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| **Application (2017-2018)** | |
| **ORGANIZATION INFORMATION** | |
| **Legal Name of Organization:** | |
| * **Please check type of organization and include Joint Stocks Registry ID#:** * local government (towns, cities, regional and rural municipalities, First Nations band/tribal councils) * not-for-profit organization: **Registry of Joint Stocks #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * charitable organization: **Canadian charitable #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * association: **Registration information**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * University | |
| **Legal Civic Address of Organization:** | |
| **Mailing Address (if different):** | |
| What is the mandate of your organization? What geographic area do you serve? | |
| Have you been previously funded by the Department of Seniors? If so, when and to do what? | |
| **Primary Contact person:** | **Title / Position:** |
| **Email:** | **Phone:** |

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| **PROJECT DESCRIPTION** | |
| * **Please check type of project:** * Age-friendly Communities consultation and planning projects that result in robust community action plans. * Development and implementation of new innovative project: * program * service * resource * event or conference   Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Project Title:** |  |
| **Project Location:** |  |
| **Headline Description (1-2 Sentences)** |  |
| **Project Summary (Max 250 words)** |  |
| **Total Project Cost:** |  |
| **Funding Request to Age-friendly Communities Grant:** |  |

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| 1. **FOCUS AND IMPACT (30 Points)** | |
| 1. **Please briefly describe the following in relation to your project:** | |
| The need / problem you aim to address. |  |
| How does your project address this need / problem? |  |
| How was the need for this project identified? |  |
| 1. **Who will be impacted by this project?** **How?**   Please identify the target population and the geographic area that this project will cover. Note: Applications with a diversity focus or that provide support to a vulnerable population will be viewed favorably. | |
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| 1. **How does your project support one or more of the Age-friendly Communities Grant goals?**  * facilitate the creation of an Age-friendly Community * support active, healthy living * help older adults to age-in place connected to community life * increase social interaction and community involvement among older adults (50+) |  |
| 1. **Describe how this project will help to advance your community’s or organization’s strategy or plans.** | |
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| **2. EVALUATION AND MEASURABILITY (15 POINTS)** |
| How will you evaluate the success and impact of your project? |
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| How will you capture success or learnings from the project? |
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| **3. BEST PRACTICE AND INNOVATION (10 POINTS)** |
| Is this project based on a best practice, or does it test or advance an idea, concept or a successful project elsewhere? |
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| **4. ENGAGEMENT AND PARTNERSHIP (20 POINTS)**  *Identify any partnering organizations and their roles, and note it this is a new or established partnership. Provide supporting documentation of contributions (in-kind or cash) where possible, including letters of support from all partners.* |
| Who has been involved in the development of this project and who will participate, if funded? |
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| Who are your partners? What will their contribution/role be? |
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| **5. CAPACITY AND SUSTAINABILITY (25 POINTS)** |
| How will your organization or community support, adjust and sustain this work so that it continues over time, including after funding for Age-friendly Communities ends? |
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| **Please answer the following if you are proposing a community planning project. If the answer is NO,** please describe the anticipation date to obtain the required document: |
| Do you have a letter of support from your municipality, signed by the CAO?  Yes No |

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| **6. PROJECT BUDGET** | | |
| **Please include:**   * Cost estimates and quotes for all services. * Identify all sources of funds including other grants. * Specify the nature/extent of the in-kind contributions/support. * Provide written confirmation from organizations from which funding and in-kind support has been secured.   **Ineligible costs**  The following costs are **not** eligible for funding from the Department of Seniors:   * General operating costs for ongoing services and programs * Infrastructure: construction/renovation costs * Purchase of capital assets (property that has a useful life beyond one year – includes equipment, technology, etc.) | | |
| 1. **PROJECT BUDGET: EXPENSES: ITEM** | **Total AMOUNT** | **Amount requested from Department of Seniors** |
| Personnel (salary / wages / honoraria) |  |  |
| Professional fees (must describe: technical, consulting, contracting, etc.) |  |  |
| Materials / supplies (specify) |  |  |
| Capital assets |  | Not eligible |
| Travel costs |  |  |
| Food / Refreshments |  |  |
| Facility / Room Rental |  |  |
| Other (please specify) |  |  |
| **TOTAL COSTS** |  |  |

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| **b) PROJECT BUDGET: CONTRIBUTION AND REVENUE** | | | |
| **Please provide details below on Cash or In-kind Contributions** | | | |
| Sources of Contribution & Revenue  (Please provide details) | Confirmed | Anticipated | Contact/Telephone |
|  | $ | $ |  |
|  | $ | $ |  |
| **Total** | **$** | **$** |  |

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| **7.0 ATTACHMENTS** | |
| Please list any supporting materials here. These should include:   * Letters of support from any partners or financial (in-kind or cash) contributors * Community groups are strongly encouraged to provide a letter of support from their municipality. * If project is community planning, written approval from municipality’s CAO is required. | |
| **File Name** | **Description** |
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| **8.0 DECLARATION** |
| **Your signature on this form indicates your acknowledgement of, and agreement to the following:**   * I certify that the information I have provided on this form is complete and accurate. * I certify that I have the legal authority to sign this application. * I understand that the Province has the authority to verify all information pertaining to this application. * I understand that the Department of Seniors is a public body and that any documents submitted to and accepted by the Province will be subject to the privacy and disclosure provisions of the Freedom of Information and Protection of Privacy Act. * I understand that I must recognize the Department of Seniors on all reports and materials related to this funding. * I agree to provide copies of reports and materials to the Department of Seniors. * I consent to my contact and project information being made available to the public in press releases and publications and on the Department of Seniors website. |
| **Signing Authority for the Applicant**  **Print Name: Title/Position:**  **Signature: Date:** |

**Use of Your Contact Information:**

The Department of Seniors would like to be able to contact you about other programs, services and upcoming events that pertain to seniors’ issues. Please check the box and sign below if you agree to have your contact information used, by the Department of Seniors, for this purpose. *Please note*: If you do not agree to have your contact information used for this purpose, this will not have a negative impact on your application.

* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature**

Please submit this completed application form, and supporting documentation via email to:

[agefriendly@novascotia.ca](mailto:agefriendly@novascotia.ca)

If submitting paper copies of application, please mail to:

Age-friendly Communities Program Grant

Province of Nova Scotia, Department of Seniors

Barrington Tower, 15th floor **|** 1894 Barrington Street **|** Halifax, NS B3J 2A8

For more information on Age-friendly Communities Grant or the Department of Seniors visit novascotia.ca/seniors

**QUESTIONS?** Contact the Department of Seniors, at: [agefriendly@novascotia.ca](mailto:agefriendly@novascotia.ca)

(902) 424-0770 or Toll Free Line 1-844-277-0770