

Peace River Regional District  
Attention: Admin

Name: Autism Society of BC (doing business as AutismBC)  
Address: 3688 Cessna Drive, Richmond, BC V7B 1C7  
Tel: 604-434-0880 Ext 102 or 250-668-0061  
Web: autismbc.ca  
Charitable No: 107810046RR0001  
Date of Incorporation: January 9, 1975

Mission; To empower, support and connect with the autism community in BC

We respectfully request a letter of support for a grant application to BC Hydro in the amount of \$10,000 from the Northern Development Trust.

BC Hydro is requesting a letter of support for the funding. The deadline for this application is February 1, 2024 but in speaking with Hydro, I am able to submit the application, and send your letter of support upon receipt at a later date .

BC Hydro's suggested wording for the letter of support is as follows:

"THAT, the Peace River Regional District supports the application to Northern Development Initiative Trust from AutismBC for a grant of up to \$10,000 from the BC Hydro Go Fund."

These funds would be used exclusively for those on the spectrum in the Peace River District.

Thank you for your kind consideration of this request  
Warm Regards  
Susan Tarrant

To expand on our programs, here is a list of what we offer throughout the province  
Referrals for services  
Community support groups, in person and virtual  
Vetted, credible information and resources  
youth social clubs  
Autism BC community events  
Autism BC Talks- information sessions  
Region specific newsletters  
Free membership (we now have over 9000 members)  
Connection to the BC-wide autism community

Please let me know if you have any further questions  
Warm regards  
Susan

**Site C Project Supporting Peace Region Community Non-Profits to Generate Opportunities****Adobe Reader 8.0+ is required to complete this application form.**

If you are using an earlier version, you will not be able to save any information you enter into the form.

Adobe Reader is a free download available at: <http://www.adobe.com/products/acrobat/readstep2.html>

★ **Please ensure documents are downloaded and saved to your computer desktop prior to entering any information. If opened and completed within your internet browser, any information entered will not be saved.**

**1. Project Name**

Provide a project name:	Have you previously received funding from this program?
Northern Support	<input type="radio"/> Yes <input checked="" type="radio"/> No
	★ Future funding applications from past fund recipients are invited once annual reports are received.

**2. Applicant Profile**

Applicant organization (legal name):	Non-profit society registration no. (if applicable):
Autism Society of British Columbia (AutismBC)	107810046RR0001
Mailing address:	Telephone:
3688 Cessna Drive, Richmond, BC V7B 1C7	604-434-0880 Ext. # 102 or 250-668-0061
Email:	Website (URL):
starrant@autismbc.ca	www.autismbc.ca

**3. Primary Contact Information**

Primary contact (for this application):	Position/title:
Susan Tarrant	Development Manager

Complete the following if different from applicant organization contact information:

Mailing address:	Email:	Telephone:

#### 4. Required Application Features

See the application guide for more information on eligibility, application review and approval process.

Programs must be based in, or providing services to vulnerable populations in Fort St. John, Hudson's Hope, Taylor, Chetwynd, Peace River Regional District (Electoral Areas B, C and E). Please select the designated community or communities your program is based in:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> City of Fort St John                                    | <input checked="" type="checkbox"/> District of Chetwynd |
| <input checked="" type="checkbox"/> District of Hudson's Hope                               | <input checked="" type="checkbox"/> District of Taylor   |
| <input checked="" type="checkbox"/> Peace River Regional District (Electoral Areas B, C, E) |  |

The Fund has been established to support non-profits that provide services and programs to vulnerable populations, including children, families, and seniors. Please select the vulnerable population(s) your program is supporting.

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Children | <input checked="" type="checkbox"/> Families | <input checked="" type="checkbox"/> Seniors |
|--|--|---|

The Fund targets regional priority areas that have been identified by communities and service organizations in the region. Please select the priority area(s) that your program is addressing.

- ☒ Healthy food options (food bank support, nutrition, education)
- ☐ Child development programming (daytime: infant, toddler, pre-school and after-school: tweens and teens)
- ☒ Family care (support and education around violence, addiction, and healthy relationships)
- ☒ Affordable transportation to improve access to services and programs
- ☐ Affordable access to technology
- ☐ Other: \_\_\_\_\_

#### 5. Letter of Support (Required)

Identify the municipality, regional district, or community organization that is providing a letter of support for this funding application:

A letter of support from the Peace River Regional District will be forthcoming and will be sent upon receipt

- ☐ A letter of support from the municipality, regional district, or community organization is attached.

✦ Applicants must secure a letter outlining support for the funding request from a municipality, regional district or community organization. The applicant must provide a copy of the letter of support to Northern Development before an application can be considered for funding.

Sample:

THAT, the (insert local government or organization name) supports the application to Northern Development Initiative Trust from the (insert applicant organization name) for a grant of up to \$(insert amount) from the BC Hydro GO Fund.

## 6. Project Overview

Please provide a description of how the grant will be used by your organization to support vulnerable populations including children, families, and seniors:

Autism will provide resources, education, safe gathering places for those on the spectrum to come together to learn life skills, build confidence, make lasting friendships and become better knowledgeable about autism. In addition, this grant will assist individuals and their families with transportation, meals and, if necessary accommodation as they receive the services of health care professionals outside of their local areas. Such professionals include, but are not limited to; psychiatrists, Behaviour consultants; speech-language pathologists; Occupational therapists; and physical therapists

The northern region of our province has very limited resources of this kind, and families are forced to travel great distances to obtain the health related support they need to support autistic children. Adults on the spectrum face the same challenges, often with even less support.

Please describe how the grant funds will strengthen what your organization can offer the community:

This grant is key to our ability to offer real assistance to those in our remote areas. In addition to offering some financial assistance, AutismBC would be able to virtually connect with those in the Peace River Regional District with workshops which will offer wrap-around support and information: Waiting For Assessment, Getting Together on the Spectrum, Neurodivergent Living Network; Autism Meets and more will provide those on the spectrum ages 10 - adulthood, families and caregivers and seniors on the spectrum with the tools, information and support they need

Please describe how your organization collaborates with other organizations to ensure program efficiencies and to avoid duplication in services:

AutismBC collaborates with all autism-related organizations to ensure best practices and the most recent research and statistics. We are diligent in our quest to offer the best possible support we can to every region of the province, without service duplication. These groups include: Autism Support Network; Pacific Autism Family Network, Canucks Autism Network, and ACT; all whom we meet with on a regular basis. In fact, our address is in the Pacific Autism Family Network Building.

Identify the anticipated number of Peace region program participants who would benefit from the funding:

There are 56 diagnosed individuals (of all ages) on the spectrum in the Peace Region, and over 100 waiting for assessment. Today in BC 1 out of every 29 births will result in a spectrum diagnosis.

If this is an existing program, how was this previously funded?

This is not an existing program although throughout BC we offer in-person and virtual workshops

If this is an existing program, what were the program results?

If a program is open to anyone, how will the program reach out to ensure vulnerable populations have the chance to participate? For example, would there be a referral approach, and if so, by whom?

Firstly, we know the autistic community as we have over 9000 members (membership is free). In addition, our northern coordinator is in touch with families throughout the region.

Our approach to helping with funding for transportation and other related costs would be an application form for funding which would be received by our northern coordinator. To ensure the most effective use of funds, upon receipt of an application, the coordinator would investigate deep discounts or free accommodations for families if at all possible, and seek to acquire gas cards when possible.

The north is vastly under served by health care professionals and resources are limited. the only psychiatrist is in Prince George

## 7. Project Budget

Expense item:	Amount (\$):	Vendor:	Verification:
Workshop Facilitator (with lived experience) \$50./hour X 6 workshops 60 hrs total	\$3,000.00		<input type="checkbox"/> Quote(s) attached
Transportation, meals, accommodation for adults and/or families seeking health related appointments in Prince George	\$5,000.00		<input type="checkbox"/> Quote(s) attached
Administrative costs	\$1,000.00		<input type="checkbox"/> Quote(s) attached
Rental of safe gathering places for in-person meets	\$1,000.00		<input type="checkbox"/> Quote(s) attached
	\$		<input type="checkbox"/> Quote(s) attached
	\$		<input type="checkbox"/> Quote(s) attached
	\$		<input type="checkbox"/> Quote(s) attached
<b>TOTAL PROJECT BUDGET: \$10,000.00</b>			

## 8. Funding Request

The following funding is requested from Northern Development:

Funding type:	Amount (\$):
Grant	\$10,000 <div>             ★ Maximum allowable grant is \$10,000.              ★ Previously funded projects or programs:              Second application: maximum allowable grant is \$7,500.              Third application: maximum allowable grant is \$5,000.           </div>
If applicable, what plans do you have for future funding to sustain your program?	

## 9. Other Funding Sources

Funding source: + Do not use acronyms.	Amount (\$):	Identify funding terms:	Identify funding confirmation:
Autism Society of British Columbia (AutismBC)	\$	Applicant contribution	<input type="checkbox"/> Confirmation letter attached
	\$	<input type="radio"/> Grant <input type="radio"/> Loan <input type="radio"/> Other:	<input type="radio"/> Approval letter attached <input type="radio"/> Date approval expected:
	\$	<input type="radio"/> Grant <input type="radio"/> Loan <input type="radio"/> Other:	<input type="radio"/> Approval letter attached <input type="radio"/> Date approval expected:
	\$	<input type="radio"/> Grant <input type="radio"/> Loan <input type="radio"/> Other:	<input type="radio"/> Approval letter attached <input type="radio"/> Date approval expected:
	\$	<input type="radio"/> Grant <input type="radio"/> Loan <input type="radio"/> Other:	<input type="radio"/> Approval letter attached <input type="radio"/> Date approval expected:
	\$	<input type="radio"/> Grant <input type="radio"/> Loan <input type="radio"/> Other:	<input type="radio"/> Approval letter attached <input type="radio"/> Date approval expected:
<b>TOTAL OTHER FUNDING: \$0.00</b>		<b>TOTAL PROJECT FUNDING: \$10,000.00</b> (Northern Development + Other Sources)	

+ Northern Development must receive copies of letters of approval for all other funding sources. Please attach all letters of approval received to date with this application. If there are more than six other funding sources, attach a complete list separately.

## 10. Leveraging

Northern Development's funding leverage for the project:	
The funding request as a percentage of total project funding is: <div>100.00 %</div>	★ Previously funded projects or programs: Second application: maximum 75% of eligible budget. Third application: maximum 50% of eligible budget.
+ Leverage % = (Northern Development funding request) ÷ (Total project funding)	

## 11. Attachments

List all documents attached to this application:

Document name:
<input checked="" type="checkbox"/> 1) <b>Required:</b> Financial statements from the organization.
<input checked="" type="checkbox"/> 2) <b>Required:</b> Society incorporation document.
<input type="checkbox"/> 3) <b>Required:</b> Letter of support.
4) Letter of support to be sent
5)
6)

## 12. Authorization

- ☒ I have read and understand the [BC Hydro GO Fund Application Guide](#) including the ineligible costs.
- ☒ I confirm that the information in this application is accurate and complete, and that the project proposal, including plans, is fairly presented.
- ☒ I also agree to submit a report using Northern Development's reporting form to verify the use of the funding.
- ☒ I understand that the information provided in this application may be accessible under the Freedom of Information (FOI) Act.
- ☒ I authorize Northern Development to make enquiries, collect and share information with such persons, firms, corporations, federal and provincial government agencies/departments and non-profit organizations, as Northern Development deems necessary for decision, administration, and monitoring purposes for this project.
- ☒ I agree that information provided in this application may be shared with the appropriate regional advisory committee(s), board of directors, Northern Development staff, consultants, and BC Hydro.

Name (organization signing authority): ★ Please type name.	Position/title:	Date:
Susan Tarrant	Development Manager	January 31, 2024

## 13. Submitting Your Application

Completed funding application forms (with all required attachments) should be provided electronically to Northern Development by email. ★ Please do not scan this form.

Email: [jordanb@northernddevelopment.bc.ca](mailto:jordanb@northernddevelopment.bc.ca)