



## Seven Oaks Early Years Coalition Grant

The Seven Oaks Early Years Coalition (SOEYC) is a group of agencies, organizations and community members who support parents and families with children aged birth through six years in the Seven Oaks area. Our collective offerings include parent-child programming, daycares, nursery schools, community recreation opportunities and health services – all key pieces in providing children the best start on their road to becoming lifelong contributing citizens.

We are pleased to announce that grants are available to Seven Oaks Community Members to support preschoolers (ages 0 – 6) and their families in our community in one of four areas:

- Mental Health and Wellbeing
- Nutrition and Healthy Living
- Language and literacy
- Community Capacity Building

To be eligible, your program must:

- exist in the Seven Oaks community area
- be creative and innovative
- involve one or more of the four pillars mentioned above
- be free or low cost and accessible for every participant
- be sustainable (a plan to ensure program continues beyond Seven Oaks Healthy Living funding, which could include strengthening partnerships, increasing skills and knowledge of community, training opportunities for community, securing additional funding from other sources etc.)
- create a positive behaviour change by increasing knowledge of healthy living around the four pillars

**Grant applications are due February 6, 2023.**

Funding requests can range up to \$1000 and proof of cost should be included with the application (i.e. quotes for equipment/materials, wage for instructors etc.)

All applications can be emailed to [carolyn.millar@7oaks.org](mailto:carolyn.millar@7oaks.org)



**Seven Oaks Early Years Coalition  
Grant Application Form  
5 grants available each year: Up to \$1000**

**These grants are available to Seven Oaks Community Members to support pre-schoolers and their families in our community in one of four areas:**

- **Language and literacy**
- **Nutrition and Healthy Living**
- **Physical and mental well being**
- **Community Capacity Building\***

**Contact Information**

- 1. Name of Organization or Group:**
- 2. Mailing Address:**  
**Postal Code:**

**Primary Contact Person:**

Name:  
Phone Number:  
Fax Number:  
Email Address:

**Secondary Contact Person:**

Name:  
Phone Number:  
Fax Number:  
Email Address:

- 3. Is your organization/group provincially incorporated and/or a registered charity?**  
Yes  No
- 4. If your application is successful, in what organization's name should the cheque be issued**



## **Project Information**

1. **Project/Event Name:**
2. **Is this a new project/event?** Yes  No
3. **Which pillar(s) does your program/initiative promote? (Please check all that apply)**
  - Physical and Mental Wellbeing
  - Nutrition and Healthy Living
  - Language and Literacy
  - Capacity Building

### **4. Project/Event Details**

Start Date:

End Date:

Number of community people expected to attend:

Location:

5. **Please provide a description of the program/initiative including purpose, goals and activities that address the pillars identified.**

*Project/Event Description:*

*Purpose/Goals (What is your project trying to accomplish)?*

*Objectives (How is your project going to accomplish this)?*

*What type of activities will this program offer:*



6. How will this program connect with and strengthen the Seven Oaks community?
  
  
  
  
  
  
  
  
  
  
7. Is this program targeted for a specific group of people? (e.g. newcomers, pregnant moms, families etc.)
  
  
  
  
  
  
  
  
  
  
8. How do you know this program/initiative is needed? (community plans, participant surveys, community health assessments etc.)?
  
  
  
  
  
  
  
  
  
  
9. What supports do you already have for the program/initiative? Who will lead this program/initiative? Please list any volunteers in place to lead this program/initiative.

**10. Identify the Community Partners for the program/initiative**

Individual Name and Organization	Telephone Number	Contribution (space, time, money, equipment etc.)



Fill in program/event expense form identifying how the money will be spent.  
Maximum grant amount is \$1000.

Seven Oaks Early Years Grant/Event Expenses (up to \$1000)	
Expenses ( <i>Please Describe</i> )	Dollar Amount
Training fees	
Equipment/Supplies	
Food	
Rent	
Childcare expense	
Promotion/Communication costs	
Other: Please describe	
<b>Total Program Expenses</b>	

Please indicate the other funding resources you have approached to support the program/initiative including amount requested.

All projects will be expected to provide detailed information including copies of receipts for all money spent. The final report will be due within 30 days of project completion. Reporting expectation will be clearly outlined at time of acceptance. Support is available for completing reports.

Please send completed form and supporting documents to:  
Carolyn Millar  
[carolyn.millar@7oaks.org](mailto:carolyn.millar@7oaks.org)



\*Capacity Building: activities that help grow the knowledge, skills and experience of people (workshops, train the trainer programs)

\*\*Health equity is defined as “all people have the opportunity to reach their full health potential and should not be disadvantaged from attaining it because of their social and economic status, social class, racism, ethnicity, religion, age, disability, gender, gender identity, sexual orientation or other socially determined circumstance”. More information about health equity can be found on their website at:  
<https://wrha.mb.ca/health-equity/>

Visit the Manitoba Collaborative Data Portal (MBCDP) at <http://www.mbcdp.ca/> to find a wide range of neighbourhood and local-level information, which will help support your program planning needs!