

EXPRESSION OF INTEREST 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 five 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 young people you want to work with.

Some EOIs will be shortlisted and invited to complete the Youth Innovations Grant Application. You will be required to submit a signed Organizational Mentor (OM) Agreement as part of the Grant Application.

Get Ready to Apply

Visit the otf.ca/yof to learn more about this stream and how to access the application supports available to your group. YOF offers webinars about the Youth 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 Youth Innovations Stream can be found on the otf.ca/yof

Deadline

Expression of Interest submission deadline: **October 14, 2020 by 5 p.m. ET**

EXPRESSION OF INTEREST QUESTIONS AND TIPS

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 Youth 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.)
 - Youth Innovations Test grant
 - Youth 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.
A **Grassroots Scale grant** is for more established groups that have already fully tested an idea that has worked, and are now ready to scale that idea. If you are not sure which grant type is right for your group, email us at yof@otf.ca

2. [IF TEST SELECTED]

Funding for Youth Innovations Test grants is for specific purposes. Will your project:
(Check one only.)

- Pilot a new idea
- Research an issue or new concept
- Organize or strategize around an issue affecting YOF youth

If you are unsure about which type of grant to choose, reach out to us at yof@otf.ca or reference these EOI tools. Please know that this decision cannot be reversed without the support of the YOF team.

"PROCEED" if you are certain you have chosen the right type of Youth Innovations grant. If you are unsure about which type of grant to choose, reach out to us at yof@otf.ca or reference these [EOI tools](#). Please know that this decision cannot be reversed without the support of the YOF team.

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: _____

If your EOI is shortlisted, the YOF team will be in touch to arrange a phone conversation with your group. Please provide the contact details for two project group members who are able to check email regularly.

4. For this project, please confirm the key contact for the grassroots group:

Project contact name: _____

Project contact phone number: _____

Project contact email: _____

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

Most grassroots groups applying to the YOF **are not** registered charities or incorporated not-for-profits.

- Incorporated not-for-profits may be eligible to apply to the YOF Youth Innovations Stream. We will need more information to make that assessment.
- Registered charities are not eligible in the Youth Innovations Stream.

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

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

YOUTH INNOVATIONS TEST GRANT

- 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

[IF REGISTERED CHARITY SELECTED]: As a registered charity, please know your organization is not eligible for the Youth Innovations Stream. **Next Steps:** If you are interested in the YOF System Innovations stream, please begin by connecting with the YOF Team at yof@otf.ca. If you are mentoring a group of young people in your community, encourage these youth to register their group and access the online EOI by clicking [here](#).

[IF FIRST NATION SELECTED]: We welcome EOIs from youth-led groups from and living in First Nations communities. Band councils, or offices of the band council, are not eligible for the Youth Innovations Stream. This Stream is for grassroots youth-led groups and youth-adult partnerships only. **Next Steps:** If you are interested in the YOF System Innovations stream, please begin by connecting with the YOF Team at yof@otf.ca. If you are mentoring a group of young people in your community, encourage these youth to register their group and access the online EOI by clicking [here](#).

[IF UNINCORPORATED GRASSROOTS GROUP SELECTED]:

When did your group form? Year ____

Groups applying for a Test grant can be a newly formed group working together. Groups applying for a Scale grant are more established and have at least two years of experience working together to deliver their project.

[IF INCORPORATED AS A NOT-FOR-PROFIT CORPORATION SELECTED]

Incorporation number: ____

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 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 Youth 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 Youth Innovations Stream.

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

8. Select the statement that best describes your group:

(Check one only.)

- Our group is youth-led (29 years and under)
- Our group is a youth-adult partnership
- Our group is led by adults (30+ years)

A *youth-led group* is one where young people between 12 and 29 years lead decision-making and project delivery. A *youth-adult partnership* is one where youth and adults share power and responsibility for decision-making and project delivery. An *adult-led group* is one where adults (30+ years) lead decision-making, planning, and project delivery.

[IF ADULT-LED SELECTED]: The YOF Youth Innovations Stream is for youth-led groups and youth-adult partnerships only. Please visit www.otf.ca/yof to learn more about YOF or email the YOF team at yof@otf.ca for more information.

9. 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 Youth 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.

PROJECT LEADERS

10. 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 youth we want to engage through this project.
- The majority of our group members are allies to the young people we want to engage through this project.

Think about the young people you described as the beneficiaries of your project. Do your **core group members** share identities and experiences with these young people? Do you face the same kinds of barriers? Or are you working as allies to these youth? Answer this question based on the core membership of your group today.

[IF ALLIES SELECTED]: The YOF Youth Innovations Stream requires grassroots groups to be led primarily by young people who share identities and experiences with those they are engaging.

11. Your core group members are:

(Check only those that apply to your group members:)

- Indigenous (i.e., First Nations, Métis or Inuit)
- Black
- Racialized
- Newcomer
- Francophone
- Two-spirit, lesbian, gay, bisexual, transgender, queer (2SLGBTQ+) youth
- Living with disabilities or special needs
- None of the above

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 YOF youth 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 young people they hope to engage.

[IF Black checked:]

Is your group Black-led? (Check one only.)

- YES
- NO

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

12. Your core group members have lived experience with:

(Check only those that apply to your group members)

- The justice system (have been in conflict with the law or are vulnerable to being in conflict with the law)
- Child welfare (in care, leaving care, or were in care)
- Not having enough money to meet basic needs (low income)
- The education system (dropped out of school or vulnerable to dropping out)
- Living in rural or remote communities
- None of the above

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 YOF youth 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 young people they hope to engage.

13. Complete the Core Group Table to describe the different roles and responsibilities people play, and the knowledge, lived experience, and skills they bring. Complete every column for every member of your core group.

Name of Core Group Member	Email	Is the core member 29 years or under?	What role does this person play in the grassroots group? If your group is new, what role do you expect this person to play in the group?	Give us a sense of the lived experiences, volunteer experiences, knowledge and/or skills this person brings that are relevant to this project.
First & last name	xx@xx.com	Yes	Social media, outreach, and networking This person will lead the effort to find an organizational mentor for us to work with.	Participated in community workshops on branding. Already really great at networking. I have lived in the community my whole life and am a mentor to other young Black women starting high school. This was something I didn't have growing up and wished I did. I think all of these experiences will help me with this project.

A core group member is someone who plays or will play an active role in project administration, delivering project activities, and project-related decision-making and planning, etc.

14. Is the primary contact for the group and writer of this Expression of Interest between the ages of 12-29 years? (Check one only.)

- YES
- NO

[If NO]: As an adult (30+ years), please describe your role in the application process and proposed project. Please describe the role of young people in the application process and proposed project. If an adult is playing a more active role currently, describe how leadership for the project will transition over time.

PROJECT IDEA

Describing the Issue and Idea

15. Describe your group's idea. (Minimum 150 words / Maximum 350 words)

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

16. List and describe all core activities that your team will deliver for young people. [Maximum 400 words]

Provide more details about your idea here. What specifically will your group deliver? How will you deliver these activities? How often do you envision delivering these activities?

17. Why is your group interested in testing this idea? What needs or issues are you trying to address? (Minimum 150 words / Maximum 350 words)

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 online/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 youth living in remote communities, check outside the GTA.

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

- Northwestern
- Algoma, Cochrane, Manitoulin, Sudbury
- Muskoka, Nipissing, Parry Sound, Timiskaming
- Champlain
- 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

21. 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"/> County of Perth | <input type="checkbox"/> County of Frontenac |
| <input type="checkbox"/> Sudbury | <input type="checkbox"/> Regional Municipality of
Niagara | <input type="checkbox"/> County of Hastings |
| <input type="checkbox"/> Cochrane | <input type="checkbox"/> Hamilton | <input type="checkbox"/> County of Lanark |
| <input type="checkbox"/> Manitoulin | <input type="checkbox"/> County of Elgin | <input type="checkbox"/> United Counties of Leeds
& Grenville |
| <input type="checkbox"/> Greater Sudbury | <input type="checkbox"/> County of Middlesex | <input type="checkbox"/> County of Lennox &
Addington |
| <input type="checkbox"/> Muskoka | <input type="checkbox"/> County of Oxford | <input type="checkbox"/> Prince Edward County |
| <input type="checkbox"/> Nipissing | <input type="checkbox"/> Ottawa | <input type="checkbox"/> Regional Municipality of
Halton |
| <input type="checkbox"/> Parry Sound | <input type="checkbox"/> United Counties of
Prescott & Russell | <input type="checkbox"/> Regional Municipality of
Peel |
| <input type="checkbox"/> Timiskaming | <input type="checkbox"/> County of Renfrew | |
| <input type="checkbox"/> Kenora | | |
| <input type="checkbox"/> Rainy River | | |
| <input type="checkbox"/> Thunder Bay | | |

- | | | |
|--|---|--|
| <input type="checkbox"/> Essex County | <input type="checkbox"/> United Counties of Stormont, Dundas, and Glengarry | <input type="checkbox"/> County of Simcoe |
| <input type="checkbox"/> Chatham-Kent | <input type="checkbox"/> Regional Municipality of Durham | <input type="checkbox"/> Regional Municipality of York |
| <input type="checkbox"/> County of Lambton | <input type="checkbox"/> Kawartha Lakes | <input type="checkbox"/> County of Dufferin |
| <input type="checkbox"/> County of Brant | <input type="checkbox"/> County of Northumberland | <input type="checkbox"/> Regional Municipality of Waterloo |
| <input type="checkbox"/> Haldimand-Norfolk | <input type="checkbox"/> Peterborough | <input type="checkbox"/> County of Wellington |
| <input type="checkbox"/> County of Bruce | <input type="checkbox"/> County of Haliburton | <input type="checkbox"/> Toronto |
| <input type="checkbox"/> County of Grey | | |
| <input type="checkbox"/> County of Huron | | |

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+)

PROJECT IMPACT

Describing the Outcome and Beneficiaries

23. Select the **YOF Priority Outcome** that most aligns with the change you want to make through this project.

(Check one only.)

- Empowering girls and young women to lead, including women's economic empowerment initiatives.
- Supporting Indigenous, Black, and/or newcomer youth to enter the labour market and transition to sustainable career pathways
- Provide mentorship opportunities for youth in and leaving care and/or youth involved in the justice system
- Addressing racism and its impacts on youth in urban, rural and/or Northern communities
- Supporting youth who are not connected to education programs, employment programs, and training programs (i.e. NEET) to exit poverty and social assistance
- Creating safe spaces for Indigenous and/or Black youth to build strong community and cultural connections

24. Identify the population(s) that are the primary beneficiaries of your project using the list below. (Select at least one.)

- Indigenous youth (i.e., First Nations, Métis and/or Inuit)
- Black youth
- Racialized youth
- Newcomer youth
- Francophone youth

- Two-spirit, lesbian, gay, bisexual, transgender, queer (2SLGBTQ+) youth
- Youth living with disabilities or special needs between the ages of 12 to 29
- Youth living in rural, remote and/or Northern communities
- Youth in conflict or at risk of being in conflict with the law
- Youth in care or leaving care
- Youth in low-income situations or from low-income families
- Youth who are homeless or at risk of being homeless
- Youth at-risk of dropping out or have dropped out

25. Please select the age range of youth who will participate in your project activities:

(Select at least one.)

- 12 to 14 years
- 15 to 19 years
- 20 to 25 years
- 12 to 29 years for youth living with special needs

When you designed your project, which age group did you have in mind? Check only those age groups you will intentionally reach out to and engage. Please be focused in your selection.

26. Tell us more about your primary beneficiaries. What experiences do they bring? What challenges or barriers do they face? What are their hopes and interests? How are they affected by the issues you would like to address? [Minimum is 150 words / Maximum 350 words]

Describing the Impact

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 young people will experience through their participation in the research process and the longer-term benefits of this research.

27. What are the most important changes you expect to see in your selected **YOF youth**?

Focus on sharing changes that can be achieved through your project. Identify three to six changes. (50 words max for each change)

- Change 1 (required)
- Change 2 (required)

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

Example: More young people will be able to access community supports that meet their needs. In the beginning they will access services with the support of their mentor but over time they will navigate supports on their own.

Example: Youth-led research into the best ways to support young people transitioning out of care will help to ensure housing and employment services are more relevant and effective, and therefore used by young people. "

28. How many youth do you expect to **directly impact** through the life of your grant? # ____

Only include the number of youth who will participate in your project activities. If conducting a research project, only include the young people who make up the project's research team (including group members, researchers, analysts, and any youth who plays a consistent and significant role in your research project). Only count a young 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 youth participate in each cycle. You plan to deliver 2 cycles per year. The number of youth you will directly impact is 60 (15 youth x 2 cycles per year x 2 years of funding).

PROCESS

Describing your Process

IF TEST SELECTED

29. 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: **May 1, 2020**

30. Complete the Project Plan.

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.

31. Complete the Budget Worksheet.

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 \$ 4000 per year and maximum of \$ 6000 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, click here to look at an example [Budget Worksheet](#). You can also email us at yof@otf.ca.

32. Complete the Budget Summary.

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

ORGANIZATIONAL MENTOR (OM) INFORMATION

OM Name and Contact Information

34. 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.

- YES
- NO

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 into 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.

[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.

35. Has your group identified an OM for this project?

(Check one only.)

- YES
- NO

[IF NO]: Do you need information or support to find an OM? (Check one only)

- YES
- NO

[IF YES]: What is the name and contact information of the organization that has agreed to be your OM?

Organization Name: _____

Contact Name: _____

Contact Position: _____

Telephone: _____

Email: _____

[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

EXPRESSION OF INTEREST ASSESSMENT 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 reflect the identities and experiences of those YOF youth they are working with and for.	YES NO
Does the group operate as either youth-led or a youth-adult partnership?	
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 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 Youth Leadership</p> <input type="checkbox"/> The group fully operates as a youth-led group or a youth-adult partnership <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</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 youth face. <input type="checkbox"/> The idea is an effective response to the need, issue or opportunity the group is addressing <input type="checkbox"/> The idea responds well to the context and experiences of the young people that they are engaging through this project.	60%
<p>Potential for Impact</p> <input type="checkbox"/> YOF youth 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	