



202

IODE 100th Anniversary Grant Program

Application

Name of the Program: _____

Organization / Agency / Individual Applying: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Website: _____ Charitable Business #: _____

Executive Director and Contact Information, if different from above:

Contact Person: _____ Title: _____

Telephone: _____ Email: _____

Number of Years in Child and Youth Services: _____

Professional Designation(s): _____

Educational Background: _____

Program Director or Designer and Contact Information, if different from above:

Contact Person: _____ Title: _____

Telephone: _____ Email: _____

Number of Years in Child and Youth Services: _____

Professional Designation(s): _____

Educational Background: _____

Letters of Reference

Two letters of reference are required, one supporting the agency and one in reference to the individual responsible for the program. The letters of reference must be submitted to IODE on or before

Method of Selection

The IODE 100th Anniversary Grant is awarded in alternate years. A seven-member committee of selection composed of IODE members and three advisors will consider the proposals and select the winner. The successful candidate will be announced in conjunction with IODE Founder's Day, 13 February 202 . Funds will be forwarded after the winner's information has been vetted by the selection committee.

I/we have followed the application procedure and wish to apply for the 202 IODE 100th Anniversary Grant.

If awarded this Grant, I/we agree to publish or present the project results at an appropriate professional conference or similar group and provide this information to IODE Canada.

Name of Applicant(s) _____

Signature: _____ Date: _____

Name of Applicant(s) _____

Signature: _____ Date: _____