

VICTIMS ASSISTANCE FUND

TRAINING & DEVELOPMENT 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 (ATTACH A LIST OF YOUR GOVERNING BODY)					
HOW DOES YOUR ORGANIZATION ASSIST OR SUPPORT VICTIMS OF CRIME?					
EVENT TITLE:					
LOCATION:				DATES:	
TYPE:	<input type="radio"/> CONFERENCE	<input type="radio"/> SYMPOSIUM	<input type="radio"/> SEMINAR	<input type="radio"/> COURSE	<input type="radio"/> WORKSHOP
HOW DOES THE THEME OF THIS EVENT RELATE TO THE NEEDS AND CONCERNS OF VICTIMS, OR TO THE IMPROVEMENT OF TREATMENT FOR VICTIMS?					

DELEGATE:	POSITION:
WHY WAS YOUR DELEGATE SELECTED? (ATTACH A SHORT BIOGRAPHY)	
DELEGATE:	POSITION:
WHY WAS YOUR DELEGATE SELECTED? (ATTACH A SHORT BIOGRAPHY)	
DELEGATE:	POSITION:
WHY WAS YOUR DELEGATE SELECTED? (ATTACH A SHORT BIOGRAPHY)	
WHAT WILL YOUR DELEGATE(S) DO AFTERWARDS WITH THE KNOWLEDGE AND SKILLS THEY HAVE ACQUIRED TO BENEFIT VICTIMS OF CRIME IN YOUR COMMUNITY OR REGION? (E.G. IN-SERVICE TRAINING? COMMUNITY AWARENESS WORKSHOP? MEDIA STORIES? NEWSLETTER? OTHER?)	

PRINCIPAL FINANCIAL OFFICER:		
TELEPHONE:		FACSIMILE:
QUALIFICATIONS (OR ATTACH RESUME):		
PROJECT FUNDING		
SOURCE	CONTRIBUTION	IN-KIND
VICTIMS ASSISTANCE FUND	\$	
TOTAL	\$	\$
EXPENSE ITEMS		COST
TRANSPORTATION		
ACCOMMODATIONS		
REGISTRATION		
MEALS & INCIDENTALS		
GROUND TRANSPORTATION (TAXIS, AIRPORTER)		
CHILDCARE ASSISTANCE		
OTHER -		
OTHER -		
TOTAL		\$

ATTACHMENTS

- LEGIBLE COPY OF THE AGENDA, INDICATING THE SESSIONS YOUR DELEGATE(S) WILL ATTEND
- BIOGRAPHIES OF YOUR DELEGATE(S)
- TRAVEL ITINERARY SHOWING DEPARTURE / RETURN DATES AND OVERNIGHT STOPS
- COPY OF SUITABLE INSURANCE POLICY SHOWING THE GNWT AS "ADDITIONAL INSURED"
- LIST OF YOUR GOVERNING BODY, ADDRESSES AND CONTACT NUMBERS
- CERTIFICATE OF INCORPORATION

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION CONTAINED IN THIS APPLICATION IS ACCURATE AND COMPLETE. I CERTIFY THAT THE DISBURSEMENT FROM THE VICTIMS ASSISTANCE FUND, IF APPROVED, WILL BE SPENT SOLELY FOR THOSE COSTS ASSOCIATED WITH THE EVENT DESCRIBED IN THIS APPLICATION.

SIGNATURE: _____ TITLE:
NAME (PRINT): _____ DATE: