

Expression of Interest Questions

Step 1: The Expression of Interest (EOI)

The purpose of the EOI is to equip Ontario Trillium Foundation (OTF) staff with the information needed to assess your project and group. The EOI is the first step of the grant application.

Most of the questions are answered by selecting answers from a drop-down list. There are a few narrative questions where you can share details about your group and the work that you have led to date. You will also need to complete and submit a Project Plan and Budget Worksheet as part of the EOI.

OTF staff will review your eligibility, your readiness to scale your work, the potential impact of your project, and how well you understand the needs, interests, and experiences of the parents, guardians and caregivers you want to work with.

Step 2: The Grant Application (if shortlisted)

If your EOI is successful, your group will be shortlisted and invited to complete and submit the Family Innovations grant application with an Organizational Mentor (OM).

At the grant application stage, you will only be able to change or update your responses for questions marked with the following symbol: >>>

Getting Ready to Apply

- Learn more about the [Family Innovations Scale grant](#) and how to apply.
- YOF offers comprehensive webinars about Family Innovations Test and Scale grants, as well as one-on-one coaching calls.
- Connect with the YOF team at yof@otf.ca to discuss your project and get the support you need.

TAB 1: TYPE OF GRANT

If your group is shortlisted, you will not be able to change or update your responses in this section of the grant application.

1. **The Family Innovations Stream has two different types of grants. Each grant type has a different purpose and eligibility criteria. Which grant type are you interested in?**
(Check only one)

- ☐ Family Innovations Test grant
- ☐ Family Innovations Scale grant

TIP:

A Family Innovations Test grant is an opportunity for groups to test a new idea, strategize around an issue in their community, or research an issue that matters to the group.

A Family Innovations Scale grant is for more established groups that have already delivered core project activities over a two-year period. These groups are able to demonstrate the success of the model that is being scaled. If you are not sure which grant type is right for your group, email us at yof@otf.ca.

Project Type

2. **Funding for Family Innovations Scale grants is for specific purposes. How will you scale this project? Our main goal in scaling this project is to:** (Check only one)

- ☐ Enhance the quality of parents, guardians and caregivers' experiences to **deepen the impact** of a current project.
- ☐ Expand a current project to **impact more** parents, guardians, and caregivers.

3. **Has your group delivered core project activities for at least two years?** (Check only one)

- ☐ YES
- ☐ NO

[If no selected]:

Scale grants are for groups that have already delivered core project activities over a two-year period. This means the group has experience delivering work together and all core activities have already been implemented for at least two years. This ensures that there is a solid foundation in place to scale the project. Your group may be eligible for a Test grant if this is a new idea or if you are in the early stages of delivering work in your community. Please email us at yof@otf.ca for more information.

TAB 2: GROUP PROFILE

If your group is shortlisted, you will not be able to change or update your responses in this section of the grant application.

Group Name and Contact Information

4. Enter your group's details:

- Group Name
- Address
- Phone
- Email

5. Enter the contact information for your primary contact:

- Project contact name
- Project contact phone number
- Project contact email

TIP: This person should be a member of the core group and included in the core group table.

6. Enter the contact information for your secondary contact:

- Project contact name
- Project contact phone number
- Project contact email

TIP: This person should be a member of the core group and included in the core group table.

Online Presence

7. If your group is active on social media, provide the handles you operate under. For example, @ONTrillium is OTF's Twitter handle.

TIP: As part of the assessment process, OTF reviews the online presence of all applicants to ensure they are not engaged in ineligible activities. This includes:

- The majority of group activities are for the purpose of bringing about change in law or government policy, including public policy dialogue and development.

- Political activities supporting or opposing any political party, elected representative, or candidate for public office.

For more information about eligible and ineligible activities, review OTF's [Eligibility Policy](#).

Group Structure

8. Select the organization type that best describes your organization/group.

(Check only one)

- ☐ Grassroots group that is **not registered** as a charity or as an incorporated not-for-profit.
- ☐ A charitable organization or foundation **registered with** the Canada Revenue Agency
- ☐ An organization **incorporated as a not-for-profit corporation** without share capital in a Canadian jurisdiction (this includes a Chartered Community Council, operating under the Métis Nation of Ontario, or Inuit communities that are registered as not-for-profit corporations without share capital in Canada)
- ☐ A First Nation

TIP:

- Incorporated not-for-profits may be eligible to apply to the Family Innovations Stream. We will need more information to make that assessment.
- Registered charities are not eligible in the Family Innovations Stream.
- First Nations are eligible to apply to the Family Innovations Stream when more than 50% of their core group are community members who are not part of the band office or band council.

If you are unsure about how to answer this question, please email the YOF Team at yof@otf.ca.

[If unincorporated grassroots group selected]:

- What year did your group form?

TIP: Groups applying for a Scale grant are more established and have at least two years of experience working together to deliver core project activities. Groups who are newly formed should consider applying for a Test grant.

[If incorporated selected]:

- Provide your Incorporation number.
- Provide your year of Incorporation.
- As an incorporated not-for-profit, have you independently managed funds with no administrative support from an Organizational Mentor, platform, trustee and/or charitable organization? (Check only one)

☐ YES

☐ NO

TIP:

Check YES, if you have received funds directly from the funder to your organization's business account, managed these funds throughout the life of a project, and reported back to funders on the use of these funds.

Check NO if you received funding for a project but these funds were administered by another organization.

[If incorporated and managed own funds selected]:

- How much funding did you manage independently in the last fiscal year (2022)?
- How much funding did you manage independently in the fiscal year before last (2021)?

TIP: To be eligible for the Family Innovations Stream, your incorporated not-for-profit cannot have managed more than \$50,000 independently in each of the last two years.

- **Example 1:** Last year, you managed \$25,000 independently and the year before that you managed \$5,000 independently. You may continue with your EOI.
- **Example 2:** Last year, you managed \$50,000 independently and the year before that you also managed \$50,000 independently. You may continue with your EOI.
- **Example 3:** Last year, you managed \$70,000 independently and the year before that you managed \$25,000 independently. You are not eligible to apply to the Family Innovations Stream.

We can help if you are not sure how to answer these questions. Email us at yof@otf.ca.

Group Experiences

9. Tell us about how and why your group was formed and your connections to community. (300 words max.)

TIP: Given that you have experience delivering programming to parents, guardians and/or caregivers in your community, share 1 or 2 examples of previous activities your group has delivered. What motivates your group to continue to offer programming in your community?

10. Has your group or individuals in your group received funding in the last five years?
Include funds received from current or past YOF grants. (Check only one.)

- ☐ YES
☐ NO

[If yes is checked]:

- List the year, the source and the amount.

TIP: For example:

- 2013 | Funder X | \$5,000
- 2014 | Donation from community member | \$1,000

TAB 3: PROJECT LEADERS

»» **11. Your core group members are or have experience with:**
(Check only those that apply to your core group members)

TIP: Check only those identities and lived experiences that apply to your core group members. If you are a registered not-for-profit, this also includes your board members.

When selecting Indigenous (First Nations, Métis or Inuit) members can be from urban, rural and on-reserve communities.

- ☐ Indigenous parents, guardians, and caregivers
- ☐ First Nations
 - ☐ Métis
 - ☐ Inuit
- ☐ Black parents, guardians, and caregivers
- ☐ Racialized parents, guardians, and caregivers

- ☐ Newcomer parents, guardians, and caregivers
- ☐ Francophone parents, guardians, and caregivers
- ☐ Parents, guardians, and caregivers and/or their children who are two-spirit, lesbian, gay, bisexual, transgender, queer and/or questioning, intersex, asexual (2SLGBTQIA+)
- ☐ Parents, guardians, and caregivers and/or their children living with disabilities or special needs
- ☐ Parents, guardians, and caregivers and/or their children living with mental health needs and/or addictions
- ☐ Parents, guardians, and caregivers living in rural, remote and/or Northern communities
- ☐ Parents, guardians, and caregivers and/or their children in conflict or at risk of being in conflict with the law
- ☐ Parents, guardians, and caregivers at risk of contact or in contact with child welfare services
- ☐ Parents, guardians, and caregivers in low-income situations
- ☐ Parents, guardian and caregivers who are homeless or at risk of being homeless
- ☐ Parents, guardians, and caregivers whose children are at-risk of dropping out or have dropped out of school
- ☐ Parents, guardians and caregivers whose children are not engaged and/or are at risk of not being engaged with education, employment and training programs
- ☐ None of the above

TIP: Grassroots work is about community-led and community inspired work. Shared identities and shared lived experience are critical to our understanding of the term 'grassroots'. This stream is a place for parents, guardians and caregivers to organize around issues they face and provide solutions through scaling them. It is required that core group members share identities and experiences with the parents, guardians and caregivers they hope to engage.

[If Black is checked]:



- Is your group Black-led? (Check only one)
- ☐ YES ☐ NO

[If Indigenous is checked]:



- Is your group Indigenous-led? (Check only one)
- ☐ YES ☐ NO

TIP: Learn more about YOF's [definitions of Indigenous Grassroots Groups, Organizations and Collaboratives](#).

Core Group Table

»» 12. Complete the Core Group Table.

Complete every column for every member of your core group. A core group member is someone who is playing or will play an active role in decision making and planning for your group, including delivery of project activities, project administration, etc.

Describe the different roles and responsibilities people play, and the knowledge, lived experience, and skills they bring. If your group is an incorporated not-for-profit, you must include your board members in the core group table.

Take note: More than 50% of your core group members must be at an arm's length relationship to each other. If you are registered as a not-for-profit, this includes your board members. This means that board members and executives are not married or related to each other and do not work as business partners or are in another relationship where interests may be compromised.

Name of Core Group Member	Email	Are you a parent, guardian, or caregiver of a child or young person?	Do you work for the organization that will be your Organizational Mentor (OM)/trustee organization)?	Describe your role and responsibilities in the group and with this project. Will you work as a staff person on this project? [150 words max.]	To the degree that you are comfortable and able, share lived experiences and knowledge that you bring that are relevant to this project. [150 words max.]	Share professional/volunteer experience and skills that are relevant to this project. [150 words max.]
First and last name		Yes / No	Yes / No	Example: Volunteer Relations and Member Services. I will oversee and coordinate the volunteers who will be part of the support circles and training workshops. I will recruit volunteers to be mentors and workshop facilitators. I will also guide them to our group and project. I will work part-time (~ 7 hours per week on average).	Example: I am a founding member of our organization and have focused on recruiting and orienting our new members. At the time when I came here from Jamaica, I did not have a lot of resources or supports as I was raising my two sons. I found that when I met other Black mothers/parents in similar situations as me, it made me feel supported. That's why I created this group for Black newcomer mothers.	Example: Leading our group and organizing the support circles and training workshops helped me be organized and learn how to network. I grew the membership of our group to 5 people in the first 3 months. I recruit and train volunteers through my volunteer work at my local community centre (past 4 years). I have strong administrative skills through my day job (use Excel to manage program data and office budget).

TAB 4: PROJECT IDEA

Describing the Issue and Idea

13. Describe the project your group currently delivers. Describe all core activities.
(350 words max.)

If your group is shortlisted, you will not be able to change or update your response to this question.

TIP: To be eligible for a Scale grant, this project and all core activities must have been tested for at least two years. Describe all the core activities your group delivered.

- How did you deliver these activities?
- How often did you deliver these activities?
- How many parents, guardians and caregivers did you engage in each activity?

14. Tell us how your group plans to scale the project from its current form (350 words max.)

TIP:

- If you chose **"Enhance the quality of parents, guardians and caregivers' experiences to deepen the impact of a current project"** describe what you will do to enhance the current project and core activities in order to deepen the impact for your beneficiaries.
- If your group chose **"Expand a current project to impact more parents, guardians and caregivers"**, tell us how many parents, guardians and caregivers you currently engage per year and how many you plan to engage annually through scaling. Tell us how your program will be adapted to engage more parents, guardians and caregivers than you do currently.

Be specific and clear in describing the changes you will make to your current model in order to either enhance or expand the project from its current form.

15. What needs or issues is your group trying to address through this project?
(350 words max.)

TIP: In answering this question, consider:

- What are the systemic barriers and issues your group is trying to address?
- Are there things in your community you are interested in enhancing or protecting?
- Are there gaps you are trying to fill?

Project Location

»» 16. Where will project activities take place? (Check only one)

- ☐ In the Greater Toronto Area (GTA)
- ☐ Outside the Greater Toronto Area (GTA)
- ☐ In both the GTA and outside of the GTA

TIP: GTA includes Toronto, Halton, Durham, Peel and York only. It does not include Hamilton.

Select the region where the majority of your activities will take place.

If your project will be delivered primarily on-line/virtually, check those regions that are most critical for the success of your project. For example, if your project will scale a virtual platform for social connections between First Nations families living in remote communities, check outside of the Greater Toronto Area.

»» 17. In which OTF catchment area will your project have the greatest impact? Find your [catchment and census division](#). (Check all that apply)

- ☐ Northwestern
- ☐ Algoma, Cochrane, Manitoulin, Sudbury
- ☐ Muskoka, Nipissing, Parry Sound, Timiskaming
- ☐ Champlain (Ottawa region)
- ☐ Quinte, Kingston, Rideau
- ☐ Grand River
- ☐ Waterloo, Wellington, Dufferin
- ☐ Hamilton
- ☐ Niagara
- ☐ Grey, Bruce, Huron, Perth
- ☐ Essex, Kent, Lambton
- ☐ Thames Valley
- ☐ Halton-Peel
- ☐ Simcoe-York
- ☐ Durham, Haliburton, Kawartha, Pine Ridge
- ☐ Toronto

»» 18. Please select the census divisions to indicate more specific regions where your project activities will take place. Find your [catchment and census division](#). (Select at least one)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Algoma | <input type="checkbox"/> County of Brant | <input type="checkbox"/> County of Renfrew | <input type="checkbox"/> County of Lennox & Addington |
| <input type="checkbox"/> Sudbury | <input type="checkbox"/> Haldimand-Norfolk | <input type="checkbox"/> United Counties of Stormont, Dundas, and Glengarry | <input type="checkbox"/> Prince Edward County |
| <input type="checkbox"/> Cochrane | <input type="checkbox"/> County of Bruce | <input type="checkbox"/> Regional Municipality of Durham | <input type="checkbox"/> Regional Municipality of Halton |
| <input type="checkbox"/> Manitoulin | <input type="checkbox"/> County of Grey | <input type="checkbox"/> Kawartha Lakes | <input type="checkbox"/> Regional Municipality of Peel |
| <input type="checkbox"/> Greater Sudbury | <input type="checkbox"/> County of Huron | <input type="checkbox"/> County of Northumberland | <input type="checkbox"/> County of Simcoe |
| <input type="checkbox"/> Muskoka | <input type="checkbox"/> County of Perth | <input type="checkbox"/> Peterborough | <input type="checkbox"/> Regional Municipality of York |
| <input type="checkbox"/> Nipissing | <input type="checkbox"/> Regional Municipality of Niagara | <input type="checkbox"/> County of Haliburton | <input type="checkbox"/> County of Dufferin |
| <input type="checkbox"/> Parry Sound | <input type="checkbox"/> Hamilton | <input type="checkbox"/> County of Frontenac | <input type="checkbox"/> Regional Municipality of Waterloo |
| <input type="checkbox"/> Timiskaming | <input type="checkbox"/> County of Elgin | <input type="checkbox"/> County of Hastings | <input type="checkbox"/> County of Wellington |
| <input type="checkbox"/> Kenora | <input type="checkbox"/> County of Middlesex | <input type="checkbox"/> County of Lanark | <input type="checkbox"/> Toronto |
| <input type="checkbox"/> Rainy River | <input type="checkbox"/> County of Oxford | <input type="checkbox"/> United Counties of Leeds & Grenville | |
| <input type="checkbox"/> Thunder Bay | <input type="checkbox"/> County of Ottawa | | |
| <input type="checkbox"/> Essex County | <input type="checkbox"/> United Counties of Prescott & Russell | | |
| <input type="checkbox"/> Chatham-Kent | | | |
| <input type="checkbox"/> County of Lambton | | | |
| <input type="checkbox"/> | | | |

TIP: Pick the community where your group will be working and will have greatest impact.

»» 19. Select the community size that is the primary focus of your project. (Select one)

- ☐ Rural or Small Communities (20,000 or less)
- ☐ Mid-size Communities (20,001 - 100,000)
- ☐ Urban Centres and Metropolitan Suburbs (100,000+)

TIP: If you will have an impact in many communities, select the one where the majority of work will happen.

Upload Supporting Documents

20. Upload pictures or documents (optional).

TIP: You may upload as many as five (5) pictures or documents, or provide a link to pictures, that will provide greater explanation of your project. Please include a short description for each picture.

TAB 5: PROJECT IMPACT

Describing the Issue and Idea

»» 21. **Select the YOF Priority Outcome that most aligns with the change you want to make through this project. (Check only one)**

- ☐ Supporting parents, guardians and caregivers to navigate and access resources for economic stability
- ☐ Supporting parents, guardians and caregivers to effectively navigate, access, and influence systems that affect family well-being
- ☐ Creating safe spaces for Indigenous and/or Black parents, guardians and caregivers to strengthen relationships, build strong community and cultural connections, and heal from trauma

»» 22. **Identify the population(s) that are the primary beneficiaries of your project using the list below. Your primary beneficiaries are your “YOF parents, guardians and caregivers”.** (Select at least one)

TIP: Check only those identities and lived experiences of the parents, guardians and caregivers (your beneficiaries) that that you are specifically looking to engage and you have designed your program to benefit.

When selecting Indigenous (First Nations, Métis or Inuit), members can be from urban, rural and/or on reserve communities.

- ☐ Indigenous parents, guardians, and caregivers (i.e., First Nations, Métis, Inuit)
 - ☐ First Nations families
 - ☐ Métis families
 - ☐ Inuit families
- ☐ Black parents, guardians, and caregivers
- ☐ Racialized parents, guardians, and caregivers
- ☐ Newcomer parents, guardians, and caregivers
- ☐ Francophone parents, guardians, and caregivers
- ☐ Parents, guardians, and caregivers and/or their children who are two-spirit, lesbian, gay, bisexual, transgender, queer and/or questioning, intersex, asexual (2SLGBTQIA+)
- ☐ Parents, guardians, and caregivers and/or their children living with disabilities or special needs
- ☐ Parents, guardians, and caregivers living in rural, remote and/or Northern communities
- ☐ Parents, guardians, and caregivers and/or their children in conflict or at risk of being in conflict with the law
- ☐ Parents, guardians, and caregivers at risk of contact or in contact with child welfare services
- ☐ Parents, guardians, and caregivers in low-income situations

- ☐ Parents, guardian and caregivers who are or at risk of being homeless
- ☐ Parents, guardians, and caregivers whose children are at-risk of dropping out or have dropped out of school
- ☐ Parents, guardians, and caregivers and/or their children living with mental health needs and/or addictions
- ☐ Parents, guardians, and caregivers whose children are not engaged or are at risk of not being engaged with education, employment, or training programs

23. Tell us more about the parents, guardians, and caregivers your group will engage through this project. What are their lived experiences? How are they affected by the issues you would like to address? (300 words max.)

24. How do you currently reach and engage your selected parents, guardians and caregivers in your project (300 words max.)

Describing the Impact

»» 25. What are the most important changes you expect to see in your selected parents, guardians and caregivers? Focus on sharing changes that can be achieved through your project activities.

Identify a minimum of three changes, up to a maximum of six. (50 words max for each change)

TIP: Each change statement should be clear and concise and should reflect what will be achieved or enhanced as your group delivers your project.

Some changes can happen almost immediately, and others can take a little longer to happen. Some examples of immediate changes are changes in knowledge, skill levels or attitudes about oneself and others. Other types of changes may take longer. For example, changes in behaviour, relationships or leadership.

Use change words such as: increased, enhanced, strengthened, improved, expanded, prevented, reduced etc. After you write your change statements, take a final look to make sure you can achieve all of these through your project activities.

- **Example:** Indigenous parents, guardians, and caregivers have increased their cultural knowledge and understanding of Traditional ceremonies and activities.
- **Example:** Black parents, guardians, and caregivers have increased their knowledge of policies, rights, regulations, and structures within the justice and penal systems.
- **Example:** Newcomer mothers will know how to research and apply for higher education (university, college etc.)

»» 26. How many parents, guardians and caregivers do you expect to directly impact through the life of your grant?

TIP: Only include the number of parents, guardians and caregivers who will participate in your project activities. Only count a person once even if you will have multiple touchpoints with them. If approved for funding, this number will be included in the grant contract.

- **Example:** You have funding for 2 years. Your project runs on a 10-week cycle. You plan to have 15 mothers participate in each cycle. You plan to deliver 2 cycles per year. The number of people you will directly impact is 60 (15 mothers x 2 cycles per year x 2 years of funding).

TAB 6: PROCESS

Request Term

»» 27. What is the request term? (Check only one)

- ☐ 2 years
☐ 3 years

TIP: This is the total number of years you will receive funding if your application is approved.

Project Plan and Budget Worksheet

Please build your Project Plan and Budget Worksheet with the following start date in mind:
Project Start Date: March 1, 2024

»» 28. Complete the Project Plan

TIP: The Project Plan is a tool to plan all the major activities and milestones in your project. Try to anticipate all the major activities and milestones. Take your time working on this as it will help you complete the budget.

If you are not sure how to fill this out, review the [Sample Project Plan](#). You can also email us at yof@otf.ca.

»» 29. Complete the Budget Worksheet

Based on your completed Budget Worksheet, you are requesting xx.
(This number auto-populates based on the information submitted in the Budget Worksheet)

TIP: The Budget Worksheet is a tool to budget for all expenses in your project. Try to anticipate all the expenses. **Note that a minimum of \$2,000 per year and maximum of \$4,000 per year can be spent on capacity building.**

Please avoid any quotation marks (“...”) in the Budget fields (including Notes) as the system will not save your work if these are detected. If you are not sure how to fill this out, look at an [Sample Budget Worksheet](#). You can also email us at yof@otf.ca.

TAB 7: ORGANIZATIONAL MENTOR (OM) INFORMATION

»»» 30. Has your group identified an Organizational Mentor for this project? (Check only one)

☐ YES ☐ NO

[If no]:

- Do you need information or support to find Organizational Mentor? (Check only one)

☐ YES ☐ NO

[If yes]:

- What is the name and contact information of the organization that has agreed to be your Organizational Mentor?

- ☐ Organization Name
- ☐ Contact Name and Position
- ☐ Telephone
- ☐ Email

TAB 8: GROUP ACKNOWLEDGMENTS

- ☐ We acknowledge that the majority of our core group members share identities and experiences with the parents, guardians, and caregivers we want to engage through this project.
- ☐ We acknowledge that our core group has at least three members.
- ☐ We acknowledge that more than 50% of our core group members are at an arm's length relationship to each other.
- ☐ We acknowledge that all project activities will take place in Ontario.
- ☐ If our project is approved for funding, our group agrees to participate in YOF-led capacity building activities.
- ☐ If our project is approved for funding, our group agrees to participate in a YOF evaluation process led by an external partner.
- ☐ If our project is approved for funding, our group agrees to work with an Organizational Mentor.
- ☐ The information contained in this application and the accompanying documents is true, accurate and complete.

Expression of Interest Assessment Criteria

OTF staff will use this standard assessment criteria to assess your Expression of Interest. This information is a tool to guide you as you write your responses.

Assessment Area 1: Group Eligibility	
Project leaders reflect the identities and experiences of those YOF parents, guardians and caregivers they are working with and for.	YES/ NO
The group exists independently of a larger organization (other not-for-profit), charitable organization or municipality, university, school, and/or hospital.	
The application is complete and contains clear and detailed responses.	
Parents, guardians and caregiver are the direct beneficiaries of the project.	
The group has at least three core group members.	
More than 50% of core group members are at an arm's length relationship to each other.	
The group is not a registered charity.	
The group is a registered not-for-profit.	
If yes: Board members are clearly identified and reflect the identities and experiences of the YOF parents, guardians and caregivers being served.	
The group is based in Ontario.	
The project complies with OTF policies .	
The group is in compliance with advocacy restrictions of OTF's Eligibility Policy .	
The group is either an unincorporated group or an incorporated not-for-profit corporation, with independently managed revenues of \$50,000 or less in either of the last two years.	

Assessment Area 2: People	
<p>Strong Grassroots Leadership</p> <ul style="list-style-type: none"> <input type="checkbox"/> The group members have a history of working together. <input type="checkbox"/> The group demonstrates that collectively they have the skills and experiences to deliver project activities and scale this project. <input type="checkbox"/> The group demonstrates that they can effectively administer the grant (annual planning and reporting, budget management etc.). 	40%
Assessment Area 3: Strategy	
<p>Setting the Context (Issue and idea)</p> <ul style="list-style-type: none"> <input type="checkbox"/> The group clearly and fully demonstrates they have delivered activities over two years to parents, guardians and caregivers. <input type="checkbox"/> The group has fully and clearly described how they want to scale their current project and for what purpose (to “Enhance the quality of parents, guardians, and caregivers' experiences to deepen the impact of a current project” or “Expand a current project to impact more parents, guardians, and caregivers”). <input type="checkbox"/> The need, issue or opportunity connects to systemic barriers that YOF parents, guardians and caregivers face. <input type="checkbox"/> Original core activities and proposed plan to scale are an effective response to the need, issue or opportunity the group is addressing. <input type="checkbox"/> The idea (including plan for scaling) is culturally anchored and has been designed to respond to the experiences, needs and assets of YOF parents, guardians and caregivers. 	60%
<p>Potential for Impact (Idea and impact)</p> <ul style="list-style-type: none"> <input type="checkbox"/> YOF parents, guardians and caregivers are clear and direct beneficiaries of the project. <input type="checkbox"/> The changes the group hopes to make can be achieved through their project. <input type="checkbox"/> The changes or impacts the group hopes to make aligns with their chosen YOF Priority Outcome. 	