

SUICIDE PREVENTION APPLICATION FORM 2021/2022

Key Contact Person:

Fax Number:

Section A Date

Community: Email Address:			
Mailing Address:	Business Numbe	r:	
Management of the Project			
Project Name	Project Lead - Po	osition and Management Function	
Organization Type	Focus of Organization	Use of Funds	
* Please provide a copy of your registered legal status	* Please check all that apply	* Please check all that apply	
□ Non-Profit Organization	□ Strategic Planning	□ Strategic Planning	
□ Community Government	□ Research	□ Research	
□ Regional Inuit Organization	□ Community Training	□ Community Training	
	□ Social Emotional Learning	□ Social Emotional Learning	
	□ Wellness Initiatives	□ Wellness Initiatives	
	□ Capital Planning	□ Capital Planning	
	□ Reducing impulsive behaviour	□ Reducing impulsive behaviour	
	□ Support Networks	□ Support Networks	
		□ Other (Specify)	
Organizational Details (please add	additional pages as required)		

Department of Health Government of Nunavut Box 1000, Station 1000 Iqaluit, NU X0A 0H0

What is your organization's Vision, Mission, and Values?

General Information
Organization Name:

Phone Number:

Quality Of Life Secretariat Phone: (867) 975-5700 Fax: (867) 975-5705

Section R Project Information

Section B Project information	
Project Name or Title:	
Brief Description of Project *Please add additional pages as required	
1. What is the objective of your project?	i
The objective of this project is to	
2. How do you plan to carry out your objective? (Mention method of delivery, Activities for project)	
3. Who will take part in this project? Age of participants?	
4. Will there be elder involvement?	
5. What do you see is the benefit of running this program? Change behaviors? Goals of this program?	
6. What is the start and end date of the project?	

On the left-hand side of the table Please fill in <u>all</u> project costs. Then on the right-hand side, fill in <u>all</u> the project funds and the source. In short, left side shows what you will pay for the whole project. One right side, you show where you will get the funds from; therefore, your **total project costs** and your **total project funds** should be the same.

Project Costs- proposal information	Funds Receiving for project
Rentals	Organizational Funds to be used for program
Travel	Anticipated GN Suicide Prevention Funds
Material	Other GN Program Funds
Trainer Fees	Federal Programs
Interpretation	Inuit Organizations
Food	Other(Specify)
Supplies	
Community Meetings	
Administration	
Other (Specify)	
Total	Total

^{*****}PLEASE ADD ADDITIONAL PAGES AS REQUIRED

Applicant's Declaration To the Department Health -Quality of Life

- I confirm the information given in this application is, to the best of my knowledge and ability, complete, true and correct.
- 2. I certify that financial assistance from Health is a significant factor in the decision to proceed with this project.
- 3. I will provide all the information required by Health to complete the assessment of this project.
- 4. I agree to provide financial information and reports as required in the Grants and Contributions Agreement

Applicant's Signature:	Date:	
Print name:		

Preferred Language	of Corresponden	ce.		
□ Inuktitut	or corresponden	· · · · · · · · · · · · · · · · · · ·		
□ Innuinaqtun				
□ English				
□ French				
All Information provi	ded to support of	your application: Yes	No	
		*****OFFICE USE C)NLY****	
Date Received				
Date Received				
REGION:	□ Qikiqtaaluk	□ Kivalliq	□ Kitikmeot	
	□ Qikiqtaaluk	□ Kivaliiq		
Witness's Signature:			Date:	
Print name:				
Approved: Yes	NO	reason for Denial		
Director				