



## Calgary Learns 2022-2023 Initiative Program Grant Application

Initiative Program Grant applications are due June 1, 2022

Prior to filling out this application, please check the [Initiative Grant Call for Applications](#).

Please submit your application to [grants@calgarylearns.com](mailto:grants@calgarylearns.com).



**IMPORTANT****COMPLETE THIS CHECKLIST BEFORE SUBMITTING YOUR APPLICATION**

Complete and click all the boxes in the left column before submitting your application

<b>STEP ONE: Check Eligibility of Applicant and Program</b>	
<input type="checkbox"/>	The organization is a legal entity incorporated for a minimum of two years under one of the following Alberta Statutes: the Societies Act, Part 9 of the Companies Act, the Libraries Act, the Métis Settlements Act, and the Postsecondary Learning Act.
<input type="checkbox"/>	The program operates between July 1, 2022 to June 30, 2023, and within Calgary city limits.
<input type="checkbox"/>	The program targets financially and socially barriered adults (18+) in Calgary who are permanent residents or citizens of Canada (temporary foreign workers may participate in funded learning programs only if space allows).
<input type="checkbox"/>	The program addresses a current foundational literacy and learning need for adults with financial barriers to learning and does not unnecessarily duplicate locally available learning opportunities.
<input type="checkbox"/>	The program is non-credit and part-time.
<input type="checkbox"/>	The program is covered under the applying organization's current liability insurance.
<input type="checkbox"/>	All program staff and volunteers who work with vulnerable program participants have appropriate security clearances.
<b>STEP TWO: Compile a Complete Application to be Considered</b>	
<input type="checkbox"/>	The completed <b>Application Form</b> (this document) in Microsoft Word
<input type="checkbox"/>	The completed <b>Budget</b> in Excel (found <a href="#">here</a> or at <a href="http://www.calgarylearns.com">www.calgarylearns.com</a> )
<input type="checkbox"/>	A copy of the <b>Financial Statement</b> for the organization's last completed fiscal year, which includes at least a statement of financial position (formerly 'balance sheet') and statement of operations (formerly 'income statement'), showing the organization's name and fiscal year
<input type="checkbox"/>	A copy of the current <b>General Liability Insurance Coverage</b> in an amount of no less than \$2,000,000 inclusive per occurrence, insuring against bodily injury, personal injury and property damage including loss of use
<input type="checkbox"/>	Proof of submission of the most recently <b>filed annual returns</b> with Alberta Corporate Registry
<input type="checkbox"/>	<b>Declaration and Authorization page</b> (last page of this application) with signatures in <b>PDF Format</b>
<b>STEP THREE: Submit a Complete Application</b>	
<input type="checkbox"/>	Email your application package in the formats listed above to the Grant Coordinator ( <a href="mailto:grants@calgarylearns.com">grants@calgarylearns.com</a> ) <b>by June 1, 2022</b>

**ORGANIZATION OVERVIEW**

1. Complete the requested organizational information below.

<b>Organization Legal Name</b>	
<b>Operating Name (if different from legal name)</b>	
<b>Charity Number or Incorporation Number</b>	
<b>Mailing Address</b>	
<b>Physical Address (if different)</b>	
<b>Website</b>	

<b>Organization Primary Contact</b> *If approved, grant cheques will be addressed to this individual	
<b>Position/Title</b>	
<b>Email</b>	
<b>Phone</b>	

<b>Program Name</b>	
<b>Program Lead Contact</b>	
<b>Position/Title</b>	
<b>Email</b>	
<b>Phone</b>	

<b>Organization's Annual Operating Budget</b>	<b>Program Budget</b> *Amount must match the program <u>Total Cash Expenses</u> as indicated on the Program Budget	<b>Program Funding Request</b> *Amount must match the Calgary Learns funding request under the <u>Revenue</u> section of the Program Budget

Recipients of Community Adult Learning Program funding are bound by the Personal Information Protection Act (PIPA). One of the requirements under PIPA is to ensure the protection of personal information of clients accessing programs and services. Does the organization have processes in place to ensure the protection of personal information of learners that access programs and services?

- Yes  
 No

**2. Organization Mission Statement**

**3. Brief Organization Background (history, strategic priorities, programs) (150 words max)**

**PROGRAM OVERVIEW**

**4. Provide a concise summary of the proposed program in plain language. Explain what will happen and how. (100 words max)**

**5. Describe current evidence to support that there is a need for this program in Calgary.** For example, possible sources could include: Calgary statistics, increasing program demand, or waitlists.

**6. What other similar programs exist in Calgary? How will your proposed program contribute to the foundational learning system?**

**7. Is your program Literacy and Foundational Learning (LFL) or Community Capacity Building (CCB)?** Refer to the Call for Applications

- LFL  CCB

**8. If LFL, select the relevant category:** ( Not Relevant - a CCB program)

- Adult Literacy                       Basic Digital Skills  
 English Language Learning         Skills for Learning  
 Numeracy

**IF YOU SELECTED MORE THAN ONE AREA OR CATEGORY, YOU REQUIRE SEPARATE APPLICATIONS.**

**9. What are the top 3 to 5 objectives for learners in your program?**

Learners will...

**10. Describe the criteria and/or process used to recruit and confirm adult learners who are financially barriered and learning at a foundational level?**

**Recruit:**

**Confirm:**

**11. How will you create pathways for your learners to transition into new programs or opportunities?**

Examples include program referrals, partnerships with other organizations.

## **PROGRAM DESIGN**

**12. How will the program(s) work with learners to identify their individual learning needs?**

**13. What design considerations, instructional materials and delivery methods will the program use to support the learning needs of foundational learners in your program?**

**14. If the program is based on a set curriculum, how do you adapt it to address foundational learner needs and goals?**

Not Relevant

**TRUTH & RECONCILIATION**

*Calgary Learns is committed to serving the unique needs of Indigenous learners through relationship building between funded programs and ongoing consultation with Indigenous Elders and Knowledge Keepers to enhance overall program, design and delivery.*

**15. Do you currently serve Indigenous learners?**

Yes                      No

*If Yes, please answer questions # 15- 17*

*If No, please only answer question #17*

**15. What % of the adults who access your programs self-identify as Indigenous? How does your registration intake process gather that information?**

**16. How are you engaging/supporting your staff to incorporate Indigenous ways of learning , knowing, and being into your curriculum?**

**17. How are you or how might you support Indigenous learners' specific needs? How are you or how might you adapt or revise your curriculum?**

**PROGRAM DEVELOPMENT AND DELIVERY**

**18. Provide an overview of key milestones and timeline**

\*All dates must be during the July 1, 2022 to June 30, 2023 funding period

Timeline: describe major phases and their components	Start/End dates
1.	
2.	
3.	
4.	
5.	
6.	
*add more rows if necessary	

**19. List the program staff positions, responsibilities, and relevant qualifications and expertise (including training and expertise in literacy and foundational learning); note that the information below needs to mirror the information provided in the [Budget Template](#). \*Include whether a person has IAFL training; for English Language Learner (ELL) proposals, ESL teaching qualifications must also be included. Add or delete rows as needed.**

Paid Staff Positions	Paid Staff Relevant Qualifications	Paid Staff Primary Responsibility

Volunteer Positions	Volunteer Training Provided and Required Qualifications	Volunteer Primary Responsibility
Other Positions (Elders, Guest Speakers)	Details	Primary Responsibility

**FOR THE REMAINDER OF THIS PROGRAM DELIVERY SECTION, PLEASE CHOOSE ONE OF THE BELOW OPTIONS**

**OPTION A:** If this application includes a **program/pilot** which is delivered as a **course, family literacy program or learning activity**, answer questions **17 to 23**. Then proceed to the next section (Program Evaluation).

**OPTION B:** If this application includes a **program/pilot** which is delivered as **tutoring**, answer questions **24 to 27**. Then proceed to the next section (Program Evaluation).

**OPTION A: COURSE, FAMILY LITERACY PROGRAM OR LEARNING ACTIVITY**

**20. What is the program delivery method that you are applying for in this application?**

- Course
  Family Literacy Program
  Learning Activity

**21. What is the projected length of a typical individual class in your program? (For example, 2 hours.)**



**22. What is the total projected number of hours of instruction that a learner will receive in a program?**

(For example, for 2 hours delivered weekly for 10 weeks, you would record-2 hours x 10 weeks = 20 hours total.)

**23. What are the total projected hours needed for a facilitator to prepare for a program?**

(For example, for 1 hour of preparation for a 2-hour class for 10 weeks, you would record -1 hour of prep x 10 weeks of delivery = 10 hours total prep time.)

**24. Initiative Program Grants provide funding for pilot delivery of a program. If you plan on offering your program more than once during the funding term, please record the number of times and provide your rationale for repeat delivery?**

**25. How many learners are projected to participate in all the offerings of the program?**

(For example, if 12 learners participate in each offering and the program is delivered 3 times, you would record-12 learners per program offering x 3 offerings = 36 learners total.)

**26. When and where will the program(s) be held?**

(For example, Sept-Dec, Jan-March, April-June. Please include the location(s) and address(es) and/or plans for remote delivery.)

**OPTION B: TUTORING**

**27. What are the total projected hours of direct tutoring that the learners will receive tutoring?**

(Examples: one-on-one tutoring, if 5 learners work individually with a tutor for 2 hours per week for 10 weeks, you would record 5 learners x 2 hours x 10 weeks = 100 hours total. Small group tutoring, if one tutor works simultaneously with 5 learners on their individualized learning plans for 2 hours for 10 weeks, you would record-2 hours x 10 weeks = 20 hours total.)

**28. How many unique learners are projected to be served through tutoring in the grant term?** i.e. does not include repeat learners in the funding cycle.

**29. How many unique volunteer or paid tutors will serve in your program in the grant term?**

**30. When and where will the program(s) be held?**

(For example, Sept-Dec, Jan-March, April-June. Please include the location(s) and address(es) and/or plans for remote delivery.)

**PROGRAM EVALUATION**

All successful applicants will have to collect Outcome Measurement and Evaluation (OME) data, as defined and prescribed by the Ministry of Advanced Education. You can access more information and examples in the [CALP Data Collection Guidelines](#). If your application is approved for funding, we will provide you with more information about the collection of OME data.

- Reading Comprehension Baseline Assessment (Pre and Post)

To help Calgary Learns Staff and our external Review Teams better understand your overall program design, the next two questions refer to your overall program objectives, not the OME data prescribed above..

**31. Based on the program objectives listed in Question 13, please share your approach to program evaluation. What will be your key indicators for each objective? How will you measure/note progress with learners?**

Objective	Key Indicator(s)	Measurement Tool
<i>ie. learners will demonstrate improved reading skills</i>	<i>improvement in decoding, fluency, vocabulary skills</i>	<i>formal, and/or non-formal assessment for learning</i>

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**32. How is evaluation data relevant to your organization?**

**33. Upon completion of this pilot/program, what are your plans to sustain or build on the program moving forward?**

**SECURITY CLEARANCE**

\*All staff and volunteers who work with or have the potential for unsupervised access to Initiative participants or personal information of vulnerable persons must have security clearance.

Do all staff and volunteers have a Criminal Record Check?

- YES
- NO

**PROGRAM BUDGET**

**PROGRAM BUDGET**

\*Calgary Learns funds cannot be used for capital costs, equipment or other major assets

\*Administration costs cannot exceed 20% of direct Initiative expenses of Calgary Learns allocated funds

In order for your application to be considered complete, a detailed budget listing all revenue and expenses related to the initiative is required on the [Calgary Learns budget template](#).

**DECLARATION AND AUTHORIZATION**

<b>Organization Name</b>	
<b>Initiative Program</b>	
<b>Grant Year</b>	

I declare that the information provided in the Application Package is true and accurate and does not omit any material detail.

I authorize Calgary Learns to share information provided in the application package with their external review team and funder (Alberta Advanced Education).

I have read, understand and agree to abide by the program funding and reporting requirements set out in Calgary Learns' Call for Application and application.

I certify that if funds are awarded, they will only be used as set forth in this application package and understand that unused funds must be returned to Calgary Learns.

I confirm that the organization adheres to the Personal Information Protection Act (PIPA) to ensure the protection of adult learners accessing our programs.

I understand that I must submit to Calgary Learns a copy of any materials produced as a result of Calgary Learns funding and allow Calgary Learns to make these materials available publicly.

I confirm that in the event of a Calgary Learns funding audit, auditors will have access to all records pertaining to the grant.

**Must be signed by two signatories of the organization**

**Executive Director or CEO:**

Name		Position/Title	
Email		Phone	

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Program Lead Contact or Board Member:**

Name		Position/Title	
Email		Phone	

Signature \_\_\_\_\_ Date: \_\_\_\_\_