

EXPRESSION OF INTEREST (EOI) TOOLS

About 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 your group. In many ways, the EOI acts as the first part of a Youth Opportunities Fund (YOF) application.

Most of the questions are answered by checking answers from a drop-down list. There are a few narrative questions where your group can share details about your group and idea. A Project Plan and Budget are also part of the EOI.

OTF staff will review your eligibility, your readiness to do this 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.

Some EOIs will be shortlisted and invited to complete the Family Innovations Grant Application with an organizational mentor (OM).

Updating your responses at Grant Application (If shortlisted)

Please note that, if your EOI is shortlisted, you will only be able to change or update your responses for questions marked with >>>

How to Apply

Learn more about the [Family Innovations Test stream](#) to access the application supports available to your group and how to apply. YOF offers webinars about the Family Innovations Stream, application writing workshops and coaching. Reach out to us if you are interested in connecting with the YOF team about your idea: yof@otf.ca

EXPRESSION OF INTEREST QUESTIONS AND TIPS

TAB 1 - TYPE OF GRANT

TAKE NOTE! If your EOI is shortlisted, you will not be able 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 one only.
 - Family Innovations Test grant
 - Family Innovations Scale grant

The Family Innovations Stream has two different types of grants. You have selected the Test

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

A Grassroots 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

grant.

2. Funding for Test grants is for specific purposes. Will your project:
Check one only.
 - Pilot a new idea
 - Research an issue or new concept
 - Strategize around an issue affecting YOF parents, guardians, and caregivers

Click "PROCEED" if you are certain you have chosen the right type of Family Innovations grant. If you are unsure about which type of grant to choose, reach out to us at yof@otf.ca. Please know that this decision cannot be reversed without the support of the YOF team.

GROUP ACKNOWLEDGEMENTS

- We acknowledge that the majority of our group members share identities and experiences with the parents, guardians, and caregivers we want to engage through this project.
- We acknowledge that our group has at least three core members.
- 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.

TAB 2 - GROUP PROFILE

TAKE NOTE! If your EOI is shortlisted, you will not be able change or update your responses in this section of the Grant Application.

Group Name and Contact Information

3. Enter your group's name: _____
4. For this project, please confirm the primary contact for the grassroots group:
 - Project contact name
 - Project contact phone number
 - Project contact email

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

5. For this project, please confirm a second contact for the grassroots group:
 - Project contact name
 - Project contact phone number
 - Project contact email

Online Profile

6. Share information on those that apply to your group:
 - Group Website
 - Group Twitter
 - Group Facebook
 - Group Instagram
 - Group Address
 - Group Phone
 - Group Email

Group Structure

7. Select the organization type that best describes your organization/group. Check one only.
 - Grassroots group that is not registered as a charity or incorporated not-for-profit.
 - A charitable organization or public foundation registered as a charity by the Canada Revenue Agency
 - An organization incorporated as a not-for-profit corporation (this includes Métis Charter, Inuit or other Indigenous communities that are registered as not-for-profit corporations without share capital in Canada)

- A First Nations community

Take note:

- 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.
- Band councils, or offices of the band council, are not eligible for the Family Innovations Stream.

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

If First Nations community selected: Band councils, or offices of the band council, are not eligible for the Family Innovations Stream.

If Registered Charity selected: As a registered charity, please know your organization is not eligible for the Family Innovations Stream.

[IF UNINCORPORATED GRASSROOTS GROUP SELECTED]

When did your group form? Year ____

Groups applying for a Test grant must have at least one year of experience delivering activities together. Groups applying for a Scale grant are more established and have at least two years of experience working together to deliver core project activities.

[IF INCORPORATED SELECTED]

Incorporation number: ____

Year of Incorporation: ____

[IF INCORPORATED SELECTED]

As an incorporated nonprofit, have you **independently managed funds** with no administrative support from an Organizational Mentor, platform, trustee and/or charitable organization? Check one only.

YES

NO

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. If you received funding for a project but these funds were administered by another organization, **check NO**.

[IF INCORPORATED AND MANAGED OWN FUNDS]

How much funding did you manage independently in the last fiscal year? \$ ____

How much funding did you manage independently in the fiscal year before last? \$ ____

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 \$5000 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

Past Experiences

8. Tell us about your group's history and connections to community [Maximum 300 words].

Tell us about the size and the structure of your group. How does your group plan and make decisions? How are roles and responsibilities assigned or shared between group members? How does your group manage and resolve conflict?

TAB 3 - PROJECT LEADERS

- »»» 9. Your core group members are (Check only those that apply to your group members):
- Indigenous parents, guardians, and caregivers (i.e., 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 (2SLGBTQ+);
 - 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 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

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

[IF Black checked:]

- »»» Is your group Black-led? Check one only
- YES
 - NO

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

[IF Indigenous checked:]

- »»» Is your group Indigenous-led? Check one only
- YES
 - NO

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

- »» 10. Complete the Core Group Table. 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. 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 project related decision-making and planning, delivery of project activities, project administration, etc.

Name of Core Group Member	Email	Are you a parent, guardian, or caregiver of a child or young person Y N	Do you work for the organization that will be your organizational mentor? (OM)? Y N	Describe your role and responsibilities in the group and with this project. Will you work as a staff person on this project? [max. 150 words]	To the degree that you are comfortable and able, share lived experiences and knowledge that you bring that are relevant to this project. [max. 150 words]	Share professional/ volunteer experience and skills that are relevant to this project. [max. 150 words]
First & last name	xx@xx.com			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).	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.	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

11. Describe your group's idea. [Maximum 350 words]

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

Describe what you will do, for whom, and where your work will happen.

»» 12. List and describe all core activities that your team will deliver for parents, guardians and caregivers. [Maximum 400 words]

Provide more details about your core activities here. Describe the activities your group will deliver. How will you deliver these activities? How often will you deliver these activities? How many parents, guardians, and caregivers do you intend to engage in each activity?

13. Why is your group interested in testing this idea? [Maximum 350 words]

In answering this question, consider: What needs, or issues are you 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

14. Where will project activities take place? Check one only.

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

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 test a virtual platform for social connections between First Nations families living in remote communities, check outside of the Greater Toronto Area.

»» 15. Where will project activities take place? Check all that apply.

Find your [catchment and census division](#).

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Northwestern | <input type="checkbox"/> Grand river | <input type="checkbox"/> Essex, Kent, Lambton | <input type="checkbox"/> Durham, Haliburton, Kawartha, Pine Ridge |
| <input type="checkbox"/> Algoma, Cochrane, Manitoulin, Sudbury | <input type="checkbox"/> Waterloo, Wellington, Dufferin | <input type="checkbox"/> Thames Valley | <input type="checkbox"/> Toronto |
| <input type="checkbox"/> Muskoka, Nipissing, Parry Sound, Timiskaming | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Halton-Peel | |
| <input type="checkbox"/> Champlain (Ottawa region) | <input type="checkbox"/> Niagara | <input type="checkbox"/> Simcoe-York | |
| <input type="checkbox"/> Quinte, Kingston, Rideau | <input type="checkbox"/> Grey, Bruce, Huron, Perth | | |

»» 16. Please select the census divisions to indicate more specific regions where your project activities will take place. Select at least one.

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

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

17. Please select the community size that is the primary focus of your grant. Select one.

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

Upload Supporting Documents

18. Upload supporting documents (optional).

You may upload up to five (5) pictures, reports, resources etc. that may provide greater explanation of your initiative. Please include a short description of each item.

TAB 5: PROJECT IMPACT

Describing the Outcome and Beneficiaries

- »» 19. Select the **YOF outcome** that most aligns with the change you want to make through this project. Check one only
- 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
- »» 20. Identify the population(s) that are the **primary beneficiaries** of your project using the list below. Select at least one:
- Indigenous parents, guardians, and caregivers (i.e., 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 (2SLGBTQ+).
 - 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.

[IF Indigenous selected]: Select at least one.

- First Nations families
- Métis families
- Inuit families

21. Tell us more about the parents, guardians, and caregivers you will engage through this project. What are their lived experiences? How are they affected by the issues you would like to address? [Maximum 300 words]

Describing the Impact

»» 22. 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 three to six changes. [Maximum 100 words for each change]

- Change 1 (required)
- Change 2 (required)
- Change 3 (required)
- Change 4 (optional)
- Change 5 (optional)
- Change 6 (optional)

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.

IF YOU ARE APPLYING TO DO RESEARCH, use the Impact Table to describe both changes that parents, guardians, and caregivers will experience through their participation in the research process and the longer term benefits of this research to families.

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.)

23. How many parents, guardians and/or caregivers do you expect to reach or directly engage through the life of your grant? # ____

Only include the number of parents, guardians and caregivers (PGC) who will participate in your project activities. When conducting a research project, only include those PGC who make up the project's research team (including group members, researchers, analysts, and any PGC who plays a consistent and significant role in your research project). 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

- »»» 24. What is the request term? Check one only.
- 1 year
 - 2 years
 - 3 years

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

Project Plan and Budget

Please build your Project Plan and Budget Worksheet with the following start date in mind.
Project Start Date: **March 1, 2023**

- »»» 25. Complete the Project Plan Template

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 [example Project Plan](#). You can also email us at yof@otf.ca

- »»» 26. Complete the Budget Worksheet Template

The Budget Worksheet is a tool to budget for all expenses in your project. Try to anticipate all the expenses. 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, Review the [example Budget Worksheet](#). You can also email us at yof@otf.ca

27. Based on your completed Budget Worksheet, you are requesting \$ _____

TAB 7: ORGANIZATIONAL MENTOR (OM) INFORMATION

OM Name OM Name and Contact Information

28. Has your group identified an organizational mentor for this project? Check one only.

- YES
- NO

[IF NO]: Do you need information or support to find an organizational mentor?

Check one only.

- 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

EXPRESSION OF INTEREST (EOI) TOOLS SCORECARD

OTF staff will use this standard scorecard to assess your EOI. This scorecard is a tool to guide you as you write your EOI.

Assessment Area 1: GROUP ELIGIBILITY	
Project leaders (including board members, where applicable) reflect the identities and experiences of those YOF parents, guardians, and caregivers (PGC) they are working with and for.	YES NO
Does the group exist independent of a larger organization?	
Is the group based in Ontario? And the work will benefit PGC in Ontario?	
Does the group have at least three core members?	
Does the group agree to work with an OM?	
Is the group either an unincorporated group or an incorporated nonprofit organization, 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> <input type="checkbox"/> The group demonstrates that collectively they have the right mix of knowledge, skills and experience to deliver this project.	40%
Assessment Area 3: STRATEGY	
<p>Setting the Context (Issue & idea)</p> <input type="checkbox"/> The group has fully and clearly described the IDEA they want to test or the RESEARCH they will conduct, or the STRATEGY work they will lead. <input type="checkbox"/> The need, issue or opportunity connects to systemic barriers that YOF parents, guardians, or caregivers face. <input type="checkbox"/> The idea is an effective response to the need, issue or opportunity the group is addressing <input type="checkbox"/> The proposed idea 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 & impact)</p> <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 idea. <input type="checkbox"/> The changes or impacts the group hopes to make aligns with their chosen YOF Priority Outcome	