



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.

In addition to providing the requested budget related information for programs, please include a copy of your organizations most recent Board approved financials. Insert budget related information into template provided.

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



2023-2026 COMMUNITY GRANT DISTRIBUTION AND REPORTING

Disbursements and Reporting		
2023 – 2024 (9 months)	October 15, 2023 – Quarterly Cheque January 15, 2024 – Quarterly Cheque April 15, 2024 – Quarterly Cheque	Stats – Due January 15, 2024 Interim Report – Due April 15, 2024 Final Report - Due July 15, 2024
2024 – 2025 (12 months)	July 15, 2024 – Quarterly Cheque October 15, 2024 – Quarterly Cheque January 15, 2025 – Quarterly Cheque April 15, 2025 – Quarterly Cheque	Stats – Due October 15, 2024 Interim Report - Due January 15, 2025 Stats – Due April 15, 2025 Final Report – Due September 15, 2025
2025 – 2026 (12 months)	July 15, 2025 – Quarterly Cheque October 15, 2025 – Quarterly Cheque January 15, 2026 – Quarterly Cheque April 15, 2026 – Quarterly Cheque	Stats – Due October 15, 2024 Interim Report - Due January 15, 2025 Stats – Due April 15, 2025 Final Report – Due September 15, 2025

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 benefits 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.



Information About Organization Seeking Funding

Date:		Email address:		Phone:	
Contact Person		Address:		City:	Postal Code:

Program Types

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

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.

Community Program Grant Application



Organization Name:

Date:

Client Services Program One (1)

Program Name						
Program Description						
Program Type	Grant Application Complete for Grant Application Year 1 (9 months)		Grant Application Complete for Grant Application Year 2 (12 months)		Grant Application Complete for Grant Application Year 3 (12 months)	
One to One	Program Frequency Year 1		Program Frequency Year 2		Program Frequency Year 3	
	Total Program Cost Year 1	\$	Total Program Cost Year 2	\$	Total Program Cost Year 3	\$
	Total Alliance Request Year 1	\$	Total Alliance Request Year 2	\$	Total Alliance Request Year 3	\$
	Population Served Year 1		Population Served Year 2		Population Served Year 3	
Group	# Unique Clients with ABI		# Unique Clients with ABI		# Unique Clients with ABI	
	# Family Members		# Family Members		# Family Members	
	# Other		# Other		# Other	
Specialty	Goals and benchmarks for success/method of evaluation		Goals and benchmarks for success/method of evaluation		Goals and benchmarks for success/method of evaluation	
Impact						
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	
	# Activities/Events with Indigenous Communities		# Activities/Events with Indigenous Communities		# Activities/Events with Indigenous Communities	
	# People with Substance Use Issues		# People with Substance Use Issues		# People with Substance Use Issues	
	# People with Housing Issues		# People with Housing Issues		# People with Housing Issues	
	# Gained Housing		# Gained Housing		# Gained Housing	
	# Maintained Housing		# Maintained Housing		# Maintained Housing	
	# People with Mental Health Issues		# People with Mental Health Issues		# People with Mental Health Issues	



Organization Name:		Date:	
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In addition to providing the requested budget related information for programs, please include a copy of your organizations most recent Board approved financials. Insert budget related information into template provided.

Client Services Program One (1)

If BIA unable to fund 100% of ask, please confirm that partial funding is acceptable.	Yes	No
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NOTE: SURPLUS/DEFICIT FOR EACH PROGRAM MUST EQUAL ZERO.

Program Name				
Financial				
Revenue	Year One Revenue (9 months)	Year Two Revenue (12 months)	Year Three Revenue (12 months)	Total Revenue
Alliance				
Other (Please describe. Do NOT include gifts in kind)				
Total Revenue				
Detailed Item Description for project/program or service	Year One Expenses (9 months)	Year Two Expenses (12 months)	Year Three Expenses (12 months)	Total Expenses
Wages				
Contractors				
Other (Please describe. Do NOT include gifts in kind)				
Administration (10% max)				
Facilities (10% max)				
Total Expenses				
SURPLUS/DEFICIT (MUST ADD UP TO ZERO)				
Detail of 'other expenses' (Proposal Only):	Expense Desc. Yr 1	Expense Desc. Yr 2	Expense Desc. Yr 3	Other
Direct Program Costs				
Consumables & give-aways (incl. food)				



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

Program Name						
Program Description						
Program Type	Grant Application Complete for Grant Application Year 1 (9 months)		Grant Application Complete for Grant Application Year 2 (12 months)		Grant Application Complete for Grant Application Year 3 (12 months)	
One to One	Program Frequency Year 1		Program Frequency Year 2		Program Frequency Year 3	
	Total Program Cost Year 1	\$	Total Program Cost Year 2	\$	Total Program Cost Year 3	\$
	Total Alliance Request Year 1	\$	Total Alliance Request Year 2	\$	Total Alliance Request Year 3	\$
	Population Served Year 1		Population Served Year 2		Population Served Year 3	
Group	# Unique Clients with ABI		# Unique Clients with ABI		# Unique Clients with ABI	
	# Family Members		# Family Members		# Family Members	
	# Other		# Other		# Other	
Specialty	Goals and benchmarks for success/method of evaluation		Goals and benchmarks for success/method of evaluation		Goals and benchmarks for success/method of evaluation	
Impact						
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	
	# Activities/Events with Indigenous Communities		# Activities/Events with Indigenous Communities		# Activities/Events with Indigenous Communities	
	# People with Substance Use Issues		# People with Substance Use Issues		# People with Substance Use Issues	
	# People with Housing Issues		# People with Housing Issues		# People with Housing Issues	
	# Gained Housing		# Gained Housing		# Gained Housing	
	# Maintained Housing		# Maintained Housing		# Maintained Housing	
	# People with Mental Health Issues		# People with Mental Health Issues		# People with Mental Health Issues	



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

If BIA unable to fund 100% of ask, please confirm that partial funding is acceptable.	Yes	No
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NOTE: SURPLUS/DEFICIT FOR EACH PROGRAM MUST EQUAL ZERO.

Program Name				
Financial				
Revenue	Year One Revenue (9 months)	Year Two Revenue (12 months)	Year Three Revenue (12 months)	Total Revenue
Alliance				
Other (Please describe. Do NOT include gifts in kind)				
Total Revenue				
Detailed Item Description for project/program or service	Year One Expenses (9 months)	Year Two Expenses (12 months)	Year Three Expenses (12 months)	Total Expenses
Wages				
Contractors				
Other (Please describe. Do NOT include gifts in kind)				
Administration (10% max)				
Facilities (10% max)				
Total Expenses				
SURPLUS/DEFICIT (MUST ADD UP TO ZERO)				
Detail of 'other expenses' (Proposal Only):	Expense Desc. Yr 1	Expense Desc. Yr 2	Expense Desc. Yr 3	Other
Direct Program Costs				
Consumables & give-aways (incl. food)				



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

Program Name										
Program Description										
Program Type	Grant Application Complete for Grant Application Year 1 (9 months)			Grant Application Complete for Grant Application Year 2 (12 months)			Grant Application Complete for Grant Application Year 3 (12 months)			
One to One	Program Frequency Year 1			Program Frequency Year 2			Program Frequency Year 3			
	Total Program Cost Year 1		\$	Total Program Cost Year 2		\$	Total Program Cost Year 3		\$	
	Total Alliance Request Year 1		\$	Total Alliance Request Year 2		\$	Total Alliance Request Year 3		\$	
	Population Served Year 1			Population Served Year 2			Population Served Year 3			
Group	# Unique Clients with ABI			# Unique Clients with ABI			# Unique Clients with ABI			
	# Family Members			# Family Members			# Family Members			
	# Other			# Other			# Other			
Specialty	Goals and benchmarks for success/method of evaluation			Goals and benchmarks for success/method of evaluation			Goals and benchmarks for success/method of evaluation			
Impact										
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			
	# Activities/Events with Indigenous Communities			# Activities/Events with Indigenous Communities			# Activities/Events with Indigenous Communities			
	# People with Substance Use Issues			# People with Substance Use Issues			# People with Substance Use Issues			
	# People with Housing Issues			# People with Housing Issues			# People with Housing Issues			
	# Gained Housing			# Gained Housing			# Gained Housing			
	# Maintained Housing			# Maintained Housing			# Maintained Housing			
	# People with Mental Health Issues			# People with Mental Health Issues			# People with Mental Health Issues			



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

If BIA unable to fund 100% of ask, please confirm that partial funding is acceptable.	Yes	No
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NOTE: SURPLUS/DEFICIT FOR EACH PROGRAM MUST EQUAL ZERO.

Program Name				
Financial				
Revenue	Year One Revenue (9 months)	Year Two Revenue (12 months)	Year Three Revenue (12 months)	Total Revenue
Alliance				
Other (Please describe. Do NOT include gifts in kind)				
Total Revenue				
Detailed Item Description for project/program or service	Year One Expenses (9 months)	Year Two Expenses (12 months)	Year Three Expenses (12 months)	Total Expenses
Wages				
Contractors				
Other (Please describe. Do NOT include gifts in kind)				
Administration (10% max)				
Facilities (10% max)				
Total Expenses				
SURPLUS/DEFICIT (MUST ADD UP TO ZERO)				
Detail of 'other expenses' (Proposal Only):	Expense Desc. Yr 1	Expense Desc. Yr 2	Expense Desc. Yr 3	Other
Direct Program Costs				
Consumables & give-aways (incl. food)				



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

DO NOT COMPLETE IF SUBMITTING COMMUNITY EDUCATION APPLICATION

Program Name						
Program Description						
Program Type	Grant Application Complete for Grant Application Year 1 (9 months)		Grant Application Complete for Grant Application Year 2 (12 months)		Grant Application Complete for Grant Application Year 3 (12 months)	
One to One	Program Frequency Year 1		Program Frequency Year 2		Program Frequency Year 3	
	Total Program Cost Year 1	\$	Total Program Cost Year 2	\$	Total Program Cost Year 3	\$
	Total Alliance Request Year 1	\$	Total Alliance Request Year 2	\$	Total Alliance Request Year 3	\$
	Population Served Year 1		Population Served Year 2		Population Served Year 3	
Group	# Unique Clients with ABI		# Unique Clients with ABI		# Unique Clients with ABI	
	# Family Members		# Family Members		# Family Members	
	# Other		# Other		# Other	
Specialty	Goals and benchmarks for success/method of evaluation		Goals and benchmarks for success/method of evaluation		Goals and benchmarks for success/method of evaluation	
Impact						
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	
	# Activities/Events with Indigenous Communities		# Activities/Events with Indigenous Communities		# Activities/Events with Indigenous Communities	
	# People with Substance Use Issues		# People with Substance Use Issues		# People with Substance Use Issues	
	# People with Housing Issues		# People with Housing Issues		# People with Housing Issues	
	# Gained Housing		# Gained Housing		# Gained Housing	
	# Maintained Housing		# Maintained Housing		# Maintained Housing	
	# People with Mental Health Issues		# People with Mental Health Issues		# People with Mental Health Issues	

Community Program Grant Application



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

DO NOT COMPLETE IF SUBMITTING COMMUNITY EDUCATION APPLICATION

If BIA unable to fund 100% of ask, please confirm that partial funding is acceptable.	Yes	No
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NOTE: SURPLUS/DEFICIT FOR EACH PROGRAM MUST EQUAL ZERO.

Program Name				
Financial				
Revenue	Year One Revenue (9 months)	Year Two Revenue (12 months)	Year Three Revenue (12 months)	Total Revenue
Alliance				
Other (Please describe. Do NOT include gifts in kind)				
Total Revenue				
Detailed Item Description for project/program or service	Year One Expenses (9 months)	Year Two Expenses (12 months)	Year Three Expenses (12 months)	Total Expenses
Wages				
Contractors				
Other (Please describe. Do NOT include gifts in kind)				
Administration (10% max)				
Facilities (10% max)				
Total Expenses				
SURPLUS/DEFICIT (MUST ADD UP TO ZERO)				
Detail of 'other expenses' (Proposal Only):	Expense Desc. Yr 1	Expense Desc. Yr 2	Expense Desc. Yr 3	Other
Direct Program Costs				
Consumables & give-aways (incl. food)				



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 Description										
Program Type	Grant Application Complete for Grant Application (9 months)			Grant Application Complete for Grant Application Year 2 (12 months)			Grant Application Complete for Grant Application Year 3 (12 months)			
Community Education Injury Prevention	Program Frequency Year 1			Program Frequency Year 2			Program Frequency Year 3			
	Total Program Cost Year 1	\$		Total Program Cost Year 2	\$		Total Program Cost Year 3	\$		
Target Pop.	Total Alliance Request Year 1	\$		Total Alliance Request Year 2	\$		Total Alliance Request Year 3	\$		
Sports Teams / Events Community Events Community Groups Schools Grades 1-12 Post Secondary Other	Pop. Served Year 1			Pop. Served Year 2			Pop. Served Year 3			
	# Child/Youth			# Child/Youth			# Child/Youth			
	# Adult			# Adult			# Adult			
	# Seniors			# Seniors			# Seniors			
	Goals and benchmarks for success/method of evaluation			Goals and benchmarks for success/method of evaluation			Goals and benchmarks for success/method of evaluation			
Describe Other										

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

If BIA unable to fund 100% of ask, please confirm that partial funding is acceptable.	Yes	No
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NOTE: SURPLUS/DEFICIT FOR EACH PROGRAM MUST EQUAL ZERO.

Program Name				
Financial				
Revenue	Year One Revenue (9 months)	Year Two Revenue (12 months)	Year Three Revenue (12 months)	Total Revenue
Alliance				
Other (Please describe. Do NOT include gifts in kind)				
Total Revenue				
Detailed Item Description for project/program or service	Year One Expenses (9 months)	Year Two Expenses (12 months)	Year Three Expenses (12 months)	Total Expenses
Wages				
Contractors				
Other (Please describe. Do NOT include gifts in kind)				
Administration (10% max)				
Facilities (10% max)				
Total Expenses				
SURPLUS/DEFICIT (MUST ADD UP TO ZERO)				
Detail of 'other expenses' (Proposal Only)	Expense Desc. Yr 1	Expense Desc. Yr 2	Expense Desc. Yr 3	Other
Direct Program Costs				
Consumables & give-aways (incl. food)				

Community Program Grant Application



Organization Name:		Date:	
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NOTE: SURPLUS/DEFICIT FOR EACH PROGRAM MUST EQUAL ZERO.

Financial Summary – All Programs				
Revenue	Year One Revenue (9 months)	Year Two Revenue (12 months)	Year Three Revenue (12 months)	Total Revenue
Alliance				
Other				
Other				
Total Revenue				
Detailed Item Description for project/program or service	Year One Expenses (9 months)	Year Two Expenses (12 months)	Year Three Expenses (12 months)	Total Expenses
Wages				
Contractors				
Other				
Other				
Administration (10% max)				
Facilities (10% max)				
Total Expenses				
Surplus/Deficit (MUST ADD UP TO ZERO)				
Additional Comments/Details				



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