

GENERAL INFORMATION

Name of Organization Requesting Grant: <i>(Please list parent/sponsor organizations in parenthesis)</i>	Pathways Serious Mental Illness Society
Name of the program (if applicable):	Awareness and Intervention - Fi
Society Registration Number:	SOO35266
Organization Mailing Address:	101 - 315 W 1st St. North Vancouver
Contact Name & Title:	Liz Charyna, Executive Director
Organization Phone Number:	604-926-0856
Organization Email Address:	executivedirector@pathwayssm
Organization Purpose or Mandate: <i>(Please provide this answer in one sentence.)</i>	To alleviate the suffering caused by serious mental illnesses; schizophrenia, bipolar disorder, borderline personality, PTSD, depression, and offering awareness, education, advocacy and support to families affected by serious mental illness.20
Organization Category <i>(choose between Environment, Social Service, Community Service, Recreation and Sports, Arts and Culture)</i>	Social - Community Service

ORGANIZATION INFORMATION

How many years has the organization existed?	21
How many active members/participants does the organization have in the current year? <i>(e.g. how many athletes have signed up for this year)</i>	900
For sport organizations, how many youth (U18) participants are enrolled in your programs?	N/A
How many Whistler residents members does the organization have in the current year?	150
How many volunteers/executive/staff are required to administer the organization in the current year?	1 ED, 3 Staff, 120 volunteers
Age range of participants in the organization:	All ages. 12 years to 90 + years

Please list active website URLs and active social media accounts (Facebook, Twitter, Instagram, etc.):	https://pathwayssmi.org/ https://www.facebook.com/pathwayssmis/ https://www.instagram.com/pathwayssmis/
What are the membership and participation requirements?	Participants are required to be caring for a loved one with a serious mental illness (schizophrenia, Bipolar disorder, borderline personality, depression, anxiety, PTSD, concurrent
<p>Does the organization have any outstanding debts or other means of funding from the RMOW? If yes, please state the amount and reason.</p> <p><u>Note:</u> Please include any Value In Kind support that you receive from the RMOW (eg. reduced rent, utilities in RMOW buildings)</p>	No.

GRANT INFORMATION

1. Purpose of Grant	<i>Explain in detail how the funding will be spent. Please refer to Council Policy A-7 Community Enrichment Program, available at www.whistler.ca/cep for funding criteria and eligibility. Please be as concise as possible using the space below.</i>
<p>Pathways Serious Mental Illness Society support families who have loved ones with a serious mental illness through education, support, awareness and advocacy.</p> <p>Our programs are targeted on the caregiver, the family member or friend of the person with a serious mental illness and aims to reduce the stigma of mental illness while providing knowledge of the signs and treatment of mental illness.</p> <p>Firsthand Stories is one of the ways that we promote awareness and early intervention through our members who have lived experience of mental illness sharing their story with secondary school students. Students become aware of the prevalence of mental illness and how to identify signs and advocate for treatment.</p> <p>We also offer presentations to community groups and businesses that help reduce the stigma and understand how many people (1 in 100) are affected by serious mental illness.</p>	

2. Is This a New Program or Activity?	<i>If yes, what are your targets and goals for this program/activity?</i>
<p>It is not a new program, but it has been wonderful to take our resources and support to the people in Whistler.</p> <p>We want to break the stigma of mental illness and offer support and education to the people who care for a loved one with a mental illness.</p>	

3. Current Year Highlights and Community Benefits:	<i>Detail the specifics of activities and community benefits your organization provides.</i>
<p>Learning about Pathways Serious Mental Illness Society can help the people of Whistler in the following ways:</p> <ul style="list-style-type: none"> - Whistler residents will learn the signs and treatment for mental illness - Whistler residents will know they can come to Pathways for support whether in a group setting or one to one, or to join an 8 week Family to Family course - Whistler families will have the help they need for their loved one with a serious mental illness and have more empathy for people with lived experience. - Early intervention and awareness of serious mental illness helps the person with lived experience, the person caring for 	

4. Existing Funding and Grant Applications:	<ol style="list-style-type: none"> 1. <i>List the specific grants, funding and fundraising planned, approved or pending for the existing year, and</i> 2. <i>Please also list rejected or non-approved funding (with reasons).</i>
<p>Grant applications are PENDING:</p> <p>West Vancouver Foundation \$10K City of North Vancouver \$9 K District of North Vancouver \$7</p>	

GRANT INFORMATION (CONTINUED):

5. Grant Request Amounts and Financial Breakdown:			
<i>Please ensure numbers provided in this table coincide with the required financial documents you provide in your application</i>			
	Annual Operating Budget	Grant Requested	<i>Provide a brief description of the specific amount requested. (Ex: Products, services, staffing roles, advertising, etc.)</i>
Salaries/contracts:	200000	2500	coordination and oversight to program
General operations:		2000	volunteer recognition, volunteer mileage
One-time project / program:		2500	materials, supplies and promo
Physical assets:			
Rent (RMOW facilities):	50000	N/A	North Vancouver office
Rent (other facilities):			
Other:			
Total	\$ 250000	\$ 7000	2.8 % <i>(Grant request ÷ Annual budget amount)</i>
Reminder: The grant amount requested cannot be more than 50% of the annual operating budget of the organization.			

6. Additional Information:	<i>Please list any additional information, details or explanations regarding your grant request that you would like to be considered by Council.</i>
	<p>Pathways Serious Mental Illness Society provides support to the families and the people who care for people who have a mental illness. Families and caregivers are often overlooked and are an important factor for people with a mental illness to be well.</p> <p>Pathways offers support, education and advocacy to family members, and awareness to the community members which increases empathy and problem solving skills skills for everyone, creating healthier communities.</p> <p>We appreciate funding and connection with community members in Whistler, and the opportunity to diversify our funding sources which help us be sustainable and effective.</p>

7. Attachments:	<i>Please indicate the attachments you are including with your Grant Application Form:</i>
<input checked="" type="checkbox"/> • Financial Statement (audited preferred) or Organization Budget (Required) <input checked="" type="checkbox"/> • Proof (copy) of registered not-for-profit society status or registered charity status (Required) <input type="checkbox"/> • Other:	

COMMUNITY PERFORMANCE INDICATORS

<p>8. Please list how your organization may improve Community Performance Indicators:</p>	<p>Please visit https://www.whistler.ca/municipal-gov/strategies-and-plans/strategic-plan/ to learn about the four priority areas of RMOW 2023-2026 Strategic Plan:</p> <ol style="list-style-type: none"> 1. Housing 2. Climate Action 3. Community Engagement 4. Smart Tourism <p>Please determine how your grant (or organization) can contribute to fulfilling any priorities described in the four areas listed above. Each priority has numerous specifications to choose from while describing how your grant (or organization) may help to improve Strategic Plan.</p>
<p><i>Example: This grant addresses the priority of “Community Engagement” because it strives to connect locals to each other. Specifically, this is because...</i></p>	
<p>This grant addresses Community Engagement by educating, supporting and connecting community members in a number of ways;</p> <ul style="list-style-type: none"> -Connecting neighbours together to learn about the sign of mental illness, and increase collective empathy for people with the illness and the people that love them -Increasing awareness of mental illness and the supports that are available to family members who have loved ones with lived experience -Providing peer support to community members and families 	

SUPPORT FOR TRUTH AND RECONCILIATION

The RMOW is committed to working with the Lílwat People, known in their language as L'il'wat7úl and the Squamish People, known in their language as the Skwxwú7mesh Úxwumixw to: create an enduring relationship; establish collaborative processes for Crown land planning; achieve mutual objectives; and enable participation in Whistler's resort economy.

9. How has your organization considered truth and reconciliation with the Indigenous Nations?

We acknowledge the land in our email and in our presentations:

Example:

Liz Charyna

Executive Director

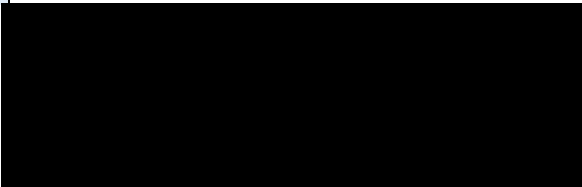
Pathways Serious Mental Illness Society

604-926-0856 | 101-315 1st Street West, North Vancouver, BC V7M 1B5

In the spirit of learning, it is important to continue to learn the longstanding history of indigenous people in BC. We acknowledge our office is on the unceded and traditional territory of the Squamish and Tseil-Waututh First Nation who have gathered and cared for the land here well before we arrived in this community. We raise our hands in thanks to these peoples for graciously allowing us to be on their homeland.

We invite participation from First Nations communities and will continue to reach out to them.

GRANT APPLICATION AUTHORIZATION:

Submitted by:	Liz Charyna
Phone number:	604-926-0856
Email:	executivedirector@pathwayssmi.org
Acknowledgement:	<ul style="list-style-type: none"><input checked="" type="checkbox"/> • I confirm that the information provided in this CEP Grant Application Form is true;<input checked="" type="checkbox"/> • I confirm that a representative is required to present this grant request at a future Council Meeting;<input checked="" type="checkbox"/> • I confirm that if any amount is granted that the Grant Reporting Form is due by December 1 of this year;<input checked="" type="checkbox"/> • I confirm that if any amount is granted, it will be used only for its intended purpose unless otherwise approved by Council.
Signature:	

Funding decisions will be announced during a Regular Council Meeting in April 2024.

Please contact the Legislative Services Department at corporate@whistler.ca if you require any assistance.

Personal and third party information provided in this application form is collected under the authority of Section 26(c) of the Freedom of Information and Protection of Privacy Act. Should you have any questions regarding the collection, use and disclosure of this information please contact the Legislative and Privacy Coordinator at 604-935-8118 or at 4325 Blackcomb Way, Whistler.