

YOUTH ACTION GRANTS

GRANTS UP TO \$500 FOR YOUTH-LED PROJECTS

A PROJECT OF McCREARY'S YOUTH ADVISORY & ACTION COUNCIL
& THE BC ADOLESCENT HEALTH SURVEY



ABOUT THE YOUTH ACTION GRANTS

YOUTH ACTION GRANTS (YAGs)

The Youth Action Grants (YAG) were created by McCreary Centre Society's Youth Advisory & Action Council (YAC). The purpose of the YAGs is to provide BC youth (ages 12–19) from school districts that participated in the 2018 BC Adolescent Health Survey the opportunity to deliver a project to improve youth health in their school or community.

BC ADOLESCENT HEALTH SURVEY (BC AHS):

In 2018, McCreary surveyed 38,000 youth in Grades 7–12 across the province asking them about their health. The results were published in a report called *Belonging and Connection: The health and well-being of our youth*. Check out the report for a list of participating school districts and to view the key findings.

McCreary's Youth Advisory and Action Council (YAC) is putting together a poster to share important results from the report. The poster will be available soon at www.mcs.bc.ca.



Click [HERE](#) to view the report.

McCREARY CENTRE SOCIETY

McCreary is a BC charity committed to improving the health of BC youth through research and youth-led projects.

YOUTH ADVISORY & ACTION COUNCIL (YAC)


The YAC is a group of youth aged 15–24 who promote knowledge about youth health and youth engagement through projects, workshops and events.

The YAC are looking for new members! The YAC is open to youth aged 15–24 who have an interest in improving youth health in BC.

For more information, contact Katie:
katie@mcs.bc.ca | 604-291-1996 (ext. 236)

 yag@mcs.bc.ca

 www.mcs.bc.ca

 604-291-1996

 @mccrearycentre

 McCrearyCentre

 McCreary Centre Society's Youth Advisory & Action Council

HAVE AN IDEA? TELL US ABOUT IT!

STEP 1:

Tell us about your project by filling out an application form.

STEP 2:

Turn in your completed application form one of two ways:

- 1 Email application to:
yag@mcs.bc.ca
- 2 Print and mail application to:
McCreary Centre Society
ATTN: Youth Action Granting Committee
3552 East Hastings Street
Vancouver, BC V5K 2A7

STEP 3:

The YAG Committee (members from McCreary's YAC and adult supports) will review your application and let you know if it has been successful within 4 weeks of receiving it.

If you have any questions about your project idea, the application process, or would like help preparing your grant application, email yag@mcs.bc.ca or call Katie at 604-291-1996 (extension 236).

YOUR PROJECT SHOULD BE:

- Youth-led.
- Focused on one or more of the key findings from the 2018 BC AHS.
- Benefitting youth in your school or community.
- Supported by at least one adult (such as a teacher, counsellor, youth worker, adult mentor, etc.).

A STRONG PROJECT WILL INCLUDE:

- An explanation of why the project is needed in your school or community.
- A clear link to one or more of the key findings in the 2018 BC AHS.
- An opportunity for youth to gain valuable skills and knowledge.
- The potential to make a lasting impact in your school or community.

STAY IN TOUCH!



yag@mcs.bc.ca



www.mcs.bc.ca



604-291-1996



@mccrearycentre



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APPLICATION FORM

PART 1: GENERAL INFORMATION

1 YOUTH PROJECT LEADER INFORMATION

Project leader must be a youth aged 12–19

NAME (first and last)

AGE

SCHOOL DISTRICT NUMBER

TELEPHONE

EMAIL

WHAT IS THE BEST WAY TO CONTACT YOU?

(By phone or email; best time of day)

2 ADULT SUPPORT INFORMATION

Adult support must be 25 years old or older and be affiliated with a school or organization (e.g., teacher, counsellor, youth worker, etc.).

NAME (first and last)

AGE 25+ Y N

RELATIONSHIP TO YOUTH PROJECT LEADER

AFFILIATION (e.g., organization, school)

MAILING ADDRESS:

CITY

STREET

OR PO BOX

PROVINCE

POSTAL CODE

TELEPHONE

EMAIL

WHAT IS THE BEST WAY TO CONTACT YOU?

(By phone or email; best time of day)

PART 2: PROJECT INFORMATION

1 TELL US ABOUT YOUR PROJECT. *Be sure to include how your project addresses one of the key findings of the 2018 BC AHS and how this might improve youth health in your school or community. You should also tell us how many people will be involved, when your project will take place, and which adult(s) will support you.*

2 HOW WILL YOU KNOW YOUR PROJECT HAS BEEN A SUCCESS? *For example, you might create and hand out feedback forms and count how many youth attended your youth health event.*

3 HOW WILL YOU SHARE THE RESULTS OF YOUR PROJECT WITH US? *For example, by sending us photos of an event you hold or sending us a short report.*

PART 3: PROJECT BUDGET & TIMELINE

- 1 PROJECT BUDGET** Provide a budget, outlining the amount of money you are requesting from the YAG (max \$500) and how it will be spent. Please note we may request copies of receipts for project expenses.

EXPENSES & DESCRIPTION	TOTAL COST (\$)	REQUESTED AMOUNT (\$)
TOTAL (\$):		

<p>EXAMPLES OF ELIGIBLE EXPENSES:</p> <ul style="list-style-type: none"> Equipment/venue rental Food for participants Project supplies (eg. markers, flip charts, display boards) 	<p>EXAMPLE OF INELIGIBLE EXPENSES:</p> <ul style="list-style-type: none"> Projects that are planned and led by adults Trips/activities that take place outside of the project Overhead costs for your school such as gas bill, phone bill or monthly rent on a building Activities or supplies purchased BEFORE the grant has been approved
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- 2 PROJECT TIMELINE** Provide a timeline including details of what you will do in your project, when you will do it and when you plan to complete your project.

DESCRIPTION OF ACTIVITY/TASK	STARTING DATE	COMPLETION DATE
ANTICIPATED PROJECT COMPLETION DATE:		

Think of your timeline as a TO DO list by outlining the tasks you will need to carry out to successfully complete your project.

PART 4: GUIDELINES CHECKLIST & AGREEMENT

- 1 GUIDELINES CHECKLIST.** *Go through the list below and check the boxes to ensure that your project is in line with YAG guidelines.*

My project is youth-led (youth ages 12–19).

My project aims to improve youth health in my school or community.

My project is supported by at least one adult.

My project shows a clear link to one or more of the key findings from the BC AHS

- 2 AGREEMENT.** *Please check the boxes below and sign to indicate you and your adult support have read and agreed to them.*

All the information I have provided in this YAG application is correct.

I understand that I may be asked to provide documentation of my project through photos, video, a short report, and/or receipts for project expenses.

I give permission for details of my project to be displayed by McCreary Centre Society on their website or in other print/electronic forms.

YOUTH PROJECT LEADER'S NAME (first and last)

DATE

SIGNATURE

ADULT SUPPORT'S NAME (first and last)

DATE

SIGNATURE

THANK YOU.

WE LOOK FORWARD TO READING YOUR APPLICATION!