

# YOUTH MENTORSHIP HUBS EXPRESSION OF INTEREST (EOI) Application



## APPLICATION FORM

Operating Name: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Website: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address – if different: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Number: \_\_\_\_\_

Organizational Contact Name: \_\_\_\_\_  
First Last

Position: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Eligibility

NOTE: All items must be checked in order to be eligible for the EOI.

Confirmation that your organization is a not-for profit organization or charity with an established governing board.	<input type="checkbox"/> YES
Confirmation that your organization is located and operating in Manitoba and provides services to Manitobans.	<input type="checkbox"/> YES
Confirmation that your organization is registered and in good standing with the Companies Office (not required for exempt organizations).	<input type="checkbox"/> YES
Confirmation that your project will be completed within one year from the start date.	<input type="checkbox"/> YES

Confirmation that your organization is Indigenous-led with at least 51% of your board represented by Indigenous Peoples or has an established partnership with an Indigenous-led organization.

YES

### Consent to Information

The personal information collected using this form is required for the administration of the Expression of Interest (EOI) and will be shared with the EOI advisors and selection committee. The information may also be shared with other government departments/agencies with interests in your project. The information will not be discussed to any other third parties except as allowed by The Freedom of Information & Protection of Privacy Act. Please check the box if you understand and provide consent.

YES

### Project Information

Provide the name of the Project.

Provide a brief description of your organization including your organization's history of working with youth, in particular those who have exited Child and Family Services care:

Provide a description of any partnerships and community support for this project:

Provide an overview of the proposed program including:

- description of program activities
- program deliverables, including anticipated outcomes
- cultural supports that will be available to participants through the program or through your organization

Please describe the impact programming will have on the identified community and a clear explanation of how the proposed program will build on local strengths and address existing gaps.

Please indicate the dollar amount you are requesting from the EOI. (please attach a budget that breaks down anticipated costs)	
How many young adults does your project intend to serve?	

Briefly describe the geographic location that your project will cover. For example, Portage La Prairie and surrounding areas.		
Provide the start and end date of your project.		
	Start Date	End Date



Confirmation that your organization has reviewed and understands the funding guidelines.	<input type="checkbox"/> YES
Following application selection and approval, an Agreement between the EOI Recipient and the Manitoba government will be negotiated. The Agreement will outline the terms and conditions with the EOI Recipient. This shall include but not be limited to project tasks and deliverables; the eligible use of funds; maximum project funding limits, project start and end date; publication terms, if any; agreement cancellation; payment processing including interim payment terms, if any; and reporting terms which typically contain interim and final reporting requirements.	<input type="checkbox"/> YES

Date: \_\_\_\_\_ Signature: \_\_\_\_\_