



Cover Page
(please complete)

Project Title:	
Name of Organization:	
Describe your Organization:	
Project Contact Name:	
Mailing Address:	
Phone:	Fax:
Email:	
Did your organization apply or receive funding last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a new project? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Project Topic Areas (<input checked="" type="checkbox"/> check all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> Active Living and Healthy Eating <input type="checkbox"/> Healthy Pregnancies, such as breast feeding promotion <input type="checkbox"/> Tobacco Harm Reduction and Cessation <input type="checkbox"/> Injury Prevention <input type="checkbox"/> Sexual Health 	
Total funding applied for: \$ _____ <ul style="list-style-type: none"> ▪ Maximum amount 10,000 per project. <p style="margin-left: 20px;">This is the amount as the last line in Project Budget in the Health Promotion column.</p>	

Project Summary	
Start Date:	End Date:
Signature of sponsoring organization that has spending authority:	
Date of signature (dd / mm / yyyy):	

- ✓ **For more information look at the Health Promotion Fund Guidelines or contact the Health Promotion Specialists at Health and Social Services, GNWT.**

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- ✓ **Please go through the checklist below before you send your application.**

Check before you email or fax your application:

- Reviewed your project proposal and budget with the regional Health and Social Services Authority.
- Complete and send your project summary and proposal.
- Complete and send your project budget.
- Send a copy of a Certificate of Insurance as a registered non-profit group.
- Send an endorsement from the regional Health and Social Services Authority. The endorsement is an email that says the Authority supports your project.
- Keep a copy of everything for your files.

Project Proposal

1. Why do you want to do this project?

- Describe the issue (maximum 250 words).

2. What is your project's goal?

- **Maximum 50 words.**
- Your goal is your long-term vision. It is a simple statement that describes the overall change that you want to see happen.

Examples: fewer children start smoking, more children are active, more children eat better, more parents have smoke-free homes, and children have fewer injuries.

3. What are your project's objectives?

- **Objectives describe what your project does to help achieve your goal(s). Your project might have one or more objectives. Describe each objective.**

Examples: Promote smoke-free homes, promote activities that improve fitness, provide education about healthy eating.

Objective 1:

Objective 2 (if needed):

Objective 3 (if needed):

4. What are your project's activities?

- **Activities describe what happens during your project to achieve the objectives.** Each objective may have one or more activities (add more space or explanation if needed).

5. How often will your activities take place?

- Example: two hours per day, once a week, twice a month for 6 months of the year (or other, such as a one-time event or challenge)

6. List the places where your project activities will happen.

Examples: health centre, recreation centre, school, store.

7. Who is your target group(s) for your project activities? How many of each will participate in your project activities?

Fund Target Groups	# of participants	Notes
Pregnant Women		
Babies		
Children – ages:		
Youth – ages:		
Other (describe):		

8. How will you evaluate your project?

- **Describe WHAT you will measure to know if your project is a success and HOW you will measure it**

E.g. you could measure change in knowledge, attitudes or behaviours through surveys before and after your project to see if your project made any difference to the lives of your target group. If you need suggestions for forms to use, please contact us at health_promotion@gov.nt.ca

9. Who will coordinate your project? Check all those that apply.

- Volunteer(s)
- A paid person (add costs to the budget)
- A person doing your project as part of their existing / regular job.
- Other (describe)

10. Who will do paperwork and write the activity reports, the financial reports, and the evaluation? See Section 8) in the Guidelines.

11. Do you need any additional health promotion information or resources for your project? Please list here:

12. List any groups you have as partners for your project. Describe the role each partner plays. Partners are defined as providing support to your project, such as funding, materials or space.

Partner	Role

Project Budget

- ✓ Use the budget form s form to describe how much funding you need for your project. Maximum Health Promotion funding is \$10,000. Write your project title at the top. Make copies if you need more space.
- ✓ **IMPORTANT:** Check the Guidelines (page 4) to see what the Health Promotion Fund pays for and does NOT pay for in each budget area.
- ✓ Separate the costs covered by Health Promotion Fund from the costs covered by other funding sources. Other funding sources include in-kind contributions.

Project Title:		Project Budget 2011 - 2012	
Budget Area		Health Promotion Fund	Other funding sources
Materials and Supplies			
A) Subtotal Materials and Supplies			
Training and Coordination			
B) Subtotal Training and Coordination			

Project Title:		Project Budget 2011 - 2012	
Budget Area		Health Promotion Fund	Other funding sources
Travel – NWT only			
C) Subtotal Travel			
Other Costs: Describe			
D) Subtotal 'Other'			
E) A + B + C + D (Health Promotion Fund)			
F) Administration Fee (5% of E)			
Total Funding: E + F (Health Promotion Fund)		(copy to Project Summary on page 3)	