**PEI Seniors Secretariat Grant Program**

**2023-2024 Grant Application Form**

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| **Section 1: About Your Organization (Applicant)** |
| 1. **Name of Organization**
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| 1. **Name of Executive Director or President**
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| 1. **All Applicants must have a registered charity number or a provincial incorporation number. If not, they must partner with another organization that is a registered charity or has a provincial incorporation number.**

**Is your organization a non-profit?**  Yes  No**Is your organization incorporated?**  Yes  No **(if No, complete part 1D below on partnering organization)** |
| 1. **For groups not eligible to enter into a service agreement (not a registered charity, not incorporated):**
 | **Name of partnering organization** **(if applicable)** |
| **Address of partnering organization** |
| **Full name and contact information (of contact with partnering organization)**  |
| **Letter of Support from Partnering Organization attached?** * Yes
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| **Section 2: Contact Information (Applicant)** |
| 1. **Name of Contact Person**

**for Project Proposal**  |  |
| 1. **Mailing Address**
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| 1. **Phone Number(s)**
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| 1. **Email Address(es)**
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| **Section 3: General Project Information**  |
| 1. **Project Title**
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| 1. **Project Start Date**
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| 1. **Project End Date**
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| 1. **Location of Project Activities**
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| 1. **Total Project Cost**

**This total includes all other sources of funding (e.g. cash and in kind contributions)** **A project budget must be completed and attached with the application. The template can be found in Section 8).**  |  |
| 1. **Total Amount Requested from PEI Seniors Secretariat Grant**
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| **Section 4: Project Details**  |
| 1. **Project Summary**

**(Summarize what your project is about, and what you plan to accomplish)** |
| 1. **Describe how this project meets one or more of the PEI Seniors’ Secretariat priority areas for funding.**
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| 1. **Project Workplan**

**A project workplan must be completed and attached with the application. The template can be found in Section 7).** **Has the project workplan been completed and attached?*** Yes
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| **Section 5: Involvement of Others**  |
| 1. **Are seniors involved in the planning and/or delivery of this program?**

 Yes  No  **If yes, describe how they will be engaged:**  |
| 1. **Will other community groups and/or organizations be engaged in the planning and/or delivery of this project?**

 Yes  No  **If yes, describe how they will be engaged:**  |
| 1. **Will other individuals or groups (other than seniors and/or community organizations) be engaged in the planning and/or delivery of this project?**

 Yes  No **If yes, describe who the individuals/groups are, and how they will be engaged:** |

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| **Section 6: Measuring Success and Lasting Impacts**  |
| 1. **How will you know if this project has been a success? How will you measure the success?**
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| 1. **Will this project continue after the Seniors Secretariat funding has ended?**

 Yes  No  |

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| **Section 7: Workplan Template** |
| **Activity** | **Start Date** | **End Date** | **Outputs and/or Outcomes** |
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| **Section 8: Budget Template** |
| Note: a maximum of $5000 per project will be awarded.Eligible expenses: salaries and benefits (relating to project), honoraria, professional fees, facility rental and utilities, office equipment, materials and supplies, publicity and promotion, domestic travel costs, organizational audit, evaluation. Non eligible expenses: capital expenses (i.e. funding used to buy, maintain or improve fixed assets, such as buildings, vehicles, land, or equipment).  |
| **Item**  | **Amount Requested****(Secretariat)**  | **Funding from Other Sources (Cash)**  | **Funding from Other Sources (In Kind)** | **Total Cost**  |
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| **Total** |  |  |  |  |