**PEI Seniors Secretariat Grant Program**

**2023-2024 Grant Application Form**

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| **Section 1: About Your Organization (Applicant)** | |
| 1. **Name of Organization** |  |
| 1. **Name of Executive Director or President** |  |
| 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** |  |
| 1. **Phone Number(s)** |  |
| 1. **Email Address(es)** |  |
| **Section 3: General Project Information** | |
| 1. **Project Title** |  |
| 1. **Project Start Date** |  |
| 1. **Project End Date** |  |
| 1. **Location of Project Activities** |  |
| 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.** |
| 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?** |
| 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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