

Office use only Date received _____	Funded <input type="checkbox"/> Not Funded <input type="checkbox"/>
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Application deadline - December 13th, 2019, 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 Sexual Violence 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
1st Quarter - April to June	
2nd Quarter - July to September	
3rd Quarter - October to December	
4th Quarter - January to March	

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, 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 yes, incorporated societies # _____

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 supports the work of the project and will 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

Email submissions in PDF format.

*File title should include your organization name and be written in the following format: **ORGANIZATION_SV_PL_1920.PDF**. If you are submitting more than one application, please delineate using numbers in the file name.*