



Application for January 2026 Extended Program

Application Closing Date: October 8, 2025

This application form is for organizations and individuals that have completed at least one *Full* cycle of the Pathways program and are interested in applying for the **Extended Program**.

Note: The January 2026 intake is a shortened 9-month version of the program, to align with the launch of the adjusted single annual intake starting in October 2026.

If you would like to apply for the Full program, please use the [Full Program Application form](#) or visit our website for the PDF and WORD versions.

If you would like to apply to be part of the Community Circle, please use [this application form](#) or visit our website for the PDF and WORD versions.

For information on what each program stream offers, visit <https://manypathways.ca/three-paths>

Questions about the program can be directed to info@manypathways.ca.

What to expect with the application process

Extended Program

Only one person from the organization is required to fill out the application form.

- The primary contact will complete this form which asks basic information about your organization, along with the name, position, and email for both individuals. They will also be asked to respond to questions about your organization, including your interest and goals with another year of the program and any organizational updates.

All questions with a red asterisk require a response.*

Q1 I confirm that our organization meets the eligibility criteria for the Extended Program:*

- ☐ Our organization and both participants have completed or will be completing the Full Pathways Program by December 2025.

Q2 Which previous Pathways program cycle did you/your organization participate in? (select all that apply)*

- ☐ Oct 2023 to Sep 2024
☐ Jan 2024 to Dec 2024
☐ Oct 2024 to Sep 2025
☐ Jan 2025 to Dec 2025
☐ Unsure

Applicant Details

Q3 Legal Name of your Organization or Collective*

Q4 “Doing Business As” Name of your Organization of Collective*

Q5 Your Name*

Q6 Your Pronouns

Q7 Your role, title, or relationship with the organization*

Q8 Your email*

Q9 Your phone number

The Extended Program is intended to support the continuation of the learning and implementation of practices that were established or built during the Full Program.

Having two individuals from the organization in order to deepen the learning and embed practices is a model that has worked well within the Pathways program.

Q10 Do you have the two individuals confirmed to participate on behalf of your organization? (Note: both individuals must have completed the Full Pathways program.)*

- ☐ Yes! Both are confirmed
- ☐ No. We only have ONE confirmed

If you responded “Yes”, go to Q10A.

If you responded “No”, go to Q10B.

Q10A If “Yes! Both are confirmed” is selected

Participant 2: Name

First Name*

Last Name*

Participant 2: Role or Title in your organization*

Participant 2: Email*

Q10B - If “No. We only have ONE confirmed” is selected

Briefly describe why you are unable to confirm two participants from your organization at this time.*

Logistical Considerations

Q11 What times generally work well for you and your learning partner to participate together in meetings? **Please ensure you're both in agreement with your shared availability.** (select all that apply)*

- ☐ Morning: Before 9:00 am
- ☐ Morning: 9:00 am-12:00 pm
- ☐ Lunch Time: 11:00 am-1:00 pm
- ☐ Afternoon: 1:00 pm-5:00 pm
- ☐ Evening: After 5:00 pm

Q12 What days of the week generally work well for you and your learning partner to participate together in meetings? (select all that apply)*

- ☐ Mondays
- ☐ Tuesdays
- ☐ Wednesdays
- ☐ Thursdays
- ☐ Fridays
- ☐ Weekends

Q13(Optional) Please offer any additional context or details about your shared availability (eg. "I pick up kids at 3:00 pm Mon-Wed") that would help us with our Guide-matching process. (Maximum of 100 words, no minimum)

Q14 Would one or both individuals be interested in participating in one of the Pathways bi-monthly cohorts (four meetings from February to August)?*

- ☐ Yes - both interested
- ☐ Yes - one interested
- ☐ Neither are interested
- ☐ Unsure

About Your Organization

Q15 Your Organization's Website URL

Q16 Your Organization's Mailing Address*

Street Address

City

Province

Postal Code

Program Participation

Q17 What are you hoping the Pathways program can offer your organization and the participants over the next year within the Extended program?*

Q18 What are some outcomes for you and your organization as a result of the Pathways program so far? What would the Extended program be building from?*

Q19 Have there been or are there upcoming significant changes or shifts within the organization that would potentially strengthen or challenge your ability to fully engage in the Extended program? Please briefly share as much as you're comfortable.*

Q20 What level of support do you have from the organization to participate in the program?*

With the support of the organization as a whole, we have learned that participants are better positioned to undertake this work and successfully integrate what is learned through Pathways into the organization.

- ☐ Strong support
- ☐ Mostly supportive
- ☐ Somewhat supportive
- ☐ A little support
- ☐ No support

If you responded “strong support”, “mostly supportive”, go to Q21

If you responded “somewhat supportive”, “a little support”, or “no support”, go to Q20A

Q20A Briefly share why you responded with the selected indicator in the previous question*

Community Care Program

Please note: Your answers in this section will not influence your application review for the program.

There is historic inequity in our sector. We recognize there is a sector-wide need for operational funding and that only a handful of organizations receive it. There are many organizations that are volunteer-run or are only able to offer precariously paid positions; for them, participation in professional development is out of reach.

One way to move learning into action is to begin to reflect on your position within a system and take action to actively work towards acknowledging privilege and need.

This program provides professional development opportunities, a learning community, a tailored plan for your organization, and one-on-one support for an entire year. The cost of this program has been offset with funding from the BC Arts Council and Vancouver Foundation. In our own internal reflection we realized that providing equal stipends or charging the same amount to each organization regardless of size or budget perpetuated the systemic inequalities of our sector by enacting equal rather than equitable practices.

Instead, we are using a model of community care to determine cost to organizations and stipends provided for this program.

Please reflect on these questions:

- Does your organization receive operational funding annually?
- Is that operational funding more than \$10,000?
- Are your staff paid a living wage?
- Do your staff do a lot of unpaid labor?

- If you are volunteer-run, are your volunteers in stable career and living situations?
- Do the majority of your staff have health benefits?
- Do the majority of your staff/board have housing security?
- Could you spend \$1,200 without significant consequences to your organization's financial position?

After reflection, please let us know which of these categories you fall into. Again, this will not affect your eligibility or chances of being selected for this program. Your response does not commit your organization to this fee or guarantee a stipend.

Q21 If selected to participate...*

- ☐ We could contribute funds to the community care program to support the participation of others (\$100 - \$1,250).
- ☐ We request community care funds to support our organization's ability to participate.
- ☐ We don't need funds to participate and cannot contribute to the community care model.

If you select "contribute", go to Q21A.

If you select "request", go to Q21B.

If you select "don't need", go to Q22

Q21A If "We could contribute" is selected*

Please Note: If accepted into Pathways, organizations will receive an invoice for their contribution at the time of acceptance.

How much will you contribute?

- ☐ \$100
- ☐ \$250
- ☐ \$500
- ☐ \$750
- ☐ \$1,000
- ☐ \$1,250

Q21B If “We request community care funds” is selected*

Please note: If your organization’s request for community care funds is approved, a confirmation email will be sent in the second month of the program (November), after participants have engaged with their Guide.

If funds are available, we would like to request:

- ☐ \$250
- ☐ \$500
- ☐ \$750
- ☐ \$950

Confirm the following statements

Q22 I confirm...*

- ☐ The information included on this form is true and complete
- ☐ That I will be added to the Pathways mailing list in order to be notified of Pathways programming and activities

Submit your application

Once you submit this form:

You will receive an email confirming receipt of your application.

Shortlisted organizations for the Extended Program may be required to participate in a 30-minute discovery meeting which would include both of your organization's participants and a member of the Pathways management team in September or October.

If you have any questions, please contact the Pathways program at info@manypathways.ca