



## TRAINING GRANT REPORT FORM

**Forms must be downloaded and saved to your desktop to open and complete.**

An updated version of Adobe Reader set to open PDF files on your computer is required. Adobe Reader can be downloaded at: <https://get.adobe.com/reader/>

- **Training Courses:** 'packaged' programs, usually available on-line, and are usually costed at a certain dollar amount per participant;
- **Training Events:** One-off programs, often made available locally or regionally, where there is a fee for a facilitator, elders and/or other trainers etc., as well as possible fees for a venue and/or food. In order to maximize the opportunities for actual training time applicants are encouraged to use their own space and/or free or low-cost local space rather than expensive commercial spaces;
- **Other:** If you have a program that does not meet these two training formats please provide a detailed program description, responding to all the required fields. Development of training content would be included in this third, 'other' category.

Brain Injury Alliance funding may not be used to fund clients or programs who are funded by, or operate strictly on, a fee for service basis. Fee-for-service term applies to mandatory, voluntary, or requested fees that a user pays for services provided.

**Completed report forms must be submitted no later than midnight July 15.**

(For training from October 1 through June 30)

Email completed report form to [contact@braininjuryalliance.ca](mailto:contact@braininjuryalliance.ca)

We gratefully acknowledge financial assistance from the Province of British Columbia



Information About Organization Seeking Funding							
Organization Name:					Date:		
Contact Person:		Title:			Phone:		
Email:		Address:			City:		Postal Code:

## Guidelines

### Training can be provided to:

- Senior staff and decision-makers (including directors on your board)
- Staff that work in any of your programs that serve people with brain injury (not just staff that work in Alliance funded programs)
- Volunteers, including peer workers.
- Some cultural sensitivity training may also be appropriate for the people that your agency serves.

### Grant Funds can include the costs of:

- Course fees (On-line or Zoom programs preferred)
- Locally available training, (especially training that is relevant to the provision of services to local indigenous people and communities)
  - Includes per diems, honoraria etc. paid to an Indigenous Elder.
  - **Attendance at conferences can be applied for, but would not be considered a priority.**
- Supernumerary wage costs only  
**Definition:** If the position requires an alternate employee to be paid to work that position in the incumbent's absence payment of wage costs associated with this back-fill coverage is a supernumerary wage cost. Rationale is required.
- Travel (within BC only) by the least expensive means possible
- Rent - Reasonable venue costs. Rationale is required.
- Food - Reasonable food costs at events
- Administration Fees - 10% up to \$1500.00 max
- Reasonable requests for other direct costs (details will be required)

### Grant Funds May Not be Used for:

- Out of province travel
- Event/Conference sponsorship
- Hourly bill-out rates for contractors, board members etc.
- Per diems for staff, non-paid program participants such as volunteers or clients of the agency
- Board development or strategic planning
- Fees to pay for the registration fees and other costs for an agency's own staff members etc. to attend a community event facilitated or co-facilitated by a member agency.
- Training to be delivered outside of the October 1 to June 30 during the granting period.



<b>Organization Name:</b>		<b>Date:</b>	
---------------------------	--	--------------	--

1.	Title of Training	Training Category	Value of Training	Trainer Contact Info. (for recommended training)	Trainer Cost (if applicable)	Comments	
Brief Description of the training (from experience, not from marketing materials etc.). Please include venue type (online, org. site, rented space)							
Total Number of Unique Participants							
# Staff		# Board Members		# Peer Supporters/ Volunteers		# Community Members	

2.	Title of Training	Training Category	Value of Training	Trainer Contact Info. (for recommended training)	Trainer Cost (if applicable)	Comments	
Please include venue type (online, org. site, rented space)							
Total Number of Unique Participants							
# Staff		# Board Members		# Peer Supporters/ Volunteers		# Community Members	



<b>Organization Name:</b>		<b>Date:</b>	
---------------------------	--	--------------	--

3.	Title of Training	Training Category	Value of Training	Trainer Contact Info. (for recommended training)	Trainer Cost (if applicable)	Comments	
Brief Description of the training (from experience, not from marketing materials etc.). Please include venue type (online, org. site, rented space)							
<b>Total Number of Unique Participants</b>							
<b># Staff</b>		<b># Board Members</b>		<b># Peer Supporters/ Volunteers</b>		<b># Community Members</b>	

4.	Title of Training	Training Category	Value of Training	Trainer Contact Info. (for recommended training)	Trainer Cost (if applicable)	Comments	
Brief Description of the training (from experience, not from marketing materials etc.). Please include venue type (online, org. site, rented space)							
<b>Total Number of Unique Participants</b>							
<b># Staff</b>		<b># Board Members</b>		<b># Peer Supporters/ Volunteers</b>		<b># Community Members</b>	



<b>Organization Name:</b>		<b>Date:</b>	
---------------------------	--	--------------	--

5.	Title of Training	Training Category	Value of Training	Trainer Contact Info. (for recommended training)	Trainer Cost (if applicable)	Comments	
Brief Description of the training (from experience, not from marketing materials etc.). Please include venue type (online, org. site, rented space)							
<b>Total Number of Unique Participants</b>							
<b># Staff</b>		<b># Board Members</b>		<b># Peer Supporters/ Volunteers</b>		<b># Community Members</b>	

6.	Title of Training	Training Category	Value of Training	Trainer Contact Info. (for recommended training)	Trainer Cost (if applicable)	Comments	
Brief Description of the training (from experience, not from marketing materials etc.). Please include venue type (online, org. site, rented space)							
<b>Total Number of Unique Participants</b>							
<b># Staff</b>		<b># Board Members</b>		<b># Peer Supporters/ Volunteers</b>		<b># Community Members</b>	



Organization Name:

Date:

**Financial - For all Training Categories**

Revenue	Details	Alliance Funded	Other Funding	Total Cost
Alliance				
Other (Please describe. Do NOT include gifts in kind)				
<b>Total Revenue</b>				
<b>Expenses</b>				
Wages (supernumerary only)				
Contractors				
Facilitators				
Food				
Rent (Venue)				
Registrations/Course Fees				
Travel				
Other (Please describe. Do NOT include gifts in kind)				
Administration (10% max)				
<b>Total Expenses</b>				
Total Program Surplus/Deficit:				
<b>Total funding to be returned to the Alliance</b>				

Please ensure receipts for each training event are kept.

**All Alliance funding that was not fully used as approved must be returned to the Alliance.**

Cheques made out to the Brain Injury Alliance can be mailed to 408 Victoria Street, Kamloops, BC, V2C 2A7.

Please attach a scanned copy of the cheque, along with the Training Grant Report to [contact@braininjuryalliance.ca](mailto:contact@braininjuryalliance.ca)



<b>Organization Name:</b>		<b>Date:</b>	
---------------------------	--	--------------	--

### Acceptance of Terms and Conditions

I hereby acknowledge that this report was made with the knowledge of, and approval by, the board of directors of the organization and agree to comply to the following terms to receive funding:

- Successful applicants must recognize the Brain Injury Alliance (Alliance) funding by posting the Alliance logo on their website where other contributors to their organization are mentioned.
- Successful applicants must recognize the Provincial Government and the Brain Injury Alliance when the funded program is reported on by media.
- Provided program performance review forms must be completed within the deadlines provided to retain eligibility for subsequent grants.
- Grants are not transferable to other programs not identified in this application, or to other groups without the written permission of the Alliance.
- Subsequent funding may be provided following an approved program performance review. The Alliance does not guarantee multi-year funding.
- Funds not used must be returned to the Brain Injury Alliance. An alternate use of the funds may be granted following a review of a formal written request to the Alliance.
- The Brain Injury Alliance reserves the right to publish the names of successful applicants (individuals and/or organizations) in any or all media.
- Applicants are responsible for ensuring that all necessary reports and required documents are received by the Alliance on or before the expiry of grant reporting deadlines.
- The Brain Injury Alliance reserves the right to deny a grant request, or to limit the amount of grants issued to any or all groups.
- Funding allocations may vary depending on the number of successful applicants, and amounts applied for within the funding cycle.

Authorized Officer Name:	Signature:
Date Authorized Officer Signed (mm/dd/yyyy):	

Completed forms must be received by the Brain Injury Alliance no later than midnight on July 15.  
(for training from October 1 through June 30 during the granting period)

Email completed report form to [contact@braininjuryalliance.ca](mailto:contact@braininjuryalliance.ca)