

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 >>>

Get Ready to Apply

Visit the [YOF website](#) to learn more about this stream and how to access the application supports available to your group. 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

How to Apply

Detailed information about how groups can apply to the Family Innovations Stream can be found on the [YOF website](#).

EOI Deadline

The EOI deadline is **October 14, 2020 by 5 p.m. ET.**

EXPRESSION OF INTEREST QUESTIONS AND TIPS

TAB 1: TYPE OF GRANT

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

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. Groups applying for a Test grant must have at least one year of experience delivering activities together.

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

2. Funding for Family Innovations SCALE grants is for specific purposes. How will you scale this project? Choose one only.

- Improve the quality of a current or existing project in order to deepen impact
- Expand a current project to reach more parents, guardians and caregivers.

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 or reference EOI tools. Please know that this decision cannot be reversed without the support of the YOF team.

[IF SCALE SELECTED]: Has your group delivered core project activities for at least two-years?

Check one only.

- YES
- NO

[IF NO]: Scale grants are for groups that have already delivered core project activities over a two-year period. This means the group has experience working together and all core activities have already been implemented. 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 implementation. Please email us at yof@otf.ca for more information.

TAB 2: GROUP PROFILE

GROUP NAME AND CONTACT INFORMATION

3. Enter your group's name: _____
4. For this project, please confirm the key 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.
 - 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
 - A charitable organization or public foundation registered as a charity by the Canada Revenue Agency

Most grassroots groups applying to the YOF are not registered charities or incorporated nonprofits. If you are unsure about how to answer this question, please email the YOF Team at yof@otf.ca

FAMILY INNOVATIONS SCALE GRANT

If Registered Charity selected: As a registered charity, please know your organization is not eligible for the Family Innovations Stream. If you are an organization that is supporting the work of a parent-led group, please have the group complete this application with your support.

If First Nations community selected: We welcome EOIs from grassroots groups from and living in First Nations communities. Band councils, or offices of the band council, are not eligible for the Family Innovations Stream. This Stream is for grassroots groups only. If the band council is supporting the work of a parent-led group, please have the group complete this application with your support.

[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 AS A NONPROFIT CORPORATION SELECTED]

Incorporation number: ____

Year of Incorporation: ____

[IF INCORPORATED AS A NONPROFIT CORPORATION SELECTED]

As an incorporated nonprofit, have you **independently managed funds** with no administrative support from an OM, 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? \$ ____

FAMILY INNOVATIONS SCALE GRANT

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. If you have independently managed funds in excess of \$50,000 in each of the last two years, you may be eligible to apply to the YOF System Innovations Stream or an OTF Seed or Grow grant.

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

8. Does your group have at least three core members? Check one only.

YES

NO

This means your group has at least three active members that share responsibility for managing the group's activities, budget, and relationships. This helps ensure you have the people power to deliver the project and each member has a manageable workload. A team of three also allows you to have a richness of ideas and a good mix of skills.

[IF NO]: The YOF Family Innovations Stream is for grassroots groups that have a core membership of three or more people. Please visit www.otf.ca/yof to learn more about YOF or email the YOF team at yof@otf.ca for more information.

Past Experiences

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

Describe how and why your group was formed. Share 1 or 2 examples of previous activities your group has delivered for parents, guardians, and caregivers. How is your work supported by community?

10. Tell us about how your group works together. [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?

11. What other activities or projects has your group delivered and when? How did this past experience prepare you to scale your project? [Maximum 300 words]

FAMILY INNOVATIONS SCALE GRANT

12. 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 one only.

- YES
- NO

FOR EXAMPLE:

2013 | Funder X | \$5000
2014 | Donation from community member | \$1000

[IF YES]: List the year, the source, and the amount.

TAB 3: PROJECT LEADERS

13. Which statement best describes the core membership of your group:
Choose one only.

- The majority of our group members share identities and experiences with the families we want to engage through this project.
- The majority of our group members are allies to the families we want to engage through this project.

Think about the parents, guardians and caregivers you describe as the beneficiaries of your project. Do your core group members share identities and experiences with these people? Do you face the same kinds of systemic barriers as them? Or are you working as allies or advocates to these parents/guardians and caregivers? Answer this question based on the core membership of your group today.

[If allies selected]: The YOF Family Innovations Stream requires groups to be led by people who share identities and experiences with those they are engaging. This helps to ensure activities are done with rather than for beneficiaries.

»» 14. 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;

FAMILY INNOVATIONS SCALE GRANT

- 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

See [here](#) to learn more about how YOF understands the leadership, mandate, and structure of Black-led groups.

[IF Indigenous checked:]

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

See [here](#) to learn more about how YOF understands the leadership, mandate and structure of Indigenous-led groups.

15. Complete the Core Group Table



Name of Core Group Member	Email	Are you a parent, guardian, or caregiver to a child or a 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? (maximum 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.(maximum 150 words)	Share professional/volunteer experiences and skills that are relevant to this project. [Max. 150 mots]
First & last name	xx@xx.com	Yes		<p>Volunteer Relations and Member Services</p> <p>I will oversee and coordinate the volunteers who will be part of the support circles and training workshops</p> <p>I will recruit volunteers to be mentors and workshop facilitators. I will also orient them to our group and project. I will work part-time (~7 hours a week on average).</p>	<p>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.</p>	<p>Leading our group and organizing the support circles and training workshops has helped me be organized and learn how to network. I grew the membership of our group to 5 people in the first 3 months.</p> <p>I recruit and train volunteers through my volunteer work at my local community centre (past 4 years).</p> <p>I have strong administration skills through my day job (use excel to manage program data and office budget).</p>

TAB 4: PROJECT IDEA

Describing the Issue and Idea

16. Describe the project your group wants to scale. What are your main activities? Tell us how you plan to scale the project from its current form. [Maximum 350 words].

As you describe your project, be clear to describe both the core activities and what is being scaled. How many parents, guardians, and caregivers do you intend to engage in each activity?

17. What needs, issues or opportunities are you trying to address through this project? [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

18. Will the project activities take place in Ontario? Check one only.

- YES
- NO

[IF NO]: Only activities taking place in Ontario are eligible for YOF funding.

19. 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.

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

- Northwestern
- Grand river
- Grey, Bruce, Huron, Perth
- Simcoe-York

FAMILY INNOVATIONS SCALE GRANT

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Algoma, Cochrane,
Manitoulin, Sudbury | <input type="checkbox"/> Waterloo, Wellington,
Dufferin | <input type="checkbox"/> Essex, Kent,
Lambton | <input type="checkbox"/> Durham,
Haliburton, |
| <input type="checkbox"/> Muskoka, Nipissing, Parry
Sound, Timiskaming | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Thames Valley | <input type="checkbox"/> Kawartha, Pine
Ridge |
| <input type="checkbox"/> Champlain | <input type="checkbox"/> Niagara | <input type="checkbox"/> Halton-Peel | <input type="checkbox"/> Toronto |
| <input type="checkbox"/> Quinte, Kingston, Rideau | | | |

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

- | | | | |
|--|---|---|--|
| <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 | | | |

[Click here](#) if you need support in finding your catchment and census division.

22. 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

23. 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

FAMILY INNOVATIONS SCALE GRANT

- »» 24. 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
- »» 25. 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.
26. Tell us more about your primary beneficiaries. What experiences do they bring? What are their hopes and interests? How are they affected by the issues you would like to address?
[Maximum 350 words]

Describing the Impact

- »» 27. Looking back on your past experience delivering this project, tell us about the positive benefits this project has had on specific YOF parents, guardians and caregivers. What changes did you observe, hear about, or learn through surveys, written feedback, sharing circles and/or arts-based methods?

Please be sure to describe the changes that align most with the priority outcome you selected. [Maximum 350 words]

FAMILY INNOVATIONS SCALE GRANT

- »» 28. 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 50 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.)

- »» 29. 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

Describing Your Process

30. What is the request term? Check one only.

- 3 years
- 4 years

Project Plan and Budget

»» 31. Update your Project Plan and Budget. Please ensure you include enough detail so we can make a full assessment of your process and expenses.

Project Plan Example: OPEN

Project Plan Template: OPEN

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 [click here](#) to look at an example Project Plan. You can also email us at yof@otf.ca

We confirm that we have reviewed and updated the Project Plan for this YOF Grant Application.

Budget Worksheet Example: OPEN

Budget Worksheet Template: OPEN

The Budget Worksheet is a tool to budget for all expenses in your project. Try to anticipate all the expenses. If you are not sure how to fill this out, [click here](#) to look at an example Budget Worksheet. You can also email us at yof@otf.ca

32. Based on your completed Budget Worksheet, you are requesting \$ AUTO FILL BASED ON BUDGET WORKSHEET

TAB 7: ORGANIZATIONAL MENTOR (OM) INFORMATION

OM Name and Contact Information

33. All grassroots groups must agree to work with an organizational mentor if shortlisted and if your project is recommended for funding. Please confirm your group agrees to work with an organizational mentor for the duration of your grant. Check one only.

FAMILY INNOVATIONS SCALE GRANT

- YES
- NO

[IF NO]: Grassroots groups are required to work with an organizational mentor. Please reach out to us at yof@otf.ca if you have questions or concerns about this requirement

An organizational mentor (OM) is an incorporated not-for-profit organization, charity or First Nation that meets OTF's eligibility criteria. If eligible, your OM will act as the lead organization should your application be approved for funding. This means your OM will be required to enter a legally binding contract with OTF that will outline the terms and conditions of the grant. Organizational mentors will provide administrative support, governance, financial accountability, and project mentoring to grassroots groups. Grassroots groups are expected to choose their own organizational mentors. Please visit www.otf.ca/yof to learn more about YOF or email the YOF team at yof@otf.ca for more information.

34. Has your group identified an organizational mentor for this project?

Check one only.

- YES
- NO

It is okay if you don't have a confirmed OM at this stage. If your EOI is shortlisted, the next step in the application process will be to confirm your OM and for you to submit a signed OM-Grassroots Group Collaborative Agreement that outlines your commitments as collaborators on this project. OM-Grassroots Group Collaborative Agreements will be due by December 16, 2020.

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

Check one only.

- YES
- NO

»»» 36. **[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

FAMILY INNOVATIONS SCALE GRANT

37. [IF YES]: If you are shortlisted and invited to submit a YOF Grant Application, do you give the YOF team permission to contact this organization to verify their eligibility to be your organizational mentor? Check one only.
- YES
 - NO

Group Acknowledgements

38. If our project is approved for funding, our group agrees to participate in a YOF evaluation process led by an external partner

All YOF grantees are required to use YOF evaluation tools to measure the YOF Grant Result so we can share a much larger story of change across Ontario. Please note that all YOF grantees will be supported to build an evaluation plan that uses both quantitative methods (surveys) and/or qualitative methods (for example, focus groups). Contact us at yof@otf.ca to learn more.

39. The information contained in this application and the accompanying documents is true, accurate and complete.

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	
Group members reflect the identities and experiences of those parents, guardians, and caregivers they are working with and for	YES NO
Does the group exist independent of a larger organization?	
Is the group based 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> <ul style="list-style-type: none"> <input type="checkbox"/> The group has two-years of experience working together to deliver this project and its key activities <input type="checkbox"/> The group demonstrates that collectively they have the skills and experiences to deliver project activities and to 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</p> <ul style="list-style-type: none"> <input type="checkbox"/> The group has fully and clearly described the project they want to scale and how they will scale. <input type="checkbox"/> The need, issue, or opportunity connects to systemic barriers that YOF parents, guardians and/or caregivers face. <input type="checkbox"/> Original core activities plus proposed plan to scale are an effective response to the need, issue, or opportunity the group is addressing 	60%

FAMILY INNOVATIONS SCALE GRANT



<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	
<p>Potential for Impact</p> <input type="checkbox"/> YOF parents, guardians and caregivers are clear and direct beneficiaries of the project	
<input type="checkbox"/> The strategy for scaling will result in either a deeper impact for participating parents, guardians, caregivers or more parents, guardians and caregivers are reached	
<input type="checkbox"/> Past project results and any new changes or impacts can be achieved through the plan to scale and proposed project activities	
<input type="checkbox"/> Past project results and any new changes or impacts align with the chosen Priority Outcome	