

VICTIMS ASSISTANCE FUND  
PROJECTS APPLICATION

APPLICANT:			
ADDRESS:		POSTAL CODE:	
TELEPHONE:		FACSIMILE:	
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
BRIEFLY DESCRIBE THE MANDATE, GOALS AND OBJECTIVES OF YOUR ORGANIZATION:			
WHAT SERVICES DO YOU PROVIDE?			
WHAT VALUES, CODE OF ETHICS & PRINCIPLES DO YOU SUBSCRIBE TO?			
ORGANIZATIONAL STRUCTURE:			
<ul style="list-style-type: none"><li>• PROVIDE A LIST OF YOUR GOVERNING BODY (NAMES, LENGTHS OF SERVICE, ADDRESSES &amp; CONTACT NUMBERS)</li><li>• PROVIDE A LIST OF YOUR EXECUTIVE AND PROGRAM STAFF</li><li>• PROVIDE A LIST OF YOUR PROGRAM VOLUNTEERS AND LENGTHS OF VOLUNTARY SERVICE</li></ul>			

PROJECT TITLE:

TIME FRAME:

FUNDING REQUESTED: \$

PURPOSE?  TRAINING  DIRECT SERVICES  PUBLIC INFORMATION & AWARENESS  RESEARCH

WHO WILL THE PROJECT SERVE? HOW IT WILL BENEFIT OR SUPPORT VICTIMS OF CRIME?

WHERE WILL IT TAKE PLACE?

HOW DID YOU DETERMINE A NEED FOR THE PROJECT? (ATTACH STATISTICS OR REPORTS IF AVAILABLE)

WHAT ARE THE 3 MAIN GOALS OF YOUR PROJECT?

- 1.
- 2.
- 3.

LIST ORGANIZATIONS OR SERVICES THAT YOUR PROJECT WILL LINK WITH:



LIST THE ORGANIZATIONS THAT WILL PARTNER WITH YOU ON THIS PROJECT (ATTACH LETTERS):



LIST THE SOURCES OF SUPPORT FOR YOUR PROJECT (ATTACH LETTERS):





<b>PROJECT COORDINATOR (ATTACH RESUME):</b>	
POSITION:	TELEPHONE:
FAX:	E-MAIL:
<b>PROJECT TEAM (ATTACH RESUME FOR EACH TEAM MEMBER, INCLUDING CONSULTANTS)</b>	
NAME	ROLE:
RESPONSIBILITIES:	
NAME	ROLE:
RESPONSIBILITIES:	
NAME	ROLE:
RESPONSIBILITIES:	
<b>PROJECT STEERING COMMITTEE</b>	
CHAIR:	ORGANIZATION:
ROLE OR RESPONSIBILITY:	
MEMBER:	ORGANIZATION:
ROLE OR RESPONSIBILITY:	
MEMBER:	ORGANIZATION:
ROLE OR RESPONSIBILITY:	
MEMBER:	ORGANIZATION:
ROLE OR RESPONSIBILITY:	
MEMBER:	ORGANIZATION:
ROLE OR RESPONSIBILITY:	

**PROJECT MONITORING & EVALUATION**

HOW WILL YOU MONITOR THE PROGRESS OF YOUR PROJECT?

WHO WILL PROVIDE PROGRESS REPORTS?

POSITION:

CONTACT NUMBER:

HOW WILL YOU EVALUATE THE PROJECT?

HOW WILL YOU DECIDE WHETHER OR NOT YOUR PROJECT WAS SUCCESSFUL OR ACHIEVED ITS OBJECTIVES?

WHAT INFORMATION WILL YOU SHARE?

WHEN?

HOW?

WITH WHOM?

HOW WILL YOU ENSURE THAT VICTIMS / CLIENTS ARE KEPT SAFE IN ALL PROJECT WORK?

PRINCIPAL FINANCIAL OFFICER: TELEPHONE: QUALIFICATIONS (OR ATTACH RESUME):	FACSIMILE:
--	------------

PROJECT FUNDING		
SOURCE	CONTRIBUTION	IN-KIND
VICTIMS ASSISTANCE FUND	\$	
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>
EXPENSE ITEMS	COST	
<b>TOTAL</b>	<b>\$</b>	

**EXAMPLES:**

- SALARIES: POSITIONS, FULL-TIME, PART-TIME (HOURS PER WEEK)
- ADMINISTRATIVE: BOOKKEEPING FEES, CLERICAL DUTIES, POSTAGE
- SUPPLIES & MATERIALS: STATIONERY, VISUAL AIDS, BOOKS, FLIPCHARTS, ETC
- EQUIPMENT RENTALS: TELEPHONES, FAXES, PHOTOCOPIER, COMPUTERS (NO CAPITAL PURCHASES)
- PRODUCTION COSTS: TYPE OF MATERIAL TO BE PRODUCED AND AMOUNT
- DISTRIBUTION COSTS: RECIPIENTS AND METHOD OF DISTRIBUTION

COMMENTS YOU WOULD LIKE TO INCLUDE IN THIS APPLICATION:

ATTACHMENTS (IF APPLICABLE)

- CERTIFICATE OF INCORPORATION OR CHARITABLE STATUS
- LIST OF GOVERNING BODY
- LIST OF EXECUTIVE AND PROGRAM STAFF
- LIST OF PROGRAM VOLUNTEERS
- LETTERS OF PROJECT SUPPORT (COMMUNITY, REGIONAL, TERRITORIAL)
- LETTERS OF PROJECT PARTNERS
- LETTERS CONFIRMING FUNDING COMMITMENTS FROM OTHER FUNDING SOURCES
- FINANCIAL STATEMENTS FROM YOUR PAST FISCAL YEAR AS WELL AS CURRENT FISCAL PERIOD
- RESUMES OF THE PROJECT COORDINATOR, PROJECT TEAM MEMBERS, AND FINANCIAL OFFICER
- COPY OF SUITABLE INSURANCE POLICY SHOWING THE GNWT AS "ADDITIONAL INSURED"

*TO THE BEST OF MY KNOWLEDGE, THE INFORMATION CONTAINED IN THIS APPLICATION IS ACCURATE AND COMPLETE. THE PROJECT IS ENDORSED BY THE ORGANIZATION THAT I REPRESENT AND MEETS THE REQUIREMENTS AS OUTLINED ABOVE.*

*I CERTIFY THAT THE DISBURSEMENT FROM THE VICTIMS ASSISTANCE FUND, IF APPROVED, WILL BE SPENT SOLELY FOR THE ACTIVITIES AS DESCRIBED IN THIS APPLICATION.*

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_  
NAME (PRINT): \_\_\_\_\_ DATE: \_\_\_\_\_