

Please note: costs must be directly related to the proposed project and to be used within the time period specified.

INELIGIBLE EXPENSES

- Capital projects
- Utilities and maintenance costs
- Purchasing supplies to stock food banks or soup kitchens
- Activities of an international or national scope

ASSESSMENT AND CRITERIA

Applications will be reviewed by a review committee nominated by the Executive Director of Family Wellness. The applicant's ability to meet the assessment criteria will be considered based on the information submitted in their proposal.

The review committee may contact applicants for additional information or may make recommendations on alternative funding programs for which projects may be eligible.

* Note – The committee may decide to fund projects at a level below the amount requested

(a) *Strength and Scope of Project*

- How does the project help in supporting the health of men and boys in your community?
- What are other potential benefits to the community?
- What is the anticipated duration of benefits to the community?
- How will the project be carried out?
- How will the success of the project be measured?
- Who will be involved in implementing the project?

(b) *Community Support*

- What is the extent of community support and involvement in the project?
- How do you plan to build awareness of the project in the community? In other communities?
- How will the project build community capacity?
- Will results and ideas be shared with other communities?

(c) *Budget*

- Does the budget include reasonable and realistic expenses?



Applicant Identification	
Legal name and purpose of organization:	
Contact person and position with organization:	
Alternate contact person and position with the organization:	
Mailing address:	
Email:	Phone Number:
	Fax Number:
Name of Project and brief description (30 words or less):	
Project Start Date (dd/mm/yyyy):	Project End Date (dd/mm/yyyy):
Total Project budget (see attached sheet):	Total Funding Request



Project Description – Attach Additional sheets if necessary

Please provide a description of the project or attach a project proposal. Include any information that will help us to assess your project and application as per the Men and Boys Initiative Guidelines.

The project description should include the following:

- 1. Introduction:** Introduce the project and indicate how it addresses men and boys health and healing;
- 2. Project Team:** Discuss who is involved in carrying out the project and why they are involved;
- 3. Project Details:** Explain in more detail what the project is, how it will be carried out, where and over what duration;
- 4. Community Involvement/Benefits:** Discuss how the community will be involved, how the project benefits the community, discuss any existing community support and provide support letters if available;
- 5. Communications:** Describe how you will inform the community about the project and share results of the project after the completion.



Budget (A) (Please provide detailed break-down. Attach additional sheets if required)			
Description	Amount		
Project Delivery Expenses (Salaries, wages or honoraria)			
Facilitator fee, travel, incidental and accommodation costs			
Supplies (Examples: telecommunications, program supplies)			
Administration (can be up to 10% of the total project cost, projects over 50,000 require audited financial statements, the cost of the audit can be included in the admin costs)			
Accounting 10%			
Total A:			
Other Sources of Funding (B)			
Description	Confirmed	Pending	Amount
Total B:			
In-kind (C)			
Description	Amount		
Total C:			
TOTAL BUDGET (A + B + C)			
TOTAL REQUESTED FROM FAMILY SERVICES			



REPORTING REQUIREMENTS

Recipients will be expected to provide a final written financial and activity report of the project as per the requirements of the Department of Family Services Grants & Contribution Policy a copy is available on the Family Services website <http://www.gov.nu.ca/familyservices>

Reports may be made in Inuktitut, Inuinnaqtun, English or French.

Recipients are encouraged to contact the Family Violence Project Officer with any questions or concerns when completing reporting requirements.

APPLICATION STATEMENTS

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief, and that I do not have any outstanding commitments resulting from any previous projects funded by the Department of Family Services of the Government of Nunavut.

Print Applicant Name

Print Witness Name

Signature of Applicant

Signature of Witness

Date (dd-mm-yy)

Date (dd-mm-yy)

Prior to submitting the application form:

- Please ensure the application is fully complete
- Please ensure that if your organization is registered as a non-profit organization, registration papers must be included with this application.