
Expression of Interest Questions

Step 1: The Expression of Interest (EOI)

The purpose of the EOI is to equip Ontario Trillium Foundation (OTF) staff with the information needed to assess your project and group. The EOI is the first step of the grant application.

Most of the questions are answered by selecting answers from a drop-down list. There are a few narrative questions where you can share details about your group and the work that you have led to date. You will also need to complete and submit a [Project Plan and Budget Worksheet](#) as part of the EOI.

OTF staff will review your eligibility, your readiness to do this work, the potential impact of your project, and how well you understand the needs, interests, and experiences of the parents, guardians and caregivers you want to work with.

Step 2: The Grant Application (if shortlisted)

If your EOI is successful, your group will be shortlisted and invited to complete and submit the Family Innovations grant application with an Organizational Mentor (OM).

At the grant application stage, you will only be able to change or update your responses for questions marked with the following symbol: >>>

Getting Ready to Apply

- Learn more about the [Family Innovations Test grant](#) and how to apply.
- YOF offers comprehensive webinars about Family Innovations Test and Scale grants, as well as one-on-one coaching calls.
- Connect with the YOF team at yof@otf.ca to discuss your project and get the support you need.

TAB 1: TYPE OF GRANT

If your group is shortlisted, you will not be able to change or update your responses in this section of the grant application.

1. **The Family Innovations Stream has two different types of grants. Each grant type has a different purpose and eligibility criteria. Which grant type are you interested in?**
(Check only one)

- ☐ Family Innovations Test grant
- ☐ Family Innovations Scale grant

TIP:

A Family Innovations Test grant is an opportunity for groups to test a new idea, strategize around an issue in their community, or research an issue that matters to the group.

A Family Innovations Scale grant is for more established groups that have already delivered core project activities over a two-year period. These groups are able to demonstrate the success of the model that is being scaled. If you are not sure which grant type is right for your group, email us at yof@otf.ca.

Project Type

[If Test grant selected]:

2. **Funding for Family Innovations Test grants is for specific purposes. Will your project:**
(Check all that apply)

- ☐ Pilot a new idea
- ☐ Research an issue or new concept
- ☐ Strategize around an issue affecting YOF parents, guardians, and caregivers

TIP: Click "SAVE MY WORK" if you are certain you have chosen the right type of Family Innovations grant. This decision cannot be reversed without the support of the YOF team.

If you are unsure about which type of project to choose, reach out to us at yof@otf.ca or reference the Family Innovations Scale grant – Expression of Interest Questions.

TAB 2: GROUP PROFILE

If your group is shortlisted, you will not be able to change or update your responses in this section of the grant application.

Group Name and Contact Information

3. Enter your group's details:

- Name
- Address
- Phone
- Email

4. Enter the contact information for your primary contact:

- Project contact name
- Project contact phone number
- Project contact email

TIP: This person should be a member of the core group and included in the core group table.

5. Enter the contact information for your secondary contact:

- Project contact name
- Project contact phone number
- Project contact email

TIP: This person should be a member of the core group and included in the core group table.

Online Presence

6. If your group is active on social media, provide the handles you operate under. For example, @ONTrillium is OTF's Twitter handle.

TIP: As part of the assessment process, OTF reviews the online presence of all applicants to ensure they are not engaged in ineligible activities. This includes:

- The majority of group activities are for the purpose of bringing about change in law or government policy, including public policy dialogue and development.

- Political activities supporting or opposing any political party, elected representative, or candidate for public office.

For more information about eligible and ineligible activities, review OTF's [Eligibility Policy](#).

Group Structure

7. Select the organization type that best describes your organization/group.

(Check only one)

- ☐ Grassroots group that is **not registered** as a charity or as an incorporated not-for-profit.
- ☐ A charitable organization or foundation **registered with** the Canada Revenue Agency
- ☐ An organization **incorporated as a not-for-profit corporation** without share capital in a Canadian jurisdiction (this includes a Chartered Community Council, operating under the Métis Nation of Ontario, or Inuit communities that are registered as not-for-profit corporations without share capital in Canada) it's
- ☐ A First Nation

Take Note

- Incorporated not-for-profits may be eligible to apply to the Family Innovations Stream. We will need more information to make that assessment.
- Registered charities are not eligible in the Family Innovations Stream.
- First Nations are eligible to apply to the Family Innovations Stream when more than 50% of their core group are community members who are not part of the band office or band council.

If you are unsure about how to answer this question, please email the YOF Team at yof@otf.ca.

For SYSTEM ONLY [IF FIRST NATIONS SELECTED]: First Nation are eligible to apply to the Family Innovations Stream, when more than 50% of the core group are community members who are not part of the band office or band council.

For SYSTEM ONLY [IF REGISTERED CHARITY SELECTED]: As a registered charity, please know your organization is not eligible for the Family Innovations Stream.

[If unincorporated grassroots group selected]:

What year did your group form?

TIP: Groups applying for a Test grant must have at least one year of experience delivering activities together.

Groups applying for a Scale grant are more established and have at least two years of experience working together to deliver core project activities.

[If incorporated selected]:

Provide your Incorporation number.

Provide your year of Incorporation.

As an incorporated not-for-profit, have you independently managed funds with no administrative support from an Organizational Mentor, platform, trustee and/or charitable organization? (Check only one)

☐ YES ☐ NO

TIP:

Check YES, if you have received funds directly from the funder to your organization's business account, managed these funds throughout the life of a project, and reported back to funders on the use of these funds.

Check NO if you received funding for a project but these funds were administered by another organization.

[If incorporated and managed own funds selected]:

How much funding did you manage independently in the last fiscal year (2022)?

How much funding did you manage independently in the fiscal year before last (2021)?

TIP: To be eligible for the Family Innovations Stream, your incorporated not-for-profit cannot have managed more than \$50,000 independently in each of the last two years.

- **Example 1:** Last year, you managed \$25,000 independently and the year before that you managed \$5,000 independently. You may continue with your EOI.
- **Example 2:** Last year, you managed \$50,000 independently and the year before that you also managed \$50,000 independently. You may continue with your EOI.
- **Example 3:** Last year, you managed \$70,000 independently and the year before that you managed \$25,000 independently. You are not eligible to apply to the Family Innovations Stream.

We can help if you are not sure how to answer these questions. Email us at yof@otf.ca.

Group Experiences

8. Tell us about how and why your group was formed, and your connections to community. (300 words max.)

TIP: Tell us about the size and the structure of your group.

- How does your group plan on making decisions?
- How are roles and responsibilities assigned or shared between group members?
- How does your group manage and resolve conflict?

TAB 3: PROJECT LEADERS

»» 9. Your core group members are or have experience with: (Check only those that apply to your core group members)

TIP: Grassroots work is about community-led and community inspired work. Shared identities and shared lived experience is critical to our understanding of the term 'grassroots'. This stream is a place for parents, guardians and caregivers to organize around issues they face, to imagine solutions, to test new ideas and to scale them. It is required that core group members share identities and experiences with the parents, guardians and caregivers they hope to engage.

- ☐ Indigenous parents, guardians, and caregivers
 - ☐ First Nations
 - ☐ Métis
 - ☐ Inuit
- ☐ Black parents, guardians, and caregivers
- ☐ Racialized parents, guardians, and caregivers
- ☐ Newcomer parents, guardians, and caregivers
- ☐ Francophone parents, guardians, and caregivers
- ☐ Parents, guardians, and caregivers and/or their children who are two-spirit, lesbian, gay, bisexual, transgender, queer and/or questioning, intersex, asexual (2SLGBTQIA+)
- ☐ Parents, guardians, and caregivers and/or their children living with disabilities or special needs
- ☐ Parents, guardians, and caregivers living in rural, remote and/or Northern communities
- ☐ Parents, guardians, and caregivers and/or their children in conflict or at risk of being in conflict with the law
- ☐ Parents, guardians, and caregivers at risk of contact or in contact with child welfare services
- ☐ Parents, guardians, and caregivers in low-income situations
- ☐ Parents, guardian and caregivers who are homeless or at risk of being homeless
- ☐ Parents, guardians, and caregivers whose children are at-risk of dropping out or have dropped out of school
- ☐ Parents, guardians, and caregivers and/or their children living with mental health needs and/or addictions
- ☐ Parents, guardians, and caregivers whose children are not engaged and/or are at risk of not being engaged with education, employment, and training programs

[If Black is checked]:

- »» • Is your group Black-led? (Check only one)
☐ YES ☐ NO

[If Indigenous is checked]:

- »» • Is your group Indigenous-led? (Check only one)
☐ YES ☐ NO

TIP: Learn more about YOF's [definitions of Indigenous Grassroots Groups, Organizations and Collaboratives](#).

»» Core Group Table

10. Complete the Core Group Table.

Complete every column for every member of your core group. A core group member is someone who is playing or will play an active role in decision making and planning for your group, including delivery of project activities, project administration, etc.

Describe the different roles and responsibilities people play, and the knowledge, lived experience, and skills they bring. If your group is an incorporated not-for-profit, you must include your board members in the core group table.

Take note: More than 50% of your core group members must be at an arm's length relationship to each other. If you are registered as a not-for-profit, this includes your board members. This means that board members and executives are not married or related to each other and do not work as business partners or are in another relationship where interests may be compromised.

Family Innovations Test Grant

Name of Core Group Member	Email	Are you a parent, guardian, or caregiver of a child or young person	Do you work for the organization that will be your Organizational Mentor (OM)/trustee organization)?	Describe your role and responsibilities in the group and with this project. Will you work as a staff person on this project? [150 words max.]	To the degree that you are comfortable and able, share lived experiences and knowledge that you bring that are relevant to this project. [150 words max.]	Share professional/volunteer experience and skills that are relevant to this project. [150 words max.]
First and last name		Yes / No	Yes / No	Example: Volunteer Relations and Member Services. I will oversee and coordinate the volunteers who will be part of the support circles and training workshops. I will recruit volunteers to be mentors and workshop facilitators. I will also guide them to our group and project. I will work part-time (~ 7 hours per week on average).	Example: I am a founding member of our organization and have focused on recruiting and orienting our new members. At the time when I came here from Jamaica, I did not have a lot of resources or supports as I was raising my two sons. I found that when I met other Black mothers/parents in similar situations as me, it made me feel supported. That's why I created this group for Black newcomer mothers.	Example: Leading our group and organizing the support circles and training workshops helped me be organized and learn how to network. I grew the membership of our group to 5 people in the first 3 months. I recruit and train volunteers through my volunteer work at my local community centre (past 4 years). I have strong administrative skills through my day job (use Excel to manage program data and office budget).

TAB 4: PROJECT IDEA

Describing the Issue and Idea

11. Provide a brief overview of your group's idea. (350 words max.)

If your group is shortlisted, you will not be able to change or update your response to this question.

TIP: Describe what you will do, who it will benefit and where your work will happen.

»» **12. Describe and list all major activities that your group will deliver for parents, guardians and caregivers. (400 words max.)**

TIP: Provide more details about your core activities here.

- How will you deliver these activities?
- How often will you deliver these activities?
- How many parents, guardians, and caregivers do you intend to engage in each activity?

13. What needs or issues are you trying to address? (350 words max.)

TIP: In answering this question, consider:

- What are the systemic barriers and issues your group is trying to address?
- What needs, or issues are you trying to address?
- Are there things in your community you are interested in enhancing or protecting?
- Are there gaps you are trying to fill?

Project Location

»» **14. Where will project activities take place? (Check only one)**

- ☐ In the Greater Toronto Area (GTA)
- ☐ Outside the Greater Toronto Area (GTA)
- ☐ In both the GTA and outside of the GTA

TIP: GTA includes Toronto, Halton, Durham, Peel and York only. It does not include Hamilton.

Select the region where the majority of your activities will take place.

If your project will be delivered primarily on-line/virtually, check those regions that are most critical for the success of your project. For example, if your project will test a virtual platform for social connections between First Nations families living in remote communities, check outside of the Greater Toronto Area.

»» 15. In which OTF catchment area will your project have the greatest impact? Find your [catchment and census division](#). (Check all that apply)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Northwestern | <input type="checkbox"/> Grand river | <input type="checkbox"/> Essex, Kent, Lambton | <input type="checkbox"/> Durham, Haliburton, Kawartha, Pine Ridge |
| <input type="checkbox"/> Algoma, Cochrane, Manitoulin, Sudbury | <input type="checkbox"/> Waterloo, Wellington, Dufferin | <input type="checkbox"/> Thames Valley | <input type="checkbox"/> Toronto |
| <input type="checkbox"/> Muskoka, Nipissing, Parry Sound, Timiskaming | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Halton-Peel | |
| <input type="checkbox"/> Champlain (Ottawa region) | <input type="checkbox"/> Niagara | <input type="checkbox"/> Simcoe-York | |
| <input type="checkbox"/> Quinte, Kingston, Rideau | <input type="checkbox"/> Grey, Bruce, Huron, Perth | | |

»» 16. Please select the census divisions to indicate more specific regions where your project activities will take place. Find your [catchment and census division](#). (Select at least one)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Algoma | <input type="checkbox"/> County of Brant | <input type="checkbox"/> County of Renfrew | <input type="checkbox"/> County of Lennox & Addington |
| <input type="checkbox"/> Sudbury | <input type="checkbox"/> Haldimand-Norfolk | <input type="checkbox"/> United Counties of Stormont, Dundas, and Glengarry | <input type="checkbox"/> Prince Edward County |
| <input type="checkbox"/> Cochrane | <input type="checkbox"/> County of Bruce | <input type="checkbox"/> Regional Municipality of Durham | <input type="checkbox"/> Regional Municipality of Halton |
| <input type="checkbox"/> Manitoulin | <input type="checkbox"/> County of Grey | <input type="checkbox"/> Kawartha Lakes | <input type="checkbox"/> Regional Municipality of Peel |
| <input type="checkbox"/> Greater Sudbury | <input type="checkbox"/> County of Huron | <input type="checkbox"/> County of Northumberland | <input type="checkbox"/> County of Simcoe |
| <input type="checkbox"/> Muskoka | <input type="checkbox"/> County of Perth | <input type="checkbox"/> Peterborough | <input type="checkbox"/> Regional Municipality of York |
| <input type="checkbox"/> Nipissing | <input type="checkbox"/> Regional Municipality of Niagara | <input type="checkbox"/> County of Haliburton | <input type="checkbox"/> County of Dufferin |
| <input type="checkbox"/> Parry Sound | <input type="checkbox"/> Hamilton | <input type="checkbox"/> County of Frontenac | <input type="checkbox"/> Regional Municipality of Waterloo |
| <input type="checkbox"/> Timiskaming | <input type="checkbox"/> County of Elgin | <input type="checkbox"/> County of Hastings | <input type="checkbox"/> County of Wellington |
| <input type="checkbox"/> Kenora | <input type="checkbox"/> County of Middlesex | <input type="checkbox"/> County of Lanark | <input type="checkbox"/> Toronto |
| <input type="checkbox"/> Rainy River | <input type="checkbox"/> County of Oxford | <input type="checkbox"/> United Counties of Leeds & Grenville | |
| <input type="checkbox"/> Thunder Bay | <input type="checkbox"/> Ottawa | | |
| <input type="checkbox"/> Essex County | <input type="checkbox"/> United Counties of Prescott & Russell | | |
| <input type="checkbox"/> Chatham-Kent | | | |
| <input type="checkbox"/> County of Lambton | | | |
| <input type="checkbox"/> | | | |

TIP: Pick the community where your group will be working and will have greatest impact.



17. Select the community size that is the primary focus of your project. (Select one)

- ☐ Rural or Small Communities (20,000 or less)
- ☐ Mid-size Communities (20,001 - 100,000)
- ☐ Urban Centres and Metropolitan Suburbs (100,000+)

Upload Supporting Documents

18. Upload supporting documents (optional).

TIP: You may upload up to five (5) pictures, reports, resources etc. that may provide greater explanation of your initiative. Please include a short description of each item.

TAB 5: PROJECT IMPACT

Describing the Outcome and Beneficiaries

»» **19. Select the YOF outcome that most aligns with the change you want to make through this project. (Check only one)**

- ☐ Supporting parents, guardians and caregivers to navigate and access resources for economic stability
- ☐ Supporting parents, guardians and caregivers to effectively navigate, access, and influence systems that affect family well-being
- ☐ Creating safe spaces for Indigenous and/or Black parents, guardians and caregivers to strengthen relationships, build strong community and cultural connections, and heal from trauma

»» 20. Identify the population(s) that are the primary beneficiaries of your project using the list below. Your primary beneficiaries are your “YOF parents, guardians and caregivers”. (Select at least one)

- ☐ Indigenous parents, guardians, and caregivers (i.e., First Nations, Métis, Inuit);
 - ☐ First Nations
 - ☐ Métis
 - ☐ Inuit
- ☐ Black parents, guardians, and caregivers.
- ☐ Racialized parents, guardians, and caregivers.
- ☐ Newcomer parents, guardians, and caregivers.
- ☐ Francophone parents, guardians, and caregivers.
- ☐ Parents, guardians, and caregivers and/or their children who are two-spirit, lesbian, gay, bisexual, transgender, queer and/or questioning, intersex, asexual (2SLGBTQIA+)
- ☐ Parents, guardians, and caregivers and/or their children living with disabilities or special needs.
- ☐ Parents, guardians, and caregivers living in rural, remote and/or Northern communities.
- ☐ Parents, guardians, and caregivers and/or their children in conflict or at risk of being in conflict with the law.
- ☐ Parents, guardians, and caregivers at risk of contact or in contact with child welfare services.
- ☐ Parents, guardians, and caregivers in low-income situations.
- ☐ Parents, guardian and caregivers who are or at risk of being homeless
- ☐ Parents, guardians, and caregivers whose children are at-risk of dropping out or have dropped out of school.
- ☐ Parents, guardians, and caregivers and/or their children living with mental health needs and/or addictions
- ☐ Parents, guardians, and caregivers whose children are not engaged or are at risk of not being engaged with education, employment, or training programs

TIP: Check only those identities and lived experiences of the parents, guardians and/or caregivers (your beneficiaries) that that you are specifically looking to engage, and you have designed your program to benefit for

When selecting Indigenous (First Nations, Métis or Inuit), members can be from urban, rural and/or on reserve communities.

[If Indigenous selected]: (Select at least one)

- ☐ First Nations families
- ☐ Métis families
- ☐ Inuit families

21. Tell us more about the parents, guardians, and caregivers your group will engage through this project. What are their lived experiences? How are they affected by the issues you would like to address? (300 words max.)

Describing the Impact

»» **22. What are the most important changes you expect to see in your selected parents, guardians, and caregivers? Focus on sharing changes that can be achieved through your project activities.**

Identify a minimum of three changes, up to a maximum of six.
(50 words max for each change)

TIP: Each change statement should be clear and concise and should reflect what will be achieved/ or enhanced as your group delivers your test project.

Some changes can happen almost immediately, and others can take a little longer to happen. Some examples of immediate changes are changes in knowledge, skill levels or attitudes about oneself and others. Other types of changes may take longer. For example, changes in behaviour, relationships or leadership. Use change words such as: increased, enhanced, strengthened, improved, expanded, prevented, reduced etc. After you write your change statements, take a final look to make sure you can achieve all of these through your project activities.

If you are applying to do research, use the change statements to describe both changes that parents, guardians, and caregivers will experience through their participation in the research process and the longer term benefits of this research to families.

Example: Indigenous parents, guardians, and caregivers have increased their cultural knowledge and understanding of Traditional ceremonies and activities.

Example: Black parents, guardians, and caregivers have increased their knowledge of policies, rights, regulations, and structures within the justice and penal systems,

Example: Newcomer mothers will know how to research and apply for higher education (university, college etc.)

»» 23. How many parents, guardians and/or caregivers do you expect to reach or directly engage through the life of your grant?

TIP: Only include the number of parents, guardians and caregivers who will participate in your project activities. When conducting a research project, only include those parents, guardians and caregivers who make up the project's research team (including group members, researchers, analysts, and any parents, guardians and caregivers who plays a consistent and significant role in your research project). Only count a person once even if you will have multiple touchpoints with them. If approved for funding, this number will be included in the grant contract.

Example: You have funding for 2 years. Your project runs on a 10-week cycle. You plan to have 15 mothers participate in each cycle. You plan to deliver 2 cycles per year. The number of people you will directly impact is 60 (15 mothers x 2 cycles per year x 2 years of funding).

TAB 6: PROCESS

Request Term

»» 24. What is the request term? (Check only one)

- ☐ 1 year
- ☐ 2 years
- ☐ 3 years

TIP: This is the total number of years you will receive funding if your application is approved.

Project Plan and Budget Worksheet

*Please build your Project Plan and Budget Worksheet with the following start date in mind:
Project Start Date: March 1, 2024*

»» 25. Complete the Project Plan

TIP: The Project Plan is a tool to plan all the major activities and milestones in your project. Try to anticipate all the major activities and milestones. Take your time working on this as it will help you complete the budget.

If you are not sure how to fill this out, review the [Sample Project Plan](#). You can also email us at yof@otf.ca.

»» 26. Complete the Budget Worksheet

Based on your completed Budget Worksheet, you are requesting xx.

This number auto-populates based on the information submitted in the Budget Worksheet.

TIP: The Budget Worksheet is a tool to budget for all expenses in your project. Try to anticipate all the expenses. **Note that a minimum of \$2,000 per year and maximum of \$4,000 per year can be spent on capacity building.**

Please avoid any quotation marks (“...”) in the Budget fields (including Notes) as the system will not save your work if these are detected. If you are not sure how to fill this out, look at an [Sample Budget Worksheet](#). You can also email us at yof@otf.ca.

TAB 7: ORGANIZATIONAL MENTOR (OM) INFORMATION

»» 27. Has your group identified an Organizational Mentor for this project? (Check only one)

☐ YES ☐ NO

[If no selected]:

- Do you need information or support to find Organizational Mentor? (Check only one)
☐ YES ☐ NO

[If selected]:

- What is the name and contact information of the organization that has agreed to be your Organizational Mentor?
 - ☐ Organization Name
 - ☐ Contact Name and Position
 - ☐ Telephone
 - ☐ Email

TAB 8: GROUP ACKNOWLEDGMENTS

- ☐ We acknowledge that the majority of our core group members share identities and experiences with the parents, guardians, and caregivers we want to engage through this project.
- ☐ We acknowledge that our core group has at least three members.
- ☐ We acknowledge that more than 50% of our core group members are at an arm's length relationship to each other.
- ☐ We acknowledge that all project activities will take place in Ontario.
- ☐ If our project is approved for funding, our group agrees to participate in YOF-led capacity building activities.
- ☐ If our project is approved for funding, our group agrees to participate in a YOF evaluation process led by an external partner.
- ☐ If our project is approved for funding, our group agrees to work with an Organizational Mentor.
- ☐ The information contained in this application and the accompanying documents is true, accurate and complete.

Expression of Interest Assessment Criteria

OTF staff will use this standard assessment criteria to assess your Expression of Interest. This information is a tool to guide you as you write your responses.

Assessment Area 1: Group Eligibility	
Core group members (including board members, where applicable) reflect the identities and experiences of the YOF parents, guardians, and caregivers they are working with and for.	YES NO
The group exists independently of a larger organization (other not-for-profit), charitable organization or municipality, university, school, and/or hospital.	
The application is complete and contains clear and detailed responses.	
The group is based in Ontario and the work will benefit parents, guardians, and caregivers in Ontario.	
The group has at least three core group members.	
More than 50% of core group members are at arm's length relationship to each other.	
The group is not a registered Charity.	
The group is a registered not-for-profit. If yes: Board members are clearly identified and reflect the identities and experiences of the YOF parents, guardians, and caregivers being served.	
The project complies with OTF policies .	
The group is in compliance with advocacy requirements of OTF's Eligibility Policy .	
The group is either an unincorporated group or an incorporated not-for-profit corporation, with independently managed revenues of \$50,000 or less in either of the last two years.	

Assessment Area 2: People	
Strong Grassroots Leadership <ul style="list-style-type: none"> <input type="checkbox"/> The group demonstrates that collectively they have the right mix of knowledge, skills and experience to deliver this project. 	40%
Assessment Area 3: Strategy	
Setting the Context (Issue & idea) <ul style="list-style-type: none"> <input type="checkbox"/> The group has fully and clearly described the idea they want to test or the research they will conduct, or the strategy work they will lead. <input type="checkbox"/> The need, issue or opportunity connects to systemic barriers that YOF parents, guardians, or caregivers face. <input type="checkbox"/> The idea is an effective response to the need, issue or opportunity the group is addressing. <input type="checkbox"/> The proposed idea is culturally anchored and has been designed to respond to the experiences, needs and assets of YOF parents, guardians, and caregivers. 	60%
Potential for Impact (Idea & impact) <ul style="list-style-type: none"> <input type="checkbox"/> YOF parents, guardians and caregivers are clear and direct beneficiaries of the project. <input type="checkbox"/> The changes the group hopes to make can be achieved through their project. <input type="checkbox"/> The changes or impacts the group hopes to make aligns with their chosen YOF Priority Outcome. 	