



*Une version française de ce document est disponible.*

## **Special Project Application**

<b>Project Title:</b>	
<b>Sponsoring Organization</b>	
Name:	Address:
Position:	Phone: (867)
E-mail:	Fax: (867)
<b>Project Lead</b>	
Name:	Address:
Position:	Phone: (867)
E-mail:	Fax: (867)

### **1. DESCRIPTION OF PROJECT**

Please write a summary of the project.



## 2. OBJECTIVES & GOALS

What is purpose of the program in your community?

Please explain which project goals you will address and how your program will work towards each goal.

1. Build community capacity to promote and utilize restorative practices in community members. Capacity building in this area could be delivered to: educational centres, correctional institutes, and/or other local organizations. The goal is to have the community promotion of: Do no harm – If harm is done, effort is placed to repair that harm.
2. Strengthen community capacity to prevent violence: educate about violence cycles and what Community members (parents, youth, educators, etc.) can do to support violence deterrence now and in the future – what they can do and what they can say.
3. Enhance legitimacy of the word “Community” – build and foster relationships with law enforcement about how it relates to fellow community members – crime hurts community. What can the RCMP commit time towards facilitating this and what can communities do?
4. Any specific program to help with rehabilitation should be offered to help to those that voluntarily accept and/or self-admit themselves. How will the program be offered, promoted/marketed, and benefits of this delivery model?
5. Create a community approach to facilitate crime deterrence via osmosis.



### 3. CLIENTELE

Who will your program serve? Age, gender, referrals or self-admitted, voluntary or mandated, etc.  
How will participants be reached and engaged in the program? What will client interactions look like?

### 4. WORK PLAN

Please provide a timeline for your program.

Dates	Activities	Who is responsible?	Outcomes	Evaluation
Month 1				
Month 2				



Month 3				
Month 4				
Month 5				
Month 6				
Month 7				
Month 8				
Month 9				
Month 10				
Month 11				
Month 12				



### 5. PARTNERSHIPS

Partners involved: what are their roles and responsibilities; funding or in-kind donations, etc.

List of Partners	Partnership Details

Partnership Notes:

Large empty text area for providing partnership notes.



## 6. EVALUATION/SHARING RESULTS

What information will be collected? How? When?  
How will the information be used? shared?



### 7. BUDGET

Please display how funding will be used for the program. Please specify the total amount requested as well the amount per fiscal year.

Expenditure	Brief Description	Amount
Salary		\$ -
Contractor		\$ -
Materials/ Supplies		\$ -
Rentals		\$ -
Travel / Accomodations		\$ -
Marketing		\$ -
Administration(≤10%)		\$ -
		\$ -
		\$ -
		\$ -
Other		\$ -
Total		\$ -

### 8. Sustainability

Will your program continue efforts after March 2023? What will it look like?



**9. INSURANCE**

Please supply proof of insurance – Liability and any other applicable insurances