

**Due Date: October 31  
April 30**

**Funding Period:  January 1 – June 30  
 July 1 – December 31**

## **Lethbridge Lifelong Learning Association**

### **PROGRAM GRANT APPLICATION**

Organizational Member Name:	Contact Name:
	Position:
Address:	Phone:
	Fax:
	E-Mail:
Our organization has participated in the following events/activities to assist and promote LLLA: (Give date or name of activity) AGM _____ Committee _____  Activity _____	

### **PROGRAM INFORMATION**

1. **Program / Workshop Name:** \_\_\_\_\_

**Required Funding Category:  
Check all that apply.**

- Adult Basic Literacy
- English as a Second Language
- Community Issues
- Training for Employment

#### **Need for the Program**

1. Who is your target audience and what barriers do they face? If this program is intended for training volunteers, how will the volunteers address community needs?

2. How do you know that your target group and the community need this program? What form of needs assessment and/or research have you done?

3. If there are similar services in the city, describe them and explain why your program is also needed.
  
4. Lethbridge Lifelong Learning Association supports learning opportunities for adults with barriers to learning, one of which must be financial. How are you targeting these learners?
  
5. Describe the processes/supports that are in place to make this learning opportunity accessible to the target group?  
(e.g. safe childcare, transportation etc.)

**Goal and Specific Objectives:**

1. What is the goal of your proposed program?
2. What specific and measurable objectives are you using to show progress towards that goal? Please review the example below. (Achievement areas are given to show what is required once the program is complete.)

**Example: Program – Self-Advocacy Skills**

Program Goal: (Example) To provide adults with societal barriers an opportunity to learn self-advocacy skills.	Objective Achieved	Not achieved	Comments
Objective 1: Each participant will attend 75% of the program hours.			
Objective 2: Each participant will identify two personal life areas in which they feel self-advocacy skills are needed.			
Objective 3: Each participant will practice three self-advocacy strategies.			

3. Complete the table that follows. Provide no more than 3 objectives for this application.  
\*Please note that program objectives must be complete for the application to be accepted.

Program Goal:	Objective Achieved	Not achieved	Comments
Objective 1:			
Objective 2:			
Objective 3:			

4. If this program has been offered before, please give a synopsis of why you believe it was successful.
5. Pre & Post-Program Questionnaires
  - a) Organizations are encouraged to distribute a pre-program questionnaire wherein participants have the opportunity to identify their learning goals for the program.
  - b) Organizations are required to administer a post-program questionnaire. This must include the following questions:
    - Were your personal learning goals for this program met?
    - Were you satisfied with this program? Why or why not?

### **Program Activities & Timeline**

1. How, when and where will the program operate?
2. What activities will the learners engage in?
3. Who will staff it? What are their qualifications?
4. What instructional materials and resources will be used?
5. Enclose a sample of promotional materials if available. Promotional material must include one of the LLLA logos from the [www.lethbridgelearns.org](http://www.lethbridgelearns.org) website located under the tab About LLLA.

### **Program Budget**

1. Will this program / workshop be offered if you do not receive L.L.L.A. funding?  YES  NO
2. Funding can only go to learners with financial barriers. Please include the criteria and/or process to be used or identifying financially barriered learners or ensuring that the entire group has financial barriers. Funding may be prorated to reflect the number of participants with financial barriers.
3. Attach a detailed budget for this program indicating all sources of revenue, including other funding and requested funding, tuition fees, in-kind contributions, and list all anticipated expenses. Please use the Budget Template provided.

4. Please complete the following calculations to determine the total grant dollars requested for this program / workshop in the period. Refer to Program Granting Guidelines under Procedures for definitions of expenses.

Costs for the Program Per Section or Workshop	Total Costs (\$)
Instructor costs or Speaker Fees	
Travel / Subsistence costs for Speaker	
Materials and supplies	
Room rental	
Advertising	
<b>Total Costs for the Program Per Section or Workshop</b>	<b>(A)</b>

Number of participants per section \_\_\_\_\_(B)

Number of barriered/volunteer learners per section \_\_\_\_\_(C)

Tuition fees collected from barriered/volunteer learners per section \_\_\_\_\_(D)

Number of sections the Program will run in the Period \_\_\_\_\_(E)

Number of Instructional Hours per program section or workshop \_\_\_\_\_

**Cost per Participant Per Section**

A	Divided by B	= \$
= Total Costs for the Program per Section (A)	Divided by the Number of Participants per Section (B)	Cost per Participant Per Section

**Total Grant Dollars requested for the Program Section or Workshop**

\$ Multiplied by C	Minus D	= \$
Cost per Participant per Section multiplied by the number of Barriered / Volunteer Learners per section (C)	Minus the Tuition Fees collected from Barriered / Volunteer Learners per section (D)	Total Grant Dollars requested for the Program Section or Workshop

**Total Grant Dollars requested for the Program in the Period**

\$	Multiplied by E	= Total \$
Total Grant Dollars requested for the Program Section or Workshop	Multiplied by the Number of Sections the Program will run in the Period (E)	Total Grant Dollars requested for the Program or Workshop in the Period

I hereby authorize that the above answers provide the complete and accurate information about the proposed program and any monies received for this program will be used only for the purposes set out in this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please note that Grant Applications that are **NOT COMPLETED** or that are received after the **DUE DATE** will **NOT** be considered.

**Office Use Only:**

Cost / Learner/ Instructional Hour =  
\_\_\_\_\_

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