

GNWT SMALL COMMUNITY HOMELESSNESS FUND

Application Form
2011-2012

Deadline July 12, 2011 @3:00 p.m.

Part A: APPLICANT INFORMATION & CONTACT INFORMATION

Organization's Name:

Contact Person/Title:

Mailing Address:

Telephone number(s):

Fax:

Email:

1. Did you receive funding from the Small Community Homelessness Fund in 2010/11? _____ Yes _____ No

(If yes, your Project Description must demonstrate how you are building capacity or enhancing a previous year's project as the Small Community Homelessness Fund does not provide core operation funding in subsequent years.)

2. Did you receive funding from the Small Community Homelessness Fund in any of two the following years: 2007/08, 2008/09, 2009/10 and 2010/11?
___ Yes ___ No If yes, which years? _____

(If yes, you are not eligible to apply for a third allocation of funding from the Small Community Homelessness Fund.)

3. Which fund/s are you applying to for your project?

- Emergency and/or Transitional Shelter Project (up to approximately \$40,000)
 Homelessness Support Projects (up to \$10,000)

- 4. Applicant Information:** (Describe your organization including mandate, number of employees, governance including number of board members and capacity to administer projects with government departments.) *Provide Corporation Registration of Good Standing and Liability Insurance documents as attachments.

- 5. Describe any experience or expertise that your organization has in working with or providing services to the public.**

- 6. Where will your project take place?**

7. What is your overall project goal?

(The overall goal is the main idea statement that describes what you want to see changed in your community, e.g., to provide a safe shelter for homeless individuals in our community.)

8. What kinds of objectives will help you reach your goals?

(Objectives are smaller goals that assist you to reach your main goal, e.g., to complete repairs on an available building) Use additional pages if required.

Objective 1:

Objective 2 (if applicable):

Objective 3 (if applicable):

9. Please provide an overall summary description of your project:

- Explain what needs and demands exist in the community, with particular reference to different groups of people in your community affected by homelessness.
- Describe how the Project will provide shelter or provide support services for one or more of the groups you described.
- Include relevant information on how your project will work with any current projects and services that serve the homeless population in your community.
- Explain why you (or your team) have the capacity to achieve your objectives.
- Give information on how the project will be staffed, and about the support and assistance that would be provided to clients.
- If your organization received Small Community Homelessness Funds for this or a similar project in the past, please include how this project is building on the work of the previous project (e.g., new partnerships, expanded outcomes, new activities, implementation of lessons learned, etc.).**

10. What is your plan for implementation? When will different steps in implementation occur?

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

- Volunteers are going to run this project
- An existing staff person
- Other, please describe, _____

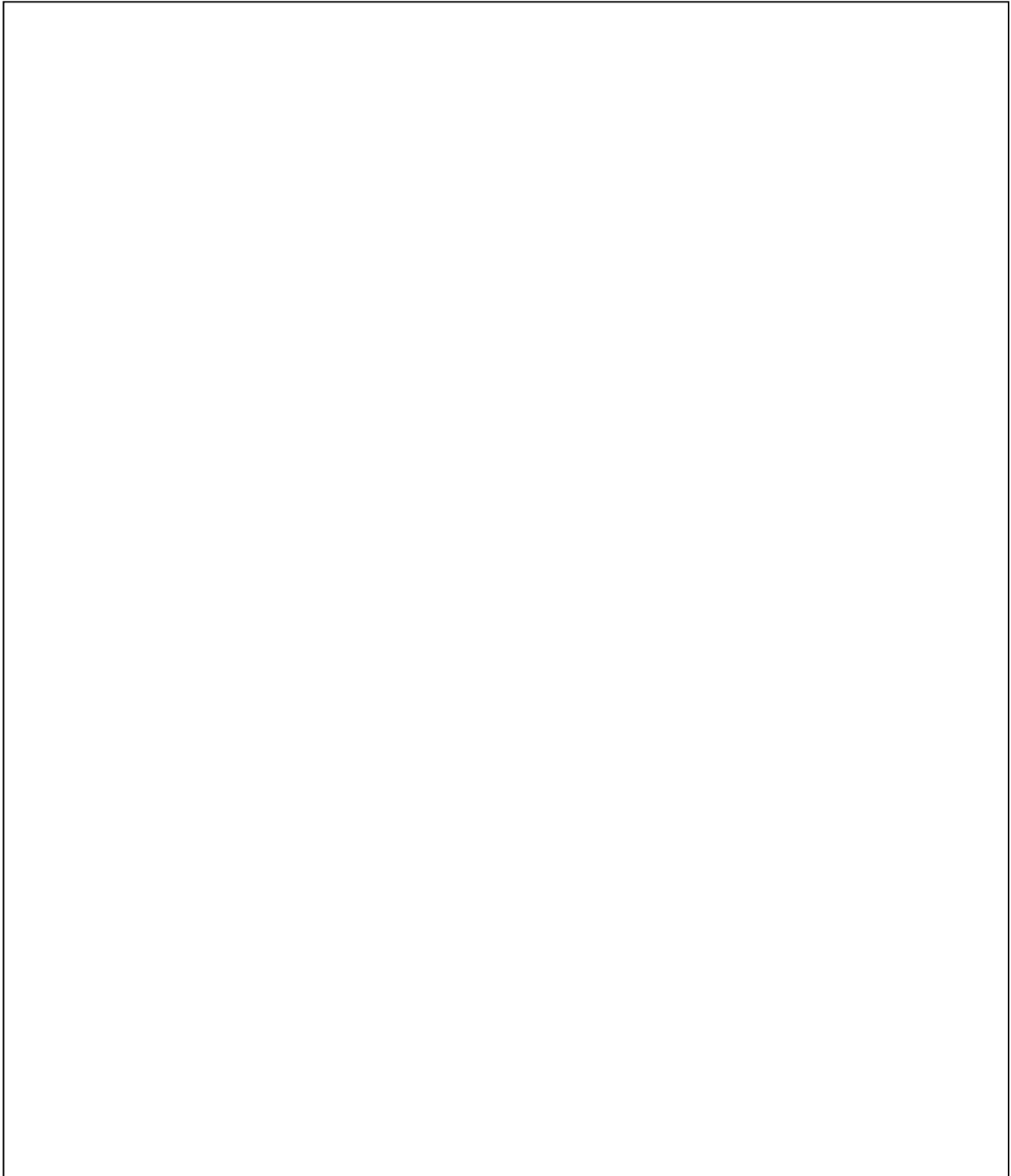
12. When will your project start _____ and end _____?

Note: All funding must be spent by March 31, 2012.

13. How many people will be affected by this project and how so?

14. Evaluation: How will you know if your project is a success - what will you measure to find out, and how will you report on your project:

Describe how you will evaluate your project (for assistance, contact the Health and Social Services contact, who can help you).



15. Groups/Organizations involved - list any supporting partners and the roles they will play:

Who? _____ What will they do? _____

Who? _____ What will they do? _____

Who? _____ What will they do? _____

16. Who within your organization will be responsible for the funding, reporting and evaluation requirements? Please include contact information for that person.

Part B: Project Budget

Please provide detailed cost information on the budget form provided below. This information will assist us in processing your application quickly.

Small Community Homelessness Budget 2011/2012

Please complete only the portion of the budget form for the funds you are applying to receive. (i.e., Emergency Shelter Options and/or Homelessness Support Projects). You are not required to fit your project into both funds.

See Criteria and Guidelines for eligible expenses in each category.

BUDGET	Small Community Fund	Other Funding Sources	Explanation: describe all costs, where applicable
Emergency Shelter Options Project Funds (to a maximum of approximately \$40,000)			
Project title:			
A. Direct material and other direct costs	\$	\$	Expenses description for category:
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
B. Labour Related Costs	\$	\$	Expenses description for category:
	\$	\$	
	\$	\$	
	\$	\$	
C. Administration Costs (to a maximum of 10% of total budget)	\$	\$	Expenses description for category:
	\$	\$	
Subtotal: (Emergency and/or Transitional Shelter Options)	\$	\$	

* Add additional rows if needed

BUDGET (Use extra paper/forms if needed)	Small Community Fund	Other Funding Sources	Explanation: describe all costs, where applicable
Homelessness Support Project Funds (to a maximum of \$10,000)			
Project title:			
A. Direct material and other direct costs	\$	\$	Expenses description for category:
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
B. Labour Related Costs	\$	\$	Expenses description for category:
	\$	\$	
	\$	\$	
	\$	\$	
C. Administration Costs (to a maximum of 10% of total budget)	\$	\$	Expenses description for category:
	\$	\$	
Subtotal: (Homelessness Support Project)	\$	\$	
Total: (Emergency and /or Transitional Shelter Options + Homelessness Support Project)	\$	\$	

* Add additional rows if needed

Part C: AFFIRMATION

I AFFIRM THAT the information in this application is accurate and complete and the project proposal, including budgets, is fairly presented. I agree that once funding is provided, any change to the project proposal will require prior approval of the Department. I agree to publicly acknowledge funding and assistance by the Department, in accordance with the terms of the funding agreement. I also agree to submit a final report, and where required, financial accounting for evaluation of the activity funded by the Department. I understand that the information provided in this application may be accessible under the Access to Information and Protection of Privacy Act. I also agree to respect the spirit and intent of the various acts governing the programs of the Department of Health and Social Services.

Authorized Signature

Name and Title

Date (M/D/Y)

Applications can be submitted to:

Sandra Malcolm, Coordinator
Small Community Homelessness Fund
Dept. of Health and Social Services
Government of the NWT
P.O. Box 1320, CST - 6
Yellowknife, NT X1A 2L9
Fax: 867-920-3319
Email: sandra_malcolm@gov.nt.ca

Deadline: July 12, 2011 at 3:00 PM

If you would like this information in another official language, please contact us at 867-920-3367.
Si vous voulez ces informations dans une autre langue officielle, téléphonez-nous au 867-920-3367.

Application Checklist:

Please ensure that all sections of the proposal are complete and that all supporting documents are attached.

- All questions of the application form have been completed including the list of supporting groups/organizations and how partnerships with them will be utilized.
- The budget is complete and detailed and accounts for all expenses associated with the project including other sources of funding and/or in kind contributions.
- Copy of your organization's Liability Insurance (required should a Contribution Agreement be signed).
- Copy of your organization's Corporation Registration of Good Standing.