Pathways

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Reset

Application for September 2026 Extended Program

Application Closing Date: **July 15, 2026**

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

Please note: Eligible applicants who are not invited into the Extended Program will be invited into the Community Circle.

If you would like to apply for the Full program or the Community Circle, and 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 for another year of the program and any organizational updates.
- This form has 22 questions and will take approximately 10-15 minutes to complete.

Note: Save as you go. Edit in a PDF application only, not in a web browser. If you edit in a web browser and click a link, you may lose your work. If you need to reset, use the button up top by the Pathways logo.

All questions with a red asterisk require a response.*

PROGRAM ELIGIBILITY

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 September 2026.

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

- [ ] Sep 2023 to Sep 2024
- [ ] Jan 2024 to Dec 2024
- [ ] Sep 2024 to Sep 2025
- [ ] Jan 2025 to Dec 2025
- [ ] Sep 2025 to Sep 2026
- [ ] Jan 2026 to Sep 2026
- [ ] Unsure

APPLICANT DETAILS

Q3 Legal Name of your Organization or Collective*

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

Q5 Your Name*

Q6 Your Pronouns

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

Q8 Your email*

Q9 Your phone

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 participants from the same organization has proven to be a meaningful model for strengthening shared understanding, sustaining momentum, and embedding equity and accessibility practices more deeply within the organization.

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. Select One)*

- ☐ 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 Two

First Name:*

Last Name:*

Role or Title in your organization:*

Email:*

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

Briefly describe why you are unable to confirm <u>two</u> 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? (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
- [ ] Saturdays
- [ ] Sundays

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

Q14 Would one or both potential participants be interested in participating in one of Pathways bi-monthly cohorts?* *(select one)*

- [ ] Yes - both interested
- [ ] Yes - one interested
- [ ] Neither are interested
- [ ] Unsure at this time

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 learnings, shifts, or changes from your previous time in Pathways are you carrying forward? What questions, practices, or areas of growth are still alive for your organization?*

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. (select one)

- [ ] 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

There is historic inequity in our sector. We recognize there is a sector-wide need for operational funding, and only a small number of organizations consistently receive it. Many organizations are volunteer-run or rely on precariously paid staff and unpaid labour, making participation in professional development and equity work difficult or out of reach.

One way to move learning into action is to reflect on your organization's position within these systems, and to consider both capacity and need. Community Care is grounded in the understanding that equitable participation requires different forms of support for different organizations.

The Community Care program is supported through a combination of participant contributions and the Pathways program budget. Rather than using equal approaches that can unintentionally reinforce inequity, this model is intended to support more meaningful and equitable participation across the sector.

To learn more about Pathways Community Care, click here

We invite your organization to reflect on the following:

- Does your organization receive ongoing operational funding?
    - If yes, is that funding greater than $10,000 annually?
- Are staff compensated at a living wage?
- Does your organization rely heavily on unpaid labour or volunteer capacity?
- If volunteer-run, are volunteers generally in stable living and employment situations?
- Do the majority of staff have access to health benefits?
- Do the majority of staff or board members have housing security?
- Could your organization spend $1,200 without a significant financial impact?

Please note:

- Community Care funds are limited, and support cannot be guaranteed
- Community Care is intended to help reduce barriers to participation and unpaid labour connected to equity work
- Choosing to contribute or request support will not affect your application outcome

After reflection, please select the option that best reflects your organization's current reality.

Q21 If selected to participate…* *(select one)*

- [ ] We could contribute funds to support the participation of others who face barriers to participating due to inequity in the sector. ($100 - $1,500).
- [ ] We request community care funds to support our organization's capacity to engage in equity work while in the program.
- [ ] 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*

How much will you contribute to support other organizations' participation in Pathways?
Please Note: If accepted into Pathways, organizations will receive an invoice for their contribution when the program starts in September. (select one)

- [ ] Unsure at this point
- [ ] $100
- [ ] $250
- [ ] $500
- [ ] $750
- [ ] $1,000
- [ ] $1,250
- [ ] $1,500

Q21B If "We request community care funds" is selected*

If available, we would like to request funding to support our capacity to engage with equity work while in the program. (As funds are limited, Pathways asks that requests reflect what you would actually need to participate.)

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

- [ ] $250
- [ ] $500
- [ ] $750
- [ ] $1,000
- [ ] $1,250

CONFIRM THE FOLLOWING STATEMENTS

Q22 I confirm…*

- [ ] The information included on this form is true and complete
- [ ] I will commit to a minimum of 5 hours bi-monthly for equity work in this program.
- [ ] That I will be added to the Pathways mailing list in order to be notified of Pathways activities

SUBMIT YOUR APPLICATION

Please email your completed application to info@manypathways.ca**.** 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 June or July.

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