



Special Projects Fund Application Form

| | | | |
|--|---|------------------------------|-------------------------------------|
| Project Title: | | | |
| Sponsoring Organization | | | |
| Address: | | | Postal Code: |
| Phone: | | | Email: |
| Registered NWT Society? | <input type="checkbox"/> Yes # _____ | <input type="checkbox"/> No | <input type="checkbox"/> In Process |
| Registered Charitable Organization? | <input type="checkbox"/> Yes # _____ | <input type="checkbox"/> No | <input type="checkbox"/> In Process |
| Project Lead | | | |
| Name: | | | Position: |
| Phone: | | | E-mail: |
| Briefly describe the mandate of your organization: | | | |
| | | | |
| What services to you provide to the public, and approximately how many people do you serve? | | | |
| | | | |
| How does your organization align with the commitment to inclusivity and cultural sensitivity? | | | |
| *Proposal should celebrate and embrace diversity, addressing the needs and perspectives of individuals from various cultural, ethnic and demographic backgrounds | | | |
| | | | |
| Time Frame: | | Funding Requested: \$ | |
| Purpose of Project? | <input type="checkbox"/> Direct Services <input type="checkbox"/> Training <input type="checkbox"/> Research <input type="checkbox"/> Public Awareness & Information | | |

| |
|---|
| Briefly describe your project: |
| |
| Who will the project serve? |
| |
| How will your project benefit crime prevention and community justice? |
| |
| Which communities and regions will your project support? |
| |
| What is the objective of your project? |
| |
| List the organizations that are partnering with your project: |
| |
| List your sources of support and separately attach letters of support: |
| |
| Work Plan: Please describe the objectives, timelines and activities of your project |
| |
| Project Monitoring and Evaluation: How will you monitor the progress of your project? |
| |
| Project Monitoring and Evaluation: How will you decide whether your project was successful or achieved its objective? |
| |
| Project Monitoring and Evaluation: How will you ensure that victims/clients are kept emotionally and physically safe while participating in the project? |

Budget:

- Display all sources of funding including the Special Projects funding request, other contributions, in-kind and partnerships
- Display how funding will be used for the project (proposed expenditures)

| Source/Partnership | Contribution | In-Kind |
|--------------------|--------------|---------|
| | | |
| | | |
| | | |
| | | |
| Total | | |

Proposed Expenditures **Table is expandable to add further budget expense lines*

| Expense | Cost \$ |
|--------------|---------|
| | |
| | |
| | |
| | |
| Total | |

Some examples of eligible expenses include:

- Salaries:** Positions, full time, part time (hours per week)
- Administrative:** Bookkeeping fees, Clerical duties, Postage
- Supplies and Materials:** Stationary, Visual Aids, Books, Flipcharts etc.
- Equipment Rentals:** Telephone, Fax, Photocopier, Computers (NO capital purchases)
- Production Costs:** Type of material to be produced and amount
- Distribution Costs:** Recipients and Method of Distribution

Further Comments if applicable:

Required Further Documentation Checklist (Attach separately):

- Certificate of Incorporation or Charitable Status
- Proof of registration with WSCC
- Letter of project support (community, Regional, Territorial)
- Letters confirming funding commitments from other funding sources
- Copy of current Insurance policy showing the GNWT as “Additional Insured”

***TO THE BEST OF MY KNOWLEDGE**, the information contained in this application is accurate and complete. This project is endorsed by the organization that I represent and meets the requirements as outlined above.*

***I CERTIFY** that the disbursements from the Victim Assistance Fund, if approved, will be spent solely for the activities as described in this application.*

Name (Print):

Title:

Signature:

Date:

If you need assistance securing the above documents or have questions about any part of this proposal, please contact the Government of the Northwest Territories Community Justice Division at **867-767-9261** or via email communityjustice@gov.nt.ca.

Once complete, please send the Proposal to the Community Justice Division via email at: communityjustice@gov.nt.ca.