



Variety Schools Grant Application Form for School Districts

This application form can be completed at the district level on behalf of multiple schools. There is no limit to how many schools your district may apply on behalf of at this time. Please note that Variety BC will match up to \$10,000 per school, for projects which are expected to be implemented within the current school year. Your district's completed application and supporting documents can be emailed to: schools@variety.bc.ca

Please refer to our website for the application deadline for this period: variety.bc.ca/grants/variety-schools

Please complete all five sections of this application. Supplementary information may be requested. Incomplete sections may result in delays with the review process.

Application Checklist

Don't forget to submit these pieces with your application:

- List of your district's appointed therapists and/or special education members and roles
- List of each school's principals/admin staff, and PAC members and roles (if involved in this project)
- Your school district's most recent audited financial statement(s)
- Each individual school's and/or PAC's most recent financial statement(s)
- Quote from your preferred vendor/source of the district's estimated expenses for this project
- Outline of all planned fundraising efforts at the district level for this project (if any)
- Outline of fundraising efforts suggested at the individual school level(s) for this project (if any)
- List of your school district's current funders and government grants for this school year
- List of each individual school's current funders for any and all projects planned for this school year
- Signed Conditions and Requirements Form (included in this application)
- Letters of reference (optional – you may want to ask parents and/or special education staff to share their perspective for this need)

Grant Requirements

Variety is matching funds for school districts who meet the following criteria:

- Your project promotes inclusivity or accessibility at each of the schools you include in this application
- The Principal and/or administration of each school is aware of the implementation of your project
- You expect this project to be implemented at all schools involved within the same school year you apply
- You have determined a fundraising goal for the total estimated cost of your project (fundraising may take place at a district level and/or fundraising may take place at each individual school involved to reach a collective total)
- You can provide a clear fundraising plan to reach at least 50% of the total estimated cost

How a Variety School Grant works for school districts:

Variety BC pays only your chosen vendor and cannot pay the school district nor the individual schools directly. If your application is successful, your matched funding will be granted upon the completion of a purchase order submitted by Variety. All individual schools fundraising for this project must submit their raised funds to the district. The district is then required to submit the total fundraising proceeds to Variety for this purchase order to be completed. A single purchase order will be issued to the district to coordinate the implementation and delivery of this equipment and or services as needed for each school.

1. General Information

District Details:	School District name:
	Street address:
	City:
	Postal code:
	Telephone:
	Website:
	Number of schools involved:
	Grade range:

Contact Information:	Your name:
	Your title:
	Your telephone:
	Your e-mail:
	Will the individual schools and/or Parent Advisory Councils be fundraising to reach your collective 50% goal for this project? Yes No <i>If "yes" please attach a current list of PAC executives/members from each school, and their designated roles with your application.</i>

2. Financial Statements

Please attach your district's most **current audited financial statement**(s) (or equivalent financial records) and a clear **fundraising plan** which outlines a timeline for how the district will raise its portion of the funding required for this project. The total cost of your project as quoted by your preferred vendor may be raised at the district level OR divided appropriately among the schools involved in this grant application. Please attach a separate document to your application with the exact goals set per school if fundraising efforts will be reached collectively and at an individual school level.

Total expected cost of your project: _____

District fundraising goal: _____

(This amount should be at least 50% of the total expected cost. Exceptions may be made under unique circumstances after assessment; please submit the truest number to your fundraising capacity.)

Your funds raised for this project to date: _____

Funding requested: _____

(Variety matches up to \$10,000 per school.)

Does your district and/or any individual schools have additional funding from other sources for this specific project? Yes No

*If "yes" please attach documentation outlining all **additional funders** and their status.*

3. Inclusive School Project Details

- a. Please use this space to describe your project, and how it will benefit students in your district. Please ensure you include a breakdown of how this equipment and/or service will be distributed amongst all schools involved.

Your project must consider barriers which special education students may face at schools within your district, and promote inclusivity and/or accessibility to be eligible for funding. Consider the medical and developmental considerations that apply to your student body.

- b. How is your district currently supporting these students?

*If you have parents or special education staff who would like to share their perspective, please attach their advocacy for your project as a **letter of reference** with your application.*

4. Youth Impact at School

In which health region(s) do students in your district reside?

- | | |
|--|--|
| <input type="checkbox"/> Vancouver Coastal (VCH) | <input type="checkbox"/> Northern (NH) |
| <input type="checkbox"/> Vancouver Island (VIHA) | <input type="checkbox"/> Fraser (FH) |
| <input type="checkbox"/> Interior (IH) | |

Medical considerations (check all that apply to your district's student body):

- | | |
|---|--|
| <input type="checkbox"/> Allergy / Asthma | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Audiology (Ears) | <input type="checkbox"/> Nephrology (Kidneys) |
| <input type="checkbox"/> Biochemical Disease | <input type="checkbox"/> Neurology (Brain) |
| <input type="checkbox"/> Cardiology (Heart) | <input type="checkbox"/> Oncology (Cancer) |
| <input type="checkbox"/> Cleft & Craniofacial | <input type="checkbox"/> Ophthalmology (Eyes) |
| <input type="checkbox"/> Dermatology (Skin) | <input type="checkbox"/> Orthopaedics (Skeletal) |
| <input type="checkbox"/> Endocrinology & Diabetes | <input type="checkbox"/> General Pain |
| <input type="checkbox"/> Gastroenterology (Stomach) | <input type="checkbox"/> Urology (Reproductive Organs) |
| <input type="checkbox"/> Genetic Disorder | <input type="checkbox"/> Haematology (Blood) |

Developmental considerations (check all that apply to your district's student body):

- | | |
|--|--|
| <input type="checkbox"/> Anxiety and Depression | <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder (ADHD) |
| <input type="checkbox"/> Autism Spectrum Disorder (ASD) | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Communication Disorder | <input type="checkbox"/> Down Syndrome |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fetal Alcohol Spectrum Disorder (FASD) |
| <input type="checkbox"/> Global Developmental Delay (GDD) | <input type="checkbox"/> Hearing Loss |
| <input type="checkbox"/> Intellectual or Learning Disability | <input type="checkbox"/> Other: _____ |

Ratio % of special education to "typical" youth within your district: _____

Ratio % of special education to "typical" youth per school: _____

(Please attach a breakdown of this ratio for each school involved on a separate sheet attached to this application if more space is required.)

Total number of youth that would benefit from this project: _____

(This may include both special education and "typical" youth)

5. Outcomes and Recognition

- a. Please describe your goals and expected outcomes for this project, including 3 ways in which your district will measure success:

Include a timeline for implementing your project – must be within the same year you apply.

- b. Outline any opportunities for Variety and/or its donors (pending district and individual school approval) to be recognized for its contributions to your inclusive project:

Does Variety – the Children’s Charity have permission to include an honorary plaque on the project at each school involved (if applicable): Yes No

Please sign and date your application:

To the best of my knowledge, statements in this application and all attachments provided are true and correct. I understand that Variety BC in evaluating this application may review any information submitted as part of this granting request and will treat all supplied information as confidential.

Authorized Signature: _____ Printed name: _____

Title: _____ Date: _____

Applications and supporting documents may be e-mailed to schools@variety.bc.ca



CONDITIONS and REQUIREMENTS of SCHOOL GRANTS:

In the event that your application for a school grant is successful, Variety – the Children's Charity of British Columbia asks that your school meet the following important conditions:

Your school agrees to:

1. Release Variety of liability if accidental injury or harm occurs on/in/with your project.
2. Guarantee all necessary construction is completed to code and abides by the applicable building permits.
3. Use all matching funds within the school year in which it is granted.
4. Submit a Variety Schools evaluation form once the project has been completed, along with photos of the project.
5. Allow a spokesperson from Variety – the Children's Charity to join your PAC Chair and/or principal and present at a school assembly or similar announcement (pending provincial health advisories).
6. Distribute Media Consent and Release Forms to students and parents for special recognition opportunities such as Variety Donor Impact Reports, Social Media, and the annual Show of Hearts Telethon. (Families who do not wish to participate will be exempt.)
7. Maintain the project, keeping it in good condition and conducting regular safety inspections.
8. Mandate that specialized medical supplies and therapeutic equipment be administered by trained and qualified professionals.
9. Ensure that children are NOT left unattended on/in/with the project.

I agree to the above conditions:

Authorized Signature: _____ Printed name: _____

Title: _____ Date: _____

Please submit this form with your application to schools@variety.bc.ca

Please include this page in your application.

For Variety use only:

- District and school member lists *Date received:* _____
- Fundraising plan and timeline *Date received:* _____
- Project quotes and expenses *Date received:* _____
- Audited financial statement(s) *Date received:* _____
- Outline of other fundraising projects *Date received:* _____
- Documentation of other funding sources *Date received:* _____
- Conditions and requirements form *Date received:* _____
- Letters of reference (optional) *Date received:* _____

For Variety use only:

District Name:	
Primary Contact:	
School Address:	
Grant Description:	
HF Committee Date:	
HF Committee Reviewers:	
HF Recommendation:	
HF Approval Date:	
Total Approved Amount:	
District Chq Processed:	
Vendor T&A Form:	
Vendor EFT Form:	
District GP #	
APP #	
PO #	