Appendix A: C-CARE Application Form

APPLICANT INFORMATION	
Name of applicant (organization)	
Primary contact person name	Primary contact person position
Mailing address of organization	Phone Email
Type of applicant: ___Individual ___Community group ___Registered non-profit ___Licensed local business ___First Nation development corporation ___Educational institution	What is your organization's mandate?
Is your organization based in Haines Junction? ___Yes ___No	

PROJECT DESCRIPTION	
Start date:	End date:
Describe the project	
Describe how this project addresses a need identified by the community	

PROJECT ELIGIBILITY	
This project will (check all that apply) ___Contribute to cultural sustainability within Haines Junction/Dakwäkäda ___Sustain and/or contribute to the growth of arts within Haines Junction/Dakwäkäda ___Sustain and/or contribute to the growth of recreation within Haines Junction/Dakwäkäda ___Contribute to environmental sustainability within Haines Junction/Dakwäkäda	
Intake applied to: ___May15 ___November 15	Has your organization received funding from C-CARE this calendar year? ___Yes ___No
Is your project: ___Programming ___Event	Does this project address a strategic funding priority identified by Council: ___Yes ___No
If this project addresses a strategic funding priority, please explain how:	
Did the organization receive funding from C-CARE last calendar year? ___Yes ___No If yes, was a final project support submitted? ___Yes ___No If yes, did the prior-funded project achieve its intended outcomes? ___Yes ___No Please explain:	
How many people in Haines Junction/ Dakwäkäda will DIRECTLY benefit from this project: ___Tier 1 (less than 5 people) ___Tier 2 (between 5-15 people) ___Tier 3 (between 15-50 people) ___Tier 4 (more than 50 people)	To which funding tier are you applying: ___Tier 1 (up to $1,000) ___Tier 2 (up to $5,000) ___Tier 3 (up to $10,000 ___Tier 4 (up to $25,000)

To be eligible, the project must have a measurable, beneficial impacts within the Village of Haines Junction/Dakwäkäda. Explain what benefits your project will have, and how you will measure them.

PROJECT PARTNERS			
Name/Position	Organization	Phone/Email	Nature of Partnership

PROJECT BUDGET					
Item		Who would pay for the item			
Description/Justification	Cost	C-CARE	Other Funding Source		
			Cash	In-kind	Name of Source
Subtotal					
Total project budget					

Budget notes:

1. Justify all budget items. Attach additional budget pages if required.
2. Items under $1,000 – provide a breakdown of the expense (for example: printing $20/manual x 20 participants).
3. Items over $1,000 – include with the application a minimum of two quotes from suppliers, contractors or consultants.

EXPECTED OUTCOMES OF PROJECT
Listed the expected outcomes of the project (the specific results, changes, or impacts that the project aims to achieve)

Certification by Applicant:

I certify that (check all that apply)
___I am a designated representative of the organization on whose behalf I am applying
___I have read the program policy
___I have only applied for project expenses that are eligible under this program
___I understand that I am required to submit a final report
___I understand that if successful, I am required to publicly acknowledge financial assistance from the Village of Haines Junction
___All statements within this application are to the best of my knowledge, true and correct
___This project will abide by all applicable municipal, territorial and federal laws and regulations

Name: _____

Position: _____

Signature: _____

Date: _____