

APPLICATION FORM FOR FUNDING HEALTH-RELATED ACTIVITIES IN NUNAVIK PUBLIC HEALTH

Complete this form and return it by fax to 1-866-867-8026 or
by email to the related agent.

Projects may be submitted at any time during the year.

It will take approximately three to four weeks to process an application.

Name of organization		Resource person (name and job title)	
Address			
Telephone		E-mail	
Project title			

PART 1 – ACTIVITY & NEEDS

1. Topic

- | | | |
|---|--|---|
| <input type="checkbox"/> Healthy nutrition promotion | <input type="checkbox"/> Physically active lifestyle | <input type="checkbox"/> Smoking reduction |
| <input type="checkbox"/> Food security | <input type="checkbox"/> Mental health | <input type="checkbox"/> Prevention of alcohol/drug use |
| <input type="checkbox"/> Diabetes prevention | <input type="checkbox"/> Healthy relationships | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> Oral hygiene and health | <input type="checkbox"/> Sexual health | <input type="checkbox"/> Violence prevention |
| <input type="checkbox"/> Infectious-disease prevention and control (incl. immunization, STBI) | <input type="checkbox"/> Safety | |

2. Tell us about the activity you are planning. How will it improve the well-being of your community?

Objectives :

Activity description:

3. Previous history

- a. The first time in your community Yes No N/A
- b. Was tried in the past Year: _____ Stopped because _____
- c. Was done in another community Yes Which one _____

4. Duration / Frequency

- 3 days or fewer Every week 1-2x a month Tournament
 A season (summer-fall...) School term School year

5. Target population

- Children (0-9 y. old) Youths (10-17 y.old) Adults (18-59 y. old)
 Elders (60 y. old and more) Everybody Pregnant women

6. How many persons are expected to participate in this activity?

- 1-15 16-30 31-45 46-60 60 +
 Women Men

7. Where will the activity take place?

- N.V. School Community centre Youth house
 Arena Day-care Land/outdoors South
 Other _____

Start date _____
End date _____

8. Partnership/participation

- School N.V. Family house Church Health centre
 CLSC Makivik Air Inuit/First Air Youth Center committee Youth association
 KRG Day-care Men's association Other _____
 None

9. Expenses (what you are applying for) – TOTAL COST OF THE PROJECT: \$ _____

- | | | | | | |
|--|----------|--|----------|---|----------|
| <input type="checkbox"/> Human resources (Nunavik) | \$ _____ | <input type="checkbox"/> Country food | \$ _____ | <input type="checkbox"/> Materials* | \$ _____ |
| <input type="checkbox"/> Consultant (South) | \$ _____ | <input type="checkbox"/> Store-bought food | \$ _____ | <input type="checkbox"/> Transportation | \$ _____ |
| <input type="checkbox"/> Rental equipment | \$ _____ | <input type="checkbox"/> Rental space | \$ _____ | <input type="checkbox"/> Shipping | \$ _____ |
| <input type="checkbox"/> Other | _____ | | \$ _____ | | |

* Attach a list of items to be purchased for which you are requesting funding (ex.: posters, decorations, etc.). An inventory of what you already have (that you will use) and the approximate date of purchase must be attached to this document.

10. Other funding sources

•	Amount of	\$
•	Amount of	\$
•	Amount of	\$
Funding from health centre?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of \$
Are you planning or did you do a fundraiser?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of \$

PART 2 – SIGNATURES AND AUTHORIZATION

- Education committee’s resolution Yes No N/A
- Municipal resolution Yes No N/A
- KRG Recreation Department Yes No N/A

Applicant’s signature _____ Date _____

Supervisor’s name _____

Supervisor/principal’s approval Yes

PART 3 – PAYMENT CONDITIONS

1. PAYMENT

Payment shall be conditional to the reception of original invoices accompanied by receipts and an activity report before March 31 of the fiscal year in which the expenses were incurred.

2. FOLLOW-UP AT THE END OF THE FISCAL YEAR

If there is no reply from the applicant when the officer follows up the allocated funding, the officer shall consider that the funds granted were not used and may be allocated to another project. If a part of the funding was given before the activity implementation and the activity is cancelled, the money will have to be reimbursed to the NRBHSS.

3. ORIGINAL INVOICES

Upon reception of the original invoices and receipts, they will be reviewed by the officer responsible. Expenses can be refused if they not did respect the original approved proposal.

4. HEALTHY SCHOOLS

- Funding requests must be received before January 15.
- Purchase orders must be sent to the Healthy Schools officer before February 15.
- Invoices must be submitted to the Healthy Schools officer before March 31.

5. COMPREHENSION OF PART 3

I have read and I agree with the conditions outlined in part 3. Yes No