

## Subsidy Request Form

Workshop Date: \_\_\_\_\_

Location: \_\_\_\_\_

Make Cheque Payable to: \_\_\_\_\_

Number of Workshop Participant(s): Adults\_\_\_\_Youth\_\_\_\_

Comments: \_\_\_\_\_

## Receipt Totals

Travel: \_\_\_\_\_

Accommodation: \_\_\_\_\_

Food: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

**Receipts must be included for reimbursement.  
Please make photocopies for your records.**

## Town Youth Participation Strategies *Building Protective Factors, Reducing Risk*



*Helping  
Youth Centres  
GROW!*

Name \_\_\_\_\_

Organization \_\_\_\_\_

[www.typs.com](http://www.typs.com)

# Membership Form

## Public Information to be used on TYPS Recordings website

**Name:** Official name of organization \_\_\_\_\_  
 Popular name of organization \_\_\_\_\_

**Mailing Address:** Rural Route or P.O.Box \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postal Code

**Street address:** (If different) \_\_\_\_\_  
 Town: \_\_\_\_\_ Province \_\_\_\_\_

Organization's **Contact Info:** Phone: \_\_\_\_\_ Email \_\_\_\_\_  
 Fax: \_\_\_\_\_ Website: \_\_\_\_\_

**Main Contact:** Name: \_\_\_\_\_  
 Title \_\_\_\_\_ Email \_\_\_\_\_

**Second Contact:** Name: \_\_\_\_\_  
 Title \_\_\_\_\_ Email \_\_\_\_\_

**Other contact information NOT for public use**  
 This information will only be used by TYPS

**Private Contact:** \_\_\_\_\_  
 Email \_\_\_\_\_ Cell \_\_\_\_\_

	Total Hrs	\$/hr	Total
Youth		12	
Staff		25	
Volunteers		12	
<b>Total Hours \$ Value</b>			

OTHER IN KIND:	Total
Facilities Donated	
Equipment Rental Donated	
Materials, Prizes and Giveaways Donated	
Co-facilitation Donated	
Other	
<b>GRAND TOTAL OF IN KIND CONTRIBUTIONS (from gray areas)</b>	

**GRAND TOTAL OF IN KIND CONTRIBUTIONS (from gray areas)**

**Partner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TYPS Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Town Youth Participation Strategies

P.O. Box 729  
 Merrickville, Ontario  
 K0G 1N0

General Information: Tel: 613-269-2436, [typs@typs.com](mailto:typs@typs.com)  
 Project Information: Dale Cell: 613-284-6186, [dale@typs.com](mailto:dale@typs.com)  
 Kevin Cell: 613-285-9071, [kevin@typs.com](mailto:kevin@typs.com)

[www.typs.com](http://www.typs.com)



## EVALUATION

What part(s) of the workshop were most valuable?

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Will you be able to use the things you have learned here?

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Did the workshops offer tools and resources to support your youth centre/  
initiative/group?

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How would you improve the workshops?

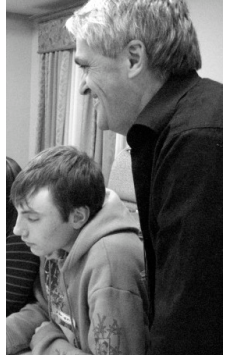
- Provide better information before the workshops.
- Reduce or  increase the content covered in the workshops.
- Make workshop activities more stimulating?
- More time  less time together as a whole group?

Other comments:

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## LOOKING FORWARD

What topics would you like to pursue in the context of  
another workshop or time shared with other youth centres?

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Is there a workshop segment you'd like to lead and share with others?

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In what way(s) can TYPS help you the most?

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Are you interested in contributing to a national newsletter or magazine,  
joining a national committee or Board of Directors, or providing leadership in  
other ways?

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Please note any ideas you feel would move the national strategy forward?

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# In Kind Record

**NAME OF ORGANIZATION** \_\_\_\_\_

**GROUP LEADER NAME** \_\_\_\_\_

**e-mail** \_\_\_\_\_

**WORKSHOP LOCATION:** \_\_\_\_\_

TRAVEL	\$ Amount
Travel (#km. x mileage allowance for your region, to and from workshop)	
Train/Air/Bus costs that were not subsidized	
Taxi/Shuttle Costs not subsidized	
Meals (enroute or during workshop not subsidized)	
Other	
<b>Total Travel</b>	

<b>HOURS: of Participation, Preparation, Follow-up:</b>	<b>Hrs - Youth</b>	<b>Hrs - Staff</b>	<b>Hrs - Volunteer</b>
In workshop: (Allow at least 20hrs x # of participants)			
Hours of travel and preparation x #of participants: (i.e. at meetings, screening youth, arranging transportation, helping develop network. Please estimate total hours.)			
Follow-up: (i.e. reporting back, meetings, integrating materials)			
<b>Total Hours</b>			

# Organization Profile

Name	
Do you have a dedicated space for youth?	
If yes, when are you open?	
If no, how do you serve youth?	
What age groups do you serve?	
How many youth attend?	Average Weekly _____ Average Weekend _____
How many adults contribute directly to youth centre operations?	Paid Staff ____ FTE (#staff x weekly hours each / 35) ____ Volunteers ____ FTE (#vol x weekly hours each / 35) ____
Do you have	Board of Directors ____ Steering Committee ____ Advisory Committee ____ Other ____
Do youth have	Parallel Board of Directors ____ Advisory Committee ____ Youth Council ____ Activities Committee ____ Other ____
Do you feel strongly supported by your community? Yes or No, in what ways?	
What is your main source(s) of funding?	
Do you feel significantly supported by your municipality, town council, or equivalent?	
Do you feel significantly supported by your local police?	
Date:	Signature: