



A. CONTACT INFORMATION

1. Primary Contact Person	2. Host Organization & Complete Mailing Address **Must be a Non-Profit Incorporated Body
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3. Phone Number of Contact Person	4. Fax Number of Contact Person
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4. Email of Contact Person	5. Complete Mailing Address of Contact Person
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6. List participants and organizations involved in planning (Schools/Health/Nursery School, Day Care, Volunteer, etc.)

B. PROJECT DESCRIPTION

Bright Beginnings Formula:
\$300 base rate + \$5 per preschool child
(based on those who attended in the previous year this event was held)

Should this amount exceeds your requirements, and/or if there are funds carried over from previous events, please adjust your request accordingly.

1. Amount of Request (\$)	2. Area to be served by the Wellness/Readiness Event
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3. Date, Time and Location of Event	4. Number of 3 and 4 year olds expected for screening
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5. List Stations and Activities planned for your event:

6. How has the need for this event been identified in your community?

11. Describe how your event fulfills at least one of the four **Healthy Child Pillars**:

11.a. Positive Parenting

11.b. Nutrition and Physical Health

11.c. Literacy and Learning

11.d. Community Capacity

Please Read and Sign:

I have read and understood the “North Eastman Parent-Child Centred Coalition Grant Criteria and Guidelines”.

If this project is selected, I agree to:

- *complete and submit the required EVALUATION FORM by specified deadline date in relation to the event.*
- *ATTEND the Bright Beginnings Regional Forum and present the results of this project. This event is a full day and is held on a weekday in either April or May.*

Signature: _____

Date: _____

Should you have any further questions or require assistance in completing the application process, please do not hesitate to contact our Regional Coordinator.

Please forward completed application to:

Wendy Cooper, Regional Coordinator
Bright Beginnings, North Eastman Parent Child Coalition
Box 176
Anola, MB
ROE OAO

Phone: 204-866-3258
Fax: 204-866-3541

Email: bbcoordinator@mts.net
Website: www.bbpc.ca

APPLICATIONS MUST BE POSTMARKED NO LATER THAN FEBRUARY 28, 2012