

**PEI Seniors' Secretariat
Grant Application Form
2018**

A. About Your Organization

1) Name of Organization:	
2) Note: All applicants must have a registered charity number <u>or</u> a provincial incorporation number <u>or</u> partner with another organization that is able to enter into a service agreement on their behalf and accept funds on their behalf.	
Is your organization non-profit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your organization incorporated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For groups not eligible to enter into a service agreement, name of partner organization that will be accepting funds on your organization's behalf (include a letter confirming support from this organization).	
3) Name of Executive Director or President:	

Contact Information

1) Name and title of person to be contacted for further information about the application:	
2) Address:	
3) Telephone Number:	
4) Fax Number:	
5) Email:	

B. About Your Project

1) Project Title:			
2) When will the project start?			
When will the project be completed?			
3) Location of Project Activities:			
4) Total Project Cost:			
5) Amount requested from the PEI Seniors' Secretariat Grant: (Note: This must be \$5,000 or less.)			
6) Project Summary (Tell us about the project and what you plan to accomplish.)			
7) Explain how the project meets one or more of the PEI Seniors' Secretariat's priority areas for action (indicated in the Funding Guidelines).			
8) Include the project work plan. List the key steps of the project and when they will occur (see part D).			

9) How are seniors involved in planning this project?

10) How will seniors be involved in running this project?

11) Who else will you be working with on this project (**community groups, organizations**)?
Please attach a letter from your partner(s) outlining their role in the project.

12) How will you know if the project has been a success and how will you measure this success?

13) Will this project continue after the funding grant has been completed? Yes No
If yes, how do you plan to continue the work?

C. Budget

	Amount Requested from the Seniors' Secretariat	Funds from Other Sources		Total Cost for this Category
		Cash (\$)	In-Kind (\$)	
Capital Costs Note: Items of a personal or medical nature are not eligible (e.g., hearing aids, blood pressure monitors, CPR equipment, wheel chairs, etc.)				
Fees for Services Cost/hour or cost/session				
Administrative Costs Cost/hour or cost/session				
Travel Include calculation (cost/km)				
Materials and Supplies Include cost/item				
Printing and Advertising Include cost/item				
Utilities Include cost breakdown				
Rent Name of space to be rented and cost for rental				
Other (please be specific)				
Total				

Budget Notes (Comments on your budget.)

D. Work Plan (List the key steps of the project and when they will occur.)

Activity	What will you need to do this activity?	Who will be involved?	When will it start?	When will it be completed?

By July 27th Submit to:

Seniors' Secretariat
Department of Family and Human Services
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