

Breaking the Silence: A Coordinated Response to
Sexual Violence in Nova Scotia
Prevention Innovation Grant Application - Small



Office use only

Date received _____

Funded ☐
Not Funded ☐

Application deadline - December 16th, 2016, 4pm

SECTION 1 - Give your group information

Project title _____

Group name _____

Amount requested _____

Name of project leader _____

Phone number _____ Email address _____

Mailing address _____

Include street address, city/town, province and postal code

Name of project co-leader _____

Phone number _____ Email address _____

Mailing address _____

Include street address, city/town, province and postal code

Check applicable box.

- ☐ Previously received a Prevention Innovation Grant through the Department of Community Services
- ☐ Participated in the youth workshops held by Heartwood in the fall of 2016.

Optional - Group Identification

One of the goals of the Prevention Innovation Fund is to support the work of marginalized and underserved populations, and specifically, initiatives that are by and for communities. If you choose to do so, please indicate below if this project is being led by members of the following community/communities:

- ☐ Youth (ages 14-24)
- ☐ African Nova Scotian
- ☐ Persons with Disabilities
- ☐ Immigrant
- ☐ LGBTQ+
- ☐ Other Racially Visible persons
- ☐ Indigenous (Aboriginal, First Nations, Métis and Inuk)
- ☐ Our group is best identified as _____

3. What are the project activities? Who is responsible for each activity?

4. How will the project help prevent sexual violence?

5. Who are the project participants?

6. When will the project take place?

7. Where will the project take place?

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11. Projected budget:

Please fill in the following budget form to show how the money will be spent. Be as specific as you can.
If you need more space you can attach an extra sheet to this application.

Expense	Needed for	Cost
<i>e.g. Design Fee</i>	<i>Graphics for our app</i>	<i>\$850.00</i>
Total Amount		

SECTION 3- Read and Sign

To the best of my knowledge, the information provided in this grant application is accurate and complete. If funding is approved I will provide a report with financial statements, including invoices or receipts. I am responsible for returning all unused funds to the Department of Community Services. I will also provide a short, year-end project report (template provided by DCS).

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Project Team Leader

Project Team Co-Leader

Name _____

Name _____

Date _____

Date _____

Signature _____

Signature _____

Are you a registered organization? ☐ Yes ☐ No

If you checked NO, include the following in your application:

- ☐ 2 Letters of Support from a community leader, teacher, mentor, etc.
- ☐ The signature and contact information of a community partner who will support the work of the project and administer the funds.

Community Partner Organization _____

Name of Contact Person _____

Incorporated societies # _____

Phone number _____ Email address _____

Date _____ Signature _____

SECTION 4 - Return the application form to us

If you have any questions about this application form please call 902-424-6841.

SUBMIT TO: Sarah Granke
Specialist, Sexual Violence Prevention and Supports
Department of Community Services
P.O. Box 696
Halifax, Nova Scotia B3J 2T7
or
Email: strategy@novascotia.ca

Note: Email submissions in PDF format. File title should include your organization name and be written in the following format: ORGANIZATION_SVS_PI_1617.pdf If you are submitting more than one application, please delineate using numbers in the file name.