

The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO

Le Centre d'excellence provincial au CHEO en santé mentale des enfants et des ados



Dare to Dream Program
2007 Group Application Form

SAMPLE



A. Before you fill out this form, please remember to:

- Read the **Dare to Dream Guidelines** before completing this application form
- Print or type **CLEARLY**
- Have your mentor complete the **Mentor's Section**

If you have any questions or concerns when completing this application form, please refer back to the Dare to Dream Guidelines, which can be found on our Web site at

www.daretodreamprogram.ca

| Mentor Information | |
|---|--------------|
| Mentor Name: | |
| Position/Title Held: | |
| Name of Sponsoring Organization (employer): | |
| Street Name: | Street #: |
| Town/City: | |
| Province: Ontario | Postal Code: |
| Personal Telephone: () | |
| Business Telephone: () x | |
| Email Address: | |
| Do you have experience in child and youth mental health? | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If Yes, Please Explain: | |
| Where did you find out about Dare to Dream? Our website: <input type="checkbox"/> Our Poster: <input type="checkbox"/> MSN Ad: <input type="checkbox"/> | |
| Teacher/Guidance Counselor: <input type="checkbox"/> Psychiatrist/Psychologist: <input type="checkbox"/> Youth Organization: <input type="checkbox"/> | |
| Executive Officer: person who will administer the funds (i.e., Executive Director, School Principal) | |
| Name: | |
| Title/Position: | |
| Street Name: | Street #: |
| Town/City: | |
| Province: Ontario | Postal Code: |
| Business Telephone: () x | |
| Email Address: | |





Each member of the Group must complete (fill out) an Applicant Information Form

Photocopy this page and complete as many copies as required. **Each member of the group must submit this page.** Attach each completed Applicant Information sheet to the group's application package.

| Applicant Information | |
|---|--------------|
| Applicant Name: | |
| Street Name: | Street #: |
| Town/City: | |
| Province: Ontario | Postal Code: |
| Telephone Number (1): () | |
| Telephone Number (2): () | |
| Email Address: | |
| Age: | |
| Are you a resident of Ontario? | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Are you currently attending school? | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Are you involved in a youth organization or community centre? | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If Yes, Name of organization: | |
| Have you applied to the Dare to Dream Program before? | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If yes, what was the name of your project? | |
| Where did you find out about Dare to Dream? Our website: <input type="checkbox"/> Our Poster: <input type="checkbox"/> MSN Ad: <input type="checkbox"/> | |
| Teacher/Guidance Counselor: <input type="checkbox"/> Psychiatrist/Psychologist: <input type="checkbox"/> Youth Organization: <input type="checkbox"/> | |





Applicant's Section (one copy is required per group)

What is the name of your group's project?

Be creative we love projects with good names, it proves that you have put a lot of thought into your project.

B. Your Group Project Idea

Please describe your group's project idea.

Tell us what you are planning to do. This is your opportunity to showcase your idea to us in a positive, engaging and concise manner. Define the BIG PICTURE of your project:

- What is your idea?
- Where and when will it take place?
- What are your goals and objectives and how will you meet them?
- Who is your target audience?





Tell us where your project idea came from. Whose idea was this? How did you develop it?

This section should be used to tell us what inspired you to come up with the idea for your project. This section also helps us make sure that this is a youth-led project. All Dare to Dream applications MUST be youth-led!

C. About Your Group Project

Please describe the mental health issue or challenge that you are trying to address with this project idea (i.e., decreasing stigma, sharing information, etc.)?

Include the specific mental health areas that your project will be addressing. This helps us know a bit more about what your objectives are. Doing a bit of research and brainstorming beforehand is a great way to focus the mental health issues your project will tackle. The stronger the fit between what you want to do and a specific mental health issue or issues, the more likely your application will be funded.





How will your group project address this mental health issue or challenge?

Talk about your action plan or your strategy. This is where your background research will come in handy. What parts of your project will help you achieve the goals and objectives that you have set? State some interesting details about the way your project's goals and objectives will be reached.

Please identify the time required to do your group project: Start Date: _____, 200 End Date: _____, 200





D. Your Group Project Goals

What are the overall goals of your project? What impact are you hoping to have on your peers and or your community?

In this section, you should talk about what you are hoping to achieve with your project. What impacts are you hoping to make? What difference will your project have? To make this section easier, feel free to use point form. This may help you to not repeat yourself. Use examples of your immediate, short term and long term goals. Remember there are no restrictions to what your project can do, but make sure to have realistic goals that can be achieved in the timeline proposed for your project. Other than that that, The SKY IS THE LIMIT!





E. Your Group Project's Relevancy to Child and Youth Mental Health

How will your group project benefit children and youth with mental health problems?

Here you need to demonstrate that your project is consistent with the Centre's policies and guidelines. The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO only funds and supports projects that will have an impact on child and youth mental health in Ontario. (For more information please see the Centre's Web site at www.onthepoint.ca) Tell us how your project relates to child and youth mental health. What specific aspects are geared towards this? How will you make your project truly benefit children and young people in Ontario?





F. Your Group Project Action Plan: In the table below, please describe the actions or steps involved in each of the stages of the project (planning, set-up, action and follow-up). Also list the time it will take to complete each action or step in the timeline section below. **Please be as detailed as possible, this is one of the most important sections in the application process.**

| Project Stages | Project Actions or Steps | Timelines |
|--|--|--|
| <p>Planning Stage</p> | <p>It's important to make the next three sections as detailed as possible. Keep in mind that it make take up to a month and a half before you find out if you will be receiving a grant.</p> | <p>Make sure you have some dates. If you don't know exactly when, at least include some estimates.</p> |
| <p>Set-Up Stage</p> | | |
| <p>Action Stage & Follow-up</p> | | |





G. Your Group Project Budget: Please list all of the items required to complete your project. Be very specific when completing this section and be sure to think of everything you might need to be successful. The maximum amount we can provide is \$5,000. Plan it wisely!

| Items you will need Here's a sample of how this might look: | Donations Received (A) | Total cost of item(s) (B) | Funds Needed (Max. \$5000) (B – A) |
|---|---------------------------|------------------------------|--|
| Guest Speaker | \$200.00 | \$600.00 | \$400.00 |
| Hall Rental | \$0.00 | \$500.00 | \$500.00 |
| Art Supplies | \$50.00 | \$150.00 | \$100.00 |
| Manuals (20 @ 10.00 each) | \$100.00 | \$200.00 | \$100.00 |
| Suicide Intervention Training | \$1000.00 | \$2,000.00 | \$1,000.00 |
| Food for Weekend | \$0.00 | \$300.00 | \$300.00 |
| Rope | \$0.00 | \$35.00 | \$35.00 |
| Decorations | \$50.00 | \$150.00 | \$100.00 |
| Training DVD | \$0.00 | \$40.00 | \$40.00 |
| Advertising | \$150.00 | \$150.00 | \$0.00 |
| Student Recognition Honorarium | \$0.00 | \$200.00 | \$200.00 |
| | | | |
| Totals | \$1,550.00 | \$4325.00 | \$2,775.00 |





G. Budget Explanation

Please describe the reasons why the above items are needed to complete your group project.

Make sure to describe why you need a Dare to Dream grant to complete your project. If you are also using funds from other grants, make sure to include these in your budget under “donations received”. If your project is relying on grants other than Dare to Dream, make sure to be clear how the Dare to Dream and other grants are going to be used. It is also a good idea to tell us what will happen if you do not get a Dare to Dream or any of the other grants you are applying for.

This is also your chance to clarify any expenses that you feel need explaining. Tell us the reasons behind items that are unusually expensive or unusually cheap. And don't forget that if you are hosting an event, you need to advertise. Make sure to clearly explain how you are going to promote your event or project.

H. Project Evaluation

How will you be able to tell that your group project has been a success (think about this carefully, you will need to demonstrate to us that your group project has been successful or unsuccessful in raising mental health awareness)?

Tell us how you will evaluate your project. If you are conducting a survey, please briefly describe how you will assess the information from the survey and what you will do with that information. Make sure to take into consideration two possibilities: if people like your project or if people don't like your project. If you are having trouble with coming up with a way to evaluate your project, please check out our Web site for some sample evaluations.





Mentor's Section

The mentor's role in Dare to Dream is strictly one of mentorship and supervision. The project idea, application form and action plan **MUST** be prepared and written by a youth or group of youth. **The Centre will not review proposals that have been prepared and submitted by adults.**

Mentor's Project Description & Relevancy

This section needs to be filled out by your mentor! To find out who can be a mentor, check out our Web site for a list of professionals who could be mentors. If you can't find a mentor, please contact us and we will try and match you with someone in your area.

