly on, a fee for service basis. Fee-for-service term applies to mandatory, voluntary, or requested fees that a user pays for services provided.

Completed applications must be received by the Brain Injury Alliance no later than midnight on August 31, 2023 (For training from October 1, 2023 through June 30, 2024)

PLEASE NOTE: Deadlines may change in 2024

Email completed application form to contact@braininjuryalliance.ca



| Information About Organization Seeking Funding |  |          |  |       |        |  |              |  |
|--|--|----------|--|-------|--------|--|--------------|--|
| Organization Name:                             |  |          |  | [     | Date:  |  |              |  |
| Contact Person:                                |  | Title:   |  |       | Phone: |  |              |  |
| Email:   |  | Address: |  | City: |        |  | Postal Code: |  |

#### **Guidelines**

### Training can be provided to:

- Senior staff and decision-makers (including directors on your board)
- Staff that work in any of your programs that serve people with brain injury (not just staff that work in Alliance funded programs)
- Volunteers, including peer workers.
- Some cultural sensitivity training may also be appropriate for the people that your agency serves.

#### Grant Funds can include the costs of:

- Course fees (On-line or Zoom programs preferred)
- Locally available training, (especially training that is relevant to the provision of services to local indigenous people and communities)
  - Includes per diems, honoraria etc. paid to an Indigenous Elder.
  - Attendance at conferences can be applied for, but would not be considered a priority.
- Supernumerary wage costs only

**Definition:** If the position requires an alternate employee to be paid to work that position in the incumbent's absence payment of wage costs associated with this back-fill coverage is a supernumerary wage cost. Rationale is required.

- Travel (within BC only) by the least expensive means possible
- Rent Reasonable venue costs. Rationale is required.
- Food Reasonable food costs at events
- Administration Fees 10% up to \$1500.00 max
- Reasonable requests for other direct costs (details will be required)

## **Grant Funds May Not be Used for:**

- Out of province travel
- Event/Conference sponsorship
- Hourly bill-out rates for contractors, board members etc.
- Per diems for staff, non-paid program participants such as volunteers or clients of the agency
- Board development or strategic planning
- Fees to pay for the registration fees and other costs for an agency's own staff members etc. to attend a community event facilitated or cofacilitated by a member agency.
- Training to be delivered outside of the October 1, 2023 to June 30, 2024 granting period.



## **Training Examples (not limited to these suggestions)**

### **Cultural Safety Training**

- San'yas Indigenous Cultural Safety Training <a href="https://sanyas.ca/">https://sanyas.ca/</a>
- Island Health's Cultural Safety Online Course: Indigenous Health Cultural Safety <a href="https://www.islandhealth.ca/learn-about-health/">https://www.islandhealth.ca/learn-about-health/</a> indigenous-health/indigenous-health-cultural-safety
- Indigenous Public Health Program (UBC) https://health.aboriginal.ubc.ca/programming/indigenous-public-health-training-institutes/
- Additional resources and online courses <a href="https://www.bcacdi.org/directory-cultural-safety">https://www.bcacdi.org/directory-cultural-safety</a>
- Indigenous Corporate Training The History of Indigenous Corporate Training Inc. (ictinc.ca)

#### **Trauma Informed Practice**

- My Training BC: Compassionate Learning Communities: Supporting Trauma-Informed Practice <a href="https://mytrainingbc.ca/">https://mytrainingbc.ca/</a> traumainformedpractice/
- Justice Institute of BC Trauma-Informed Practice Foundations <a href="https://www.jibc.ca/course/find-course?combine=trauma%">https://www.jibc.ca/course/find-course?combine=trauma%</a> 20informed&field area of study target id=All&field subject target id=All&page=0
- Crisis Centre of BC: Crisis Response, Suicide Awareness and Responding to Distress Workshops <a href="https://crisiscentre.bc.ca/">https://crisiscentre.bc.ca/</a>
  <a href="programming-for-adults/">programming-for-adults/</a>
- · Vancouver Island Crisis Line: Crisis Intervention Skills Training https://www.vicrisis.ca/cist/
- Additional resources and online courses <a href="https://www.bcacdi.org/directory-cultural-safety">https://www2.gov.bc.ca/gov/content/https://www2.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use/child-teen-mental-health/trauma-informed-practice-resources</a>

## Reporting Deadlines - Statistical, impact information and stories will be required

**DUE January 15, 2024** for October 1 to December 31, 2023 **DUE April 15, 2024** for January 1 to March 31, 2024 **DUE July 15, 2024** for April 1 to June 30, 2024

## **Training Categories**

- Training Courses: 'packaged' programs, usually available on-line, and are usually costed at a certain dollar amount per participant;
- Training Events: One-off programs, often made available locally or regionally, where there is a fee for a facilitator, elders and/or other trainers etc., as well as possible fees for a venue and/or food. In order to maximize the opportunities for actual training time applicants are encouraged to use their own space and/or free or low-cost local space rather than expensive commercial spaces;
- Other: If you have a program that does not meet these two training formats please provide a detailed program description, responding to all the required fields. Development of training content would be included in this third, 'other' category.

| Organization Nan                    | ne:                               |  |                     | Date:                            |                 |                        | BINS HUNT ALLINE |
|-------------------------------------|-----------------------------------|--|---------------------|----------------------------------|-----------------|------------------------|------------------|
|                                     |                                   |  |                     |                                  |                 |                        |                  |
| Training Course<br>Please include I | e(s) - 'package<br>inks to course | d' programs, usually<br>information if appli | available on cable. | -line, and are usually (         | costed at a cer | tain dollar amount     | per participant. |
|                                     |                                   |  |                     |                                  |                 |                        |                  |
| Course Title                        |                                   |  |                     | Registration Fee(s)/person       |                 | Priority Area          |                  |
| Description of Tra                  | aining Course                     |  |                     |                                  |                 |                        |                  |
|                                     |                                   |  |                     |                                  |                 |                        |                  |
| Course Title                        |                                   |  |                     | Registration Fee(s)/person       |                 | Priority Area          |                  |
| Description of Tra                  | aining Course                     |  |                     |                                  |                 |                        |                  |
|                                     |                                   |  |                     |                                  |                 |                        |                  |
| Course Title                        |                                   |  |                     | Registration                     |                 | Priority Area          |                  |
|                                     | nining Course                     |  |                     | Fee(s)/person                    |                 | ,                      |                  |
| Description of Tra                  | aining Course                     |  |                     |                                  |                 |                        |                  |
|                                     |                                   |  |                     |                                  |                 |                        |                  |
| Course Title                        |                                   |  |                     | Registration Fee(s)/person       |                 | Priority Area          |                  |
| Description of Tra                  | aining Course                     |  |                     |                                  |                 |                        |                  |
|                                     |                                   | ·  |                     |                                  |                 |                        |                  |
| Total Number o                      | f Unique Partio                   | cipants - Training Co                        | ourse(s)            |                                  |                 |                        |                  |
| # Staff                             |                                   | # Board Members                              |                     | # Peer Supporters/<br>Volunteers |                 | # Community<br>Members |                  |



|                    |       | MINISTER STATES |
|--------------------|-------|-----------------|
| Organization Name: | Date: |                 |

Training Course(s) - 'packaged' programs, usually available on-line, and are usually costed at a certain dollar amount per participant. Please include links to course information if applicable.

| Revenue   | Details | Alliance Funded | Other Funding | Total Revenue/Cost |
|---|---------|-----------------|---------------|--------------------|
| Alliance  |         |                 |               |                    |
| Other (Please describe. Do NOT include gifts in kind) |         |                 |               |                    |
|   |         |                 |               |                    |
|   |         |                 |               |                    |
| Total Revenue   |         |                 |               |                    |
| Expenses  |         |                 |               |                    |
| Wages (supernumerary only)                            |         |                 |               |                    |
| Contractors   |         |                 |               |                    |
| Registrations/Course Fees                             |         |                 |               |                    |
| Travel  |         |                 |               |                    |
| Other (Please describe. Do NOT include gifts in kind) |         |                 |               |                    |
|   |         |                 |               |                    |
|   |         |                 |               |                    |
|   |         |                 |               |                    |
| Administration (10% max)                              |         |                 |               |                    |
| Total Expenses  |         |                 |               |                    |
| Total Program   |         |                 |               |                    |
| Surplus/Deficit: (must balance to zero (0)            |         |                 |               |                    |

| Organization Name:            |                    | D                                   | Pate:                     | Born 1997 ALIKE     |
|-------------------------------|--------------------|-------------------------------------|---------------------------|---------------------|
| Training Event(s) - one-off p | rograms, where     | there is a fee for a facilitator, e | elders and/or other train | ers etc.            |
| Event Title                   |                    |                                     |                           | Priority Area       |
| Description of Training Event |                    |                                     |                           |                     |
| Event Title                   |                    |                                     |                           | Priority Area       |
| Description of Training Event |                    |                                     |                           |                     |
| Event Title                   |                    |                                     |                           | Priority Area       |
| Description of Training Event |                    |                                     |                           |                     |
| Event Title                   |                    |                                     |                           | Priority Area       |
| Description of Training Event |                    |                                     |                           |                     |
| Total Number of Unique Par    | ticipants - Train  | ing Event(s)                        |                           |                     |
|                               | # Board<br>Jembers | # Peer Supporters/                  | # People with             | # Community Members |



|                    |       | 804 |
|--------------------|-------|-----|
| Organization Name: | Date: |     |

Training Event(s) - one-off programs, where there is a fee for a facilitator, elders and/or other trainers etc.

| Revenue   | Details | Alliance Funded | Other Funding | Total Revenue/Cost |
|---|---------|-----------------|---------------|--------------------|
| Alliance  |         |                 |               |                    |
| Other (Please describe. Do NOT include gifts in kind) |         |                 |               |                    |
|   |         |                 |               |                    |
| Total Revenue   |         |                 |               |                    |
| Expenses  |         |                 |               |                    |
| Wages (supernumerary only)                            |         |                 |               |                    |
| Contractors   |         |                 |               |                    |
| Facilitators  |         |                 |               |                    |
| Food  |         |                 |               |                    |
| Rent (Venue)  |         |                 |               |                    |
| Travel  |         |                 |               |                    |
| Other (Please describe. Do NOT include gifts in kind) |         |                 |               |                    |
|   |         |                 |               |                    |
|   |         |                 |               |                    |
|   |         |                 |               |                    |
| Administration (10% max)                              |         |                 |               |                    |
| Total Expenses  |         |                 |               |                    |
| Total Program Surplus/Deficit: (must                  |         |                 |               |                    |
| balance to zero (0)                                   |         |                 |               |                    |

| Organization I             | Name:                     |   |                       |                                  | Date:      |                      |            | <u> </u>               | BINN HOW ALLINE |
|----------------------------|---------------------------|---|-----------------------|----------------------------------|------------|----------------------|------------|------------------------|-----------------|
|                            |                           |   |                       |                                  |            |                      |            |                        |                 |
| Other Trainir would be inc | ng - please<br>luded in t | e provide a detaile<br>his third, 'other' c | d progran<br>ategory. | n description, respo             | nding to a | Ill the required f   | ields. Dev | elopment of training   | g content       |
|                            |                           |   |                       |                                  |            |                      |            |                        |                 |
| Other Trainir              |                           |   |                       |                                  |            |                      | Prio       | rity Area              |                 |
| Description of             | f Other Trai              | ning  |                       |                                  |            |                      |            |                        |                 |
| Other Trainir              | na Title                  |   |                       |                                  |            |                      | Prio       | rity Area              |                 |
| Description of             |                           | nina  |                       |                                  |            |                      |            |                        |                 |
|                            |                           | 9   |                       |                                  |            |                      |            |                        |                 |
| Other Treduct              | <b>T</b> :41-             |   |                       |                                  |            |                      | Duio       |                        |                 |
| Other Trainir              |                           |   |                       |                                  |            |                      | Prio       | rity Area              |                 |
| Description of             | f Other Trai              | ning  |                       |                                  |            |                      |            |                        |                 |
| Other Trainir              | ng Title                  |   |                       |                                  |            |                      | Prio       | rity Area              |                 |
| Description of             |                           | ning  |                       |                                  |            |                      |            |                        |                 |
|                            |                           |   |                       |                                  |            |                      |            |                        |                 |
|                            |                           |   |                       |                                  |            |                      |            |                        |                 |
| Total Numbe                | er of Uniqu               | e Participants - O                          | ther Trair            | ning                             |            |                      |            |                        |                 |
| # Staff                    |                           | # Board<br>Members                          |                       | # Peer Supporters/<br>Volunteers |            | # People with<br>ABI |            | # Community<br>Members |                 |

| Organization Name: | Date | e: |
|--------------------|------|----|



Other Training - please provide a detailed program description, responding to all the required fields. Development of training content would be included in this third, 'other' category.

| Revenue  | Details | Alliance Funded | Other Funding | Total Cost |
|--|---------|-----------------|---------------|------------|
| Alliance   |         |                 |               |            |
| Other (Please describe. Do NOT include gifts in kind)    |         |                 |               |            |
|  |         |                 |               |            |
| Total Revenue  |         |                 |               |            |
| Expenses   |         |                 |               |            |
| Wages (supernumerary only)                               |         |                 |               |            |
| Contractors  |         |                 |               |            |
| Facilitators   |         |                 |               |            |
| Food   |         |                 |               |            |
| Registrations/Course Fees                                |         |                 |               |            |
| Rent (Venue)   |         |                 |               |            |
| Travel   |         |                 |               |            |
| Other (Please describe. Do NOT include gifts in kind)    |         |                 |               |            |
|  |         |                 |               |            |
|  |         |                 |               |            |
|  |         |                 |               |            |
| Administration (10% max)                                 |         |                 |               |            |
| Total Expenses   |         |                 |               |            |
| Total Program Surplus/Deficit: (must balance to zero (0) |         |                 |               |            |

| W.                 |
|--------------------|
| BOOK STORY AT 1987 |

| Organization Name:   |                    |                                     | Date:             |                    |                       | Store HOST ALLINES |  |  |  |
|--|--------------------|-------------------------------------|-------------------|--------------------|-----------------------|--------------------|--|--|--|
| Financial - For all Training Categories                      |                    |                                     |                   |                    |                       |                    |  |  |  |
| Revenue  |                    | Details                             | Alliance Fu       | nded               | Other Funding         | Total Cost         |  |  |  |
| Alliance   |                    |                                     |                   |                    |                       |                    |  |  |  |
| Other (Please describe. Do NOT include gifts in kind)        |                    |                                     |                   |                    |                       |                    |  |  |  |
|  |                    |                                     |                   |                    |                       |                    |  |  |  |
| Total Revenue  | е                  |                                     |                   |                    |                       |                    |  |  |  |
| Expenses   |                    |                                     |                   |                    |                       |                    |  |  |  |
| Wages (supernumerary only                                    | )                  |                                     |                   |                    |                       |                    |  |  |  |
| Contractors  |                    |                                     |                   |                    |                       |                    |  |  |  |
| Facilitators   |                    |                                     |                   |                    |                       |                    |  |  |  |
| Food   |                    |                                     |                   |                    |                       |                    |  |  |  |
| Rent (Venue)   |                    |                                     |                   |                    |                       |                    |  |  |  |
| Registrations/Course Fees                                    |                    |                                     |                   |                    |                       |                    |  |  |  |
| Travel   |                    |                                     |                   |                    |                       |                    |  |  |  |
| Other (Please describe. Do NOT include gifts in kind)        |                    |                                     |                   |                    |                       |                    |  |  |  |
|  |                    |                                     |                   |                    |                       |                    |  |  |  |
| Administration (10% max)                                     |                    |                                     |                   |                    |                       |                    |  |  |  |
| Total Expense  |                    |                                     |                   |                    |                       |                    |  |  |  |
| Total Prograr<br>Surplus/Deficit: (mus<br>balance to zero (0 | st                 |                                     |                   |                    |                       |                    |  |  |  |
| Total Requested from the Alliance                            |                    |                                     |                   |                    |                       |                    |  |  |  |
|  |                    | ind entered manually below. PL      | EASE <b>DO NO</b> | <b>T ADD</b> up th | ne numbers from the o | other pages.       |  |  |  |
| <b>Total Number of Unique</b>                                | Participants – All | Training                            |                   |                    |                       |                    |  |  |  |
| # Staff  | # Board<br>Members | # Peer<br>Supporters/<br>Volunteers |                   | People<br>vith ABI | # Commu<br>Membe      |                    |  |  |  |

10 www.braininjuryalliance.ca



| 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):     |            |

Completed applications must be received by the Brain Injury Alliance no later than midnight on August 31, 2023 (for training from October 1, 2023 through June 30, 2024)

PLEASE NOTE: deadlines may change in 2024

Email completed application form to contact@braininjuryalliance.ca