

<b>Office use only</b> Date received _____	Funded <input type="checkbox"/> Not Funded <input type="checkbox"/>
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**Application deadline - December 15<sup>th</sup>, 2017, 5pm**

**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 box if applicable.*     Previously received a Prevention Innovation Grant through the Department of Community Services

**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 and for members of the following community/communities:

- |  |   |
|--|---|
| <input type="checkbox"/> Youth (ages 14-24)        | <input type="checkbox"/> LGBTQIA2S+   |
| <input type="checkbox"/> African Nova Scotian      | <input type="checkbox"/> Other Racially Visible persons                         |
| <input type="checkbox"/> Persons with Disabilities | <input type="checkbox"/> Indigenous (Aboriginal, First Nations, Métis and Inuk) |
| <input type="checkbox"/> Immigrant                 | <input type="checkbox"/> Our group is best identified as _____                  |



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

Activities	Who is responsible
<b>1st Quarter - April to June</b>	
<b>2nd Quarter - July to September</b>	
<b>3rd Quarter - October to December</b>	
<b>4th Quarter - January to March</b>	



9. How will you evaluate your project?

10. 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>
<b>Total Amount</b>		

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**SECTION 3- Read and Sign**

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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, year-end project report, including a financial statement with invoices and receipts to the Department of Community Services.

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 has 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 \_\_\_\_\_

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**SECTION 4 - Return the application form to us**

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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](mailto:strategy@novascotia.ca)

*Email submissions in PDF format.*

*File title should include your organization name and be written in the following format: **ORGANIZATION\_SV\_PL\_1718.PDF**.  
If you are submitting more than one application, please delineate using numbers in the file name.*