

Indigenous Sport & Wellness Ontario Standing Bear Northern Community Fund 2024/25

PROGRAM LEAD CONTACT INFORMATION

Full Name (First, Last):	
Preferred Name (if different from given name):	
Phone:	Fax:
Email:	
Position/Title/Role(s):	

AFFILIATED ORGANIZATION/COMMUNITY INFORMATION

Organization/Community Name:	
Leadership Contact Full Name (i.e Executive Director, Director of Recreation, or Council Member):	
Phone:	Fax:
Email:	
Registered Charity / Incorporation number:	
Website:	

FUNDING ACKNOWLEDGEMENT

Prior to final approval and release of funds, selected participants must complete the following steps: 1) attend and participate in a virtual training session with our Standing Bear Master Facilitator, 2) must provide an outline of costs for your program, and 3) must provide a proposed schedule of activities. *For new applicants to the Standing Bear program that require support in meeting program delivery standards, a Standing Bear staff member will be available to support you in the preparation and delivery of your program.*

Please sign below if you understand and agree to complete the virtual training session, provide a proposed budget for your program, and provide a detailed schedule of activities prior to final approval and disbursement of funds.

Program Lead Full Name: _____ Program Lead Signature: _____



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PROGRAM DETAILS The key outcomes of the Standing Bear program are for youth to develop a greater sense of Identity, a clearer purpose as it relates to education and career, home and family, community service, to build more confidence as a result of learning more about their own individual strengths, and to build a stronger support network. Please keep these outcomes in mind when developing your program outline.

1. Why are you interested in the Standing Bear Indigenous Youth Leadership Program, and how do you think the participants will benefit from the program?

2. How many youth do you anticipate will participate in the program, and what are the age ranges? If you are opening the program to a specific age group, why have you chosen this age group?

3. What types of facilities and/or venues do you have available in your community to help you deliver youth programming? More specifically, which facilities would you utilize to deliver this program?



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4. Please identify any community partners who will contribute to the successful delivery of the program.

2. What format will you use to deliver the SB program activities and how will you support youth through the duration of the 8-12 week program (in-person, online, email or other platforms, combination of both)?

3. What leadership role(s) will youth play in delivering the program?

4. What strategies will you use to engage youth throughout the duration of the program to encourage youth to participate from start to finish, to ensure they gain their Standing Bear certificate upon completion?



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5. To your knowledge, would this be the first time a Standing Bear program is being delivered in your community? If you were not to be selected for this fund, would you be interested in being waitlisted, to be contacted at a future date when additional funding can be available to support your program?

CONNECTING ON SOCIAL MEDIA *Optional
 ISWO would like to connect with you on social media. Please add any applicable social media handles:

TWITTER	
FACEBOOK	
INSTAGRAM	
LINKEDIN	
OTHER	



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APPLICATION CHECKLIST:

Letter of support from the leadership of the Indigenous community or organization benefiting from the project

ACKNOWLEDGEMENTS

By checking this box, you agree that the above information is accurate and true.

By checking this box, you acknowledge that you have read the Standing Bear Northern Community Fund guidelines 2024-2025 and agree to the terms and conditions of the funding.

By checking this box, you acknowledge that you have signing authority for the organization/community submitting the application.

SIGNATURE

Signature:

Full Name (first, last):

Date:



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SUBMISSION INFORMATION

Email Submissions

We encourage you to submit your application package electronically to the following email address: info@iswo.ca.

The email must be received no later than **12:00 pm EST January 20, 2025** for your application to be considered.

Mail Submissions

You can mail your complete application package to:

*Attn: Daniel Smith
Indigenous Sport & Wellness Ontario
1090 Aerowood Drive, Unit 1A
Mississauga, ON
L4W 1Y5*

Your application must be postmarked no later than the published deadline in order to be considered.

If you require assistance in completing the application, please direct your inquiries to our Standing Bear staff: Julie Miller-Clause at julie.miller-clause@iswo.ca or Jesmine Craig at jesmine.craig@iswo.ca.

