



Healthy Aging Seniors Wellness Grant Program
Application for Grant Funding
2012

(For office use only)
File #
Date Received:
Date Reviewed:

Please print or type clearly

1. What is the name of the organization or group seeking funding?

[Empty text box for organization name]

Major Role of organization or group: (please describe)

[Empty text box for major role description]

2. What is the mailing address of the organization or group seeking funding?

Street/PO Box:
Town/City:
Province:
Postal Code:
Telephone: Fax:
TTY (Teletype): Other:
Email: Web Address:

3. Are you incorporated as a non-profit organization? Yes No

If yes, what is your Incorporation Number?

4. What is your fiscal year end? (If not applicable leave blank.)

M / D / Y



**7. Proposal Summary (please attach additional pages if necessary, 2 pages maximum)**

[Empty box for Proposal Summary]

**8. Rationale: How does your proposal support the Provincial Healthy Aging Policy Framework and promote healthy aging?**

[Empty box for Rationale]

**9. Relevance: Explain why this proposal is important to seniors and your community.**

**10. Goal(s) and Objective(s)**

**Goal 1**

**Objectives**

**Goal 2**

**Objectives**

**11. Plan of Action**

Action	Person Responsible	Timeline

**12. Anticipated Achievements**

**13. Please list the names of any groups or organizations you plan to partner with should you be successful in being awarded funding as a result of this application.**

1.	5.
2.	6.
3.	7.
4.	8.

**14. Communication Plan**

**15. Future Plans**

**16. Proposal Management and Personnel**

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**17. In order to receive a grant, all applicants must indicate an individual(s) in their group/organization who will have signing authority and take responsibility for the transfer of funds. Please provide the contact information for the individual(s) and/or signing officer(s) below.**

	Name	Address	Position	Phone #	Signing Officer? (Y/N)
1					
2					

**Signatures** (This section to be completed by Project Signing Officers.)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**18. How many active volunteers and paid staff are involved in your group or organization? Please indicate a number in each box.**

<b>Volunteers:</b>	<b>Full -Time Staff:</b>	<b>Part –Time Staff:</b>
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**19. Budget Summary**

Item	Cost	In-kind / Partner Contributions	Requested Amount
Travel	\$	\$	\$
Publicity			
Salaries (project based/contract)			
Honoraria			
Facilities			
Materials			
Evaluation			
Other			
Total	\$	\$	\$

**20. Other Funding Sources**

21. What is your anticipated start date? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D Y

22. What is your anticipated end date? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M D Y

23. **Additional Documents** (Please include additional documents as necessary, such as supporting or background documents).

24. **Letters of Support** (Please ensure 2 letters of support are included with your application).

## Terms and Conditions

- ✓ Provincial Funding may be used only for the purposes specified in this application.
- ✓ No substantial change in these activities shall be made without consent of the department responsible for providing funding and it shall be at the discretion of the Department to determine what constitutes substantial change in each case.
- ✓ Any funding not used for these purposes must be returned to the department.
- ✓ The organization is wholly responsible for its own debts. Any application to pay debts will not be accepted.
- ✓ Whenever appropriate, public acknowledgement of funding by the issuing department is expected. Publications should clearly acknowledge the department's assistance.
  - A standard statement of acknowledgement is available on request.
- ✓ If any or part of this funding is used to pay salaries or honoraria, federal and provincial laws concerning salaries and source deductions must be applied (i.e. deductions for income tax, CPP etc)
- ✓ The organization agrees to respect and apply the spirit and provisions of existing human rights legislation.
- ✓ Under the Access to Information and Protection of Privacy Act members of the public may request and obtain access to information held in Provincial Government records.
  - Should a request be received for information about this grant application, the Department will consult with you prior to disclosing any information. It should be noted, however, that only personal information and certain third-party confidential financial information may be withheld.
  - When funding is approved, the amount of funding, the purpose for which the funds were granted and the name of the organization(s) receiving the funding are considered public information.

## Declaration and Disclosure

**I Declare that:**

- ✓ the information in this application is accurate and complete
- ✓ the application is made on behalf of the organization named on page one with its full knowledge and consent
- ✓ if financial assistance is provided the organization will submit financial and activity reports and submit to an evaluation of the activity and expenses
- ✓ While assessing your application for funding it may be determined that other funding sources may be available to your organization. I authorize the Government of Newfoundland and Labrador to consult with whomever it deems necessary in order to reach a decision on this application including, but not limited to, Provincial, Federal and Municipal Government Departments, Agencies, Boards, Industry Associations and other potential contributors
- ✓ If funding is received by the agency/organization, I understand and agree that:
  - the agency/organization must comply with those terms and conditions above, and with the Healthy Aging Seniors Wellness Grant Program Guidelines;
  - this agreement is not binding until signed by an authorized official of the funding department or agency;
  - At the discretion of the funding department or agency, a more detailed agreement may be required before funding is released.
- ✓ I have the authority to legally bind the agency/organization.

<b>Applicant's Signature</b>		<b>Witness</b>	
<b>Date:</b>		<b>Date:</b>	
<b>For Government Use Only</b>			
<b>Authorized Signature</b>		<b>Witness</b>	