



**SMALL COMMUNITY HOMELESSNESS FUND**  
**Application Form**  
**2009-2010**

**Deadline June 15, 2009**

**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 08/09? \_\_\_\_ Yes \_\_\_\_ No**

**(If yes, your Project Description must demonstrate how you are building capacity or enhancing last 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 both 2007/08 and 2008/09? \_\_\_\_ Yes \_\_\_\_ No**

**(If yes, you are not eligible to apply for funding from the Small Community Homeless 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 (organizational documents may be provided 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, 2010.*

**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).*

**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?**

**Part C: PROJECT BUDGET**

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

### Small Community Homelessness Budget 2009/2010

Please complete only the portion of the budget form for the funds you are applying to receive. (i.e., Emergency and/or Transitional 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 (use extra paper/forms if needed)	Small Community Fund	Other Funding Sources	Explanation: describe all costs, where applicable.
<b>Emergency and/or Transitional Shelter Options Project Funds (to a maximum of approximately \$40,000)</b>			
<b>Project title:</b>			
<b>A. Direct material and other direct costs</b>	\$	\$	<b>Expenses description for category:</b>
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
<b>B. Labour Related Costs</b>	\$	\$	<b>Expenses description for category:</b>
	\$	\$	
	\$	\$	
	\$	\$	
<b>C. Administration Costs</b> (to a maximum of 10% of total budget)	\$	\$	<b>Expenses description for category:</b>
	\$	\$	
<b>Subtotal: (Emergency and/or Transitional Shelter Options)</b>	\$	\$	

\*Add additional rows if needed

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

\*Add additional rows if needed

**Part D: 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 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

**Applications can be submitted to:**

Sandra Malcolm  
Coordinator,  
Small Community Homelessness Fund  
Dept. of Health and Social Services  
Government of the Northwest  
Territories  
Box 1320  
Yellowknife, NT X1A 2L9  
Fax: 867-920-6242  
Email: sandra\_malcolm@gov.nt.ca

**Checklist for Submissions:**

Have you...

- Submitted a completed application form?
- Submitted a completed budget?
- Reviewed your application/budget with management of your organization?
- Kept a copy for your files?

<b>Deadline:      June 15, 2009 at 3:00 PM</b>
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