



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

We gratefully acknowledge financial assistance from the Province of British Columbia



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 co-facilitated 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 - <https://sanyas.ca/>
- Island Health's Cultural Safety Online Course: Indigenous Health Cultural Safety - <https://www.islandhealth.ca/learn-about-health/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 - <https://www.bcacdi.org/directory-cultural-safety>
- Indigenous Corporate Training [The History of Indigenous Corporate Training Inc. \(ictinc.ca\)](https://www.ictinc.ca/)

Trauma Informed Practice

- My Training BC: Compassionate Learning Communities: Supporting Trauma-Informed Practice - <https://mytrainingbc.ca/traumainformedpractice/>
- Justice Institute of BC - Trauma-Informed Practice Foundations - https://www.jibc.ca/course/find-course?combine=trauma%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 - <https://crisiscentre.bc.ca/programming-for-adults/>
- Vancouver Island Crisis Line: Crisis Intervention Skills Training - <https://www.vicrisis.ca/cist/>
- Additional resources and online courses - <https://www.bcacdi.org/directory-cultural-safety> and <https://www2.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use/child-teen-mental-health/trauma-informed-practice-resources>

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 Name:	Date:
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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.

Course Title		Registration Fee(s)/person		Priority Area	
Description of Training Course					

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Description of Training Course					

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Description of Training Course					

Course Title		Registration Fee(s)/person		Priority Area	
Description of Training Course					

Total Number of Unique Participants - Training Course(s)

# Staff		# Board Members		# Peer Supporters/ Volunteers		# Community Members	
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Organization Name:	Date:
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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:	Date:
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Training Event(s) - one-off programs, where there is a fee for a facilitator, elders and/or other trainers 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 Participants - Training Event(s)									
# Staff		# Board Members		# Peer Supporters/ Volunteers		# People with ABI		# Community Members	



Organization Name:	Date:
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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 Name:	Date:
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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.

Other Training Title		Priority Area	
Description of Other Training			

Other Training Title		Priority Area	
Description of Other Training			

Other Training Title		Priority Area	
Description of Other Training			

Other Training Title		Priority Area	
Description of Other Training			

Total Number of Unique Participants - Other Training									
# Staff		# Board Members		# Peer Supporters/ Volunteers		# People with ABI		# Community Members	



Organization Name:	Date:
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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))				



Organization Name:	Date:
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Financial - For all Training Categories

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				
Rent (Venue)				
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))				
Total Requested from the Alliance				

NOTE: These must be individually counted and entered manually below. PLEASE DO NOT ADD up the numbers from the other pages.

Total Number of Unique Participants – All Training									
# Staff		# Board Members		# Peer Supporters/ Volunteers		People with ABI		# Community Members	



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):	

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