



••• YOUTH ACTION GRANTS •••

Grants up to \$500 for youth-led projects

...ABOUT...

THE 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 2013 BC Adolescent Health Survey the opportunity to deliver a project which aims to improve youth health in their school or community.

To find out if your school district participated in the 2013 BC AHS, click [here](#).

THE BC ADOLESCENT HEALTH SURVEY (BC AHS): In 2013, McCreary surveyed nearly 30,000 youth across the province asking them about their health. The results were published in a report called *From Hastings Street to Haida Gwaii*.

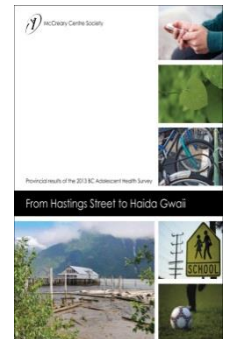
The YAC also put together a poster with some results from the report.

Click the links below to check out the report and poster (also available on our website - www.mcs.bc.ca).

MCCREARY CENTRE SOCIETY: McCreary is a BC charity committed to improving the health of BC youth through research 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 [Preeti preeti@mcs.bc.ca](mailto:Preeti.preeti@mcs.bc.ca) or call 604.291.1996 (extension 227)



Click [HERE](#) to download a copy of the 2013 BC AHS Poster

Click [HERE](#) to download a copy of the 2013 BC AHS Report

...HAVE AN IDEA? TELL US ABOUT IT!...

STEP ONE: Tell us about your project by filling out an application form

STEP TWO: Turn in your completed application form one of two ways

1) Print and mail application to

McCreary Centre Society

Attn: Youth Action Granting Committee

3552 East Hastings Street

Vancouver, BC V5K 2A7

2) Email application to

yag@mcs.bc.ca

STEP THREE: 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 Preeti at 604.291.1996 (extension 227).

YOUR PROJECT SHOULD BE:

- Youth-led
- Focused on at least one aspect of youth health
- Benefitting youth in your school or community
- Supported by at least one adult (such as a teacher, counselor, youth worker, adult mentor, etc.)

A STRONG PROJECT WILL INCLUDE THE FOLLOWING:

- An explanation of why the project is needed in your school or community
- 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



<http://www.youtube.com/user/McCrearyCentre>



604.291.1996



@mccrearycentre



McCreary Centre Society's Youth Advisory & Action Council

...APPLICATION FORM...

PART ONE – GENERAL INFORMATION

1) YOUTH PROJECT LEADER INFORMATION

Project leader must be a youth between the ages of 12 and 19

NAME (FIRST AND LAST): _____

AGE: _____ SCHOOL DISTRICT #: _____ SCHOOL DISTRICT NAME: _____

TELEPHONE: _____ EMAIL: _____

WHAT IS THE BEST WAY TO CONTACT YOU?: _____

(BY PHONE, EMAIL AND/OR AT A CERTAIN TIME OF DAY)

2) ADULT SUPPORT INFORMATION

Adult support must be 25 years old or older and be affiliated with an organization or school (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 etc.): _____

MAILING ADDRESS

CITY: _____ STREET: _____

PROVINCE: _____ POSTAL CODE: _____

TELEPHONE: _____ EMAIL: _____

WHAT IS THE BEST WAY TO CONTACT YOU?: _____

(BY PHONE, EMAIL AND/OR AT A CERTAIN TIME OF DAY)

PART TWO – PROJECT INFORMATION

- 1) TELL US ABOUT YOUR PROJECT** [Usually around 250-500 words, however if you need more space you can add another sheet]. Be sure to include how your project might improve youth health in your school or community, how many people will be involved, when your project will take place and which adult(s) will support you.

NAME OF YOUR PROJECT: _____

- 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 THREE – 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.

Examples of eligible expenses:

- Equipment/venue rental
- Food for participants
- Project supplies (eg. markers, flip charts, display boards)

Example of ineligible expenses:

- 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

Note: We may request copies of receipts for project expenses

EXPENSES & DESCRIPTION	COST (\$)	REQUESTED AMOUNT FROM YAG (\$)	OTHER SOURCES OF FUNDING (\$)
	TOTAL (\$)	TOTAL (\$)	TOTAL (\$)

Other sources of funding:
 If the cost of your project is more than the \$500 from the YAG, please include the remaining cost in the "other sources of funding" column. This column will tell you how much money you still need for your project. Other possible sources of funding could come from hosting a fundraiser, applying for other grants or from contacting local businesses for donations.

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 for your project by outlining the tasks you will need to carry out to successfully complete your project.

PART FOUR – 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.

The project is youth-led (youth ages 12-19).

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

The project is supported by at least one adult.

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.

3) IF YOUR APPLICATION IS SUCCESSFUL, WHO SHOULD WE CONTACT AND WHERE SHOULD WE SEND THE MONEY? (E.g. School, youth group) Please provide an address as well as the name and phone number/email of the person we should contact.

YOUTH PROJECT LEADER'S NAME (FIRST & LAST): _____

SIGNATURE: _____ DATE: _____



John Doe

ADULT SUPPORT'S NAME (FIRST & LAST): _____

SIGNATURE: _____ DATE: _____

**THANK YOU.
WE LOOK FORWARD TO READING YOUR
APPLICATION!**