



2023/2024 Men's Healing Fund APPLICATION FORM

**Please review the Expression of Interest before completing this form. The Expression of Interest can be found [here](#).*

APPLICANT INFORMATION

Program Title:	Click or tap here to enter text.
Legal Name of Organization:	Click or tap here to enter text.
Business Name of Organization:	Click or tap here to enter text.
Location of Program (specify community):	Click or tap here to enter text.
Organization's GST/Business Number:	Click or tap here to enter text.
Mailing address:	Click or tap here to enter text.
Community:	Click or tap here to enter text.
Postal Code:	Click or tap here to enter text.
Physical Location (if different from mailing address):	Click or tap here to enter text.
Contact Person 1:	Click or tap here to enter text.
Telephone:	Click or tap here to enter text.
Email:	Click or tap here to enter text.
Contact Person 2:	Click or tap here to enter text.
Telephone:	Click or tap here to enter text.
Email:	Click or tap here to enter text.

Type of Organization (Please select one)

- Non-Profit Indigenous Organization** (E.g. First Nations Bands or Tribal Councils, First Nations organizations incorporated as a not-for-profit society or registered charitable organization, First Nation organizations).
- Non-Profit Organization**



SECTION 1. ORGANIZATIONAL MANDATE INFORMATION

Briefly describe the mandate, goals, and objectives of your organization.

Click or tap here to enter text.

What services does your organization provide?

Click or tap here to enter text.

What values and principles does your organization adhere to?

Click or tap here to enter text.

Is this the first time the program has operated? If no, please list which years and location the program operated.

- Yes** **Years?** Click or tap here to enter text.
- No** **Location?** Click or tap here to enter text.

Men's Healing Fund

Organizations will submit program proposals via the attached Men's Healing Fund application form. Selected programs will be approved by a Men's Healing Fund committee based on the terms of reference developed to include broad, evidence-based themes mandated by the Department of Justice. Selected programs will receive funding that will be distributed throughout the Territory, taking into consideration support from community agencies and leaders, the target audience, the scope of the program proposal and the potential longevity of the program effect.

Funding will support organizations to deliver men's healing programming in NWT communities and have direct and indirect positive, holistic changes in men. Programming must meet the needs of the community it is being delivered to including the unique needs of Indigenous communities and families.

Programming will contribute to the overall wellbeing of community members who have experienced, or are at-risk of experiencing, domestic violence.

Eligible Recipients

- Non-government organizations based in the Northwest Territories
- Indigenous organizations and governments based in the Northwest Territories (First Nations Bands or Tribal Councils, First Nations organizations incorporated as a not-for-profit society or registered charitable organization, First Nation organizations such as Friendship Centres.)

PROPOSED PROGRAM INFORMATION - Overall Summary

What are the objectives/goals of the program? How will you know if you've met your objectives/goals? How will you measure success? In what ways can you foresee this program having an impact on family violence in the community it is being delivered? Will



your program identify a specific target group within the male population? What types of activities will be implemented?

Click or tap here to enter text.

LEVEL OF NEED

Why is there a need for this programming in the specific community of delivery? Highlight any evidence (e.g., research, data, anecdotes) demonstrating this need in your community. How will/does the program meet the needs of the community it is being delivered to, including the unique needs of any Indigenous communities and families it serves?

Click or tap here to enter text.

PARTICIPANT REACH & SCOPE - Priority will be given to programs that are ongoing in nature

a. What is the anticipated number of participants you hope to engage in this programming?

Click or tap here to enter text.

b. Describe the timing of the delivery of activities you are proposing for this current program.

Click or tap here to enter text.

c. Describe how you believe the program will have a long-lasting impact on the participants of the program.

Click or tap here to enter text.

PROGRAM REQUIREMENTS

Please explain how the program meets the following five mandatory requirements:

a. Programming must be culturally relevant, culturally safe, and trauma informed.

Click or tap here to enter text.

b. The program must be delivered by one or more facilitators (e.g. Elders, counsellors, community field experts, community leaders) who understand the potential challenges and successes in working with those who may have a traumatic history. Facilitators should be living a life where wellness, personal accountability, self-acceptance, honesty, and recovery are at the forefront. Facilitators must be knowledgeable about personal and professional boundaries.

Click or tap here to enter text.

c. Programs that are delivered in a group setting must be in accordance to current public health stipulations regarding group gatherings.

Click or tap here to enter text.

d. Proposals must include an indication that the organizers and facilitators understand the importance of identifying need and connecting participants to appropriate community resources when their needs cannot be sufficiently met by the facilitators.



Click or tap here to enter text.

e. Programs must include pre-planned curriculum with learning objectives and targeted program outcomes in line with topics that foster men’s healing, such as those outlined below:

YES	NO	Does your program include any of the following topics:
<input type="checkbox"/>	<input type="checkbox"/>	The importance of culture in healing
<input type="checkbox"/>	<input type="checkbox"/>	Traditional ceremonies and healing
<input type="checkbox"/>	<input type="checkbox"/>	Human Connection – a necessary element of healing
<input type="checkbox"/>	<input type="checkbox"/>	Life skills
<input type="checkbox"/>	<input type="checkbox"/>	Healthy relationships, healing and repairing relationships
<input type="checkbox"/>	<input type="checkbox"/>	Conflict resolution and interpersonal skills
<input type="checkbox"/>	<input type="checkbox"/>	Empathy and accountability
<input type="checkbox"/>	<input type="checkbox"/>	Impacts of substance use
<input type="checkbox"/>	<input type="checkbox"/>	Trauma (including the impacts of intergenerational trauma)
<input type="checkbox"/>	<input type="checkbox"/>	Impacts of colonization
<input type="checkbox"/>	<input type="checkbox"/>	Parenting and caregiver skills – How it relates to prolonged prevention of violence
<input type="checkbox"/>	<input type="checkbox"/>	Normalizing seeking professional help for mental and physical health concerns
<input type="checkbox"/>	<input type="checkbox"/>	Gender roles, healthy masculinity and creating safety in one’s relationships with other men
<input type="checkbox"/>	<input type="checkbox"/>	Thought patterns, attitudes, and beliefs – becoming self-aware

Use this space to provide information about your chosen program topics. We acknowledge that ongoing planning will take place if your program is successfully funded.

Click or tap here to enter text.



PROGRAM BUDGET

Proposals must contain a reasonable and detailed budget. Consideration will be given to the scope and reach of the program in comparison to the amount of the budget (i.e., value for money). Please round all amounts to the nearest dollar. All budget items listed must correspond to your program activities as described above.

Example: Staff: 1 Facilitator x \$22.50 per hour x 3 hrs. /week x 40 weeks =\$2700

Budget Item	Description	Amount Requested	Amounts from other sources	Total Program Expenses
Staff				
Program Facilitators	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Consultants/Professional Fees/honoraria	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Other	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Non-Staff				
Administrative Fees (15% of overall budget)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Rent/Utilities	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Food/Drink	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Supplies	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Recruitment/Outreach	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Printing/Copying of Program Materials	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Travel	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Other	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
TOTAL	Click or tap here to enter text.	Click or tap here to enter text.		



DECLARATION

To be signed by an authorized signatory of the applicant organization, by signing you agree:

- The information contained in this application is accurate and complete.
- The application is made on behalf of the applicant organization named with its full knowledge and consent.
- The applicant organization is a registered legal entity in good standing.
- Should a program be approved, the applicant organization is required to submit reports detailing progress against the activities and outcomes described in the application and how the grant funds are being/were spent. A link to both reporting templates will be provided to you if your proposal is successful.

Name of Authorized Representative:	Click or tap here to enter text.
Title:	Click or tap here to enter text.
Signature:	
Date:	Click or tap here to enter text.

*****IMPORTANT***** Please ensure the following is included with this application so the scoring committee can move on to the scoring process:

- ✓ The proposal includes evidence that the program is relevant, culturally safe and trauma informed
- ✓ Proposal demonstrates awareness of the importance of identifying needs and connecting participants to appropriate community resources when their needs cannot be sufficiently met by the facilitators.
- ✓ Applications have pre-planned curriculum that targets outcomes in line with objectives that foster men's healing (examples in Expression of Interest Application)
- ✓ Group setting program applications have included a plan for public health accommodations that must be considered
- ✓ Men's Healing Fund Application Form
- ✓ Letter of Good Standing for each involved organization
- ✓ Letter of Reference for each program facilitator
- ✓ Letter of support from community leadership