



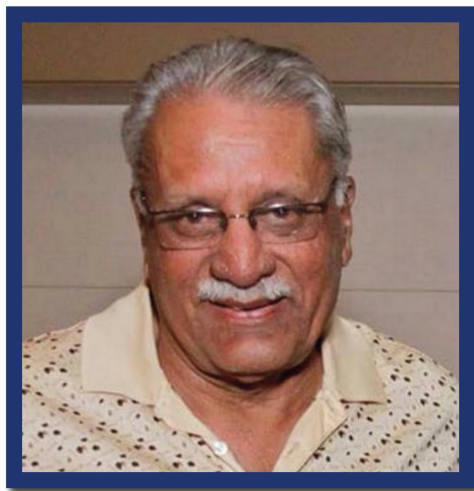
BRAIN INJURY ALLIANCE

contact@braininjuryalliance.ca

www.braininjuryalliance.ca

The Dr. Gur Singh Memorial Education Fund was established, and is administrated by the:

BRAIN INJURY ALLIANCE



Dr. Gur Singh Memorial Education Fund APPLICATION FORM FOR ORGANIZATIONS

The Brain Injury Alliance Dr. Gur Singh Memorial Education Fund is intended to fund educational and job training projects for those with a confirmed acquired brain injury.

Who Can Apply?

Associations/Societies that provide services to people with acquired brain injuries including:
Brain Injury Alliance member organizations

BC Brain Injury Service Provision Organizations that are not Brain Injury Alliance members

- Must be a non-profit society in BC that provide services to people with acquired brain injuries
- Must be a Canadian Registered Charitable Organization according to the federal income tax act

Eligible for Funding

(emphasis on programs to improve employment opportunity)

- ✓ Group Services for Clients
- ✓ Job Training, Upgrading, or Further Education
 - ✓ Direct Program Costs (for eligible programs)
 - Administration Costs (10% of budget)
 - Wages
 - Facility Costs

Ineligible for Funding

- ✗ Religious and Political Purposes
- ✗ Out of Province Travel
- ✗ Capital Expenses
- ✗ Subsidizing Fee for Service Programs
- ✗ Fundraising Costs
- ✗ Debt Reduction Costs
- ✗ Research

www.drgursinghgrants.ca

We gratefully acknowledge financial assistance from the Province Of British Columbia



Organization Name:

Section A: Information for Organization Seeking Funding

| | |
|---------------------------------|--|
| Date of Application: | |
| Name of Organization: | |
| Contact Person: | |
| Address: | |
| Telephone Number: | |
| Email: | |
| Organization Website: | |
| Society Number: | |
| Charitable Registration Number: | |

Is your organization a Brain Injury Alliance member? Yes No

Section B: Information about the Educational/Training Program/Group

| | | | |
|--|-------------------------|--------------------------------|------------------|
| Name of Program: | | | |
| Program Start Date | Program Completion Date | Total Cost of Program | Amount Requested |
| | | | |
| This program is: <input type="checkbox"/> Established <input type="checkbox"/> New <input type="checkbox"/> Once only <input type="checkbox"/> Repeating | | | |
| How long is each class/session? | | Frequency of classes/sessions: | |
| In point form, describe the educational or vocational service(s) this program will provide: | | | |
| | | | |



Organization Name:

Section C: Benefits from the Educational/Training Program/Group

Anticipated number of program participants:

What percentage of participants will be persons with an acquired brain injury?

Check all that apply:

- the program will provide all needed materials (text books, supplies, etc.)
- the program will provide academic training needed to secure employment
- the program will provide vocational training needed to secure employment
- the program will provide clothing/equipment needed for employment
- the program will provide certification in a recognized skill (flagging, bookkeeping, etc.)

Please provide a timeline for the program:

Please explain the positive difference receipt of Dr. Gur Singh Memorial Education Fund grant will make upon participant lives, and how it will assist them to acquire employment.



Organization Name:

Program Budget (Schedule A)

NOTE: Do not include volunteer hours or gifts in kind in revenue and expenses.

Proposed Program Budget

Program Name:

Program Start Date:

Program Completion Date:

Program Revenue (please identify all program funding sources by name)

(do not use commas)

| | |
|-------------------------------|--|
| | |
| | |
| | |
| Brain Injury Alliance Request | |
| Total Program Revenue | |

Program Expenses (please itemize program costs - attach additional page if needed)

(do not use commas)

| | |
|--------------------------------------|--|
| | |
| | |
| | |
| | |
| | |
| Sub Total | |
| Wages and benefits: | |
| External facilitator costs: | |
| Facility costs (maximum 10%): | |
| Administration (maximum 10%): | |
| Total Program Expenses | |
| Total Program Surplus/Deficit | |



Organization Name:

Please Note:

- Successful applicants must recognize the generous financial contribution by the Province of British Columbia to the Brain Injury Alliance (Alliance) to establish the Dr. Gur Singh Memorial Education Fund in their social media and all contact with media, including radio, print, television and internet.
- Recipients are expected to fully utilize grant funds within the period for which the grant was provided. Program onset delays, costs other than predicted, or issues that may arise and impact completion date, must be reported at the mid-term reporting cycle. Program amendments/alterations must clearly be stated on the mid-term grant report, to be approved by the Alliance. Program funding extensions may be granted in extraordinary circumstances by submitting a written request to the Alliance.
- Grants are not transferable to associations/societies/organizations not identified in this application without the express written permission of the Alliance.
- The 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 Alliance reserves the right to deny a grant request, or to limit the amount of grants issued to any and all groups. Funding availability varies depending on the number of qualified applicants and fund amount.

I, the undersigned, declare that this organization is eligible to receive a Dr. Gur Singh Memorial Education Fund grant for organizations.

Signature

Signature of authorized officer:

Date of signing (mm/dd/yyyy):

IMPORTANT: Application forms must be saved to your desktop to be completed, then saved again before being attached to an email sent to info@drgursinghgrants.ca. Scanned copies of applications **will not be accepted**. Scanned copies of relevant information will be accepted. Instructions for creating digital signatures are available at www.drgursinghgrants.ca.

Organization Grant Application Deadline is May 31.

**Email this completed digital application and any scanned relevant documentation to:
info@drgursinghgrants.ca**