



CRIME
PREVENTION
VICTIM
SERVICES

Trust Fund

CRIME PREVENTION VICTIM SERVICES TRUST FUND APPLICATION FORM

Before applying please read through the fund guidelines to ensure that your project fits the criteria. Please call the Fund Coordinator at 1-800-661-0408 ext. 8746, or 667-8746 with any questions or see our [website](#) for more information.

APPLICATION CHECKLIST:

- ⇒ All applications must be typed or clearly written.
- ⇒ Please ensure that the following are attached to your application:
 - ✓ Completed application form
 - ✓ Proof of revenues from other sources
 - ✓ Letters of support
 - ✓ Letters from project partners confirming their involvement

⇒ **SUBMIT APPLICATIONS:**

- ✓ By Mail: **Crime Prevention and Victim Services Trust Fund
Box 2703 (J-7)
Whitehorse, YT Y1A 2C6**
- ✓ By Fax: **1-867-393-6240**
- ✓ In person: **301 Jarvis Street (Second Floor), Whitehorse**

APPLICATION DEADLINE:

- ✓ Spring deadline: February 15th @ 11:59 p.m.
- ✓ Fall deadline: August 15th @ 11:59 p.m.

(If these dates fall on a weekend or statutory holiday the deadline will be the following business day.)

1. APPLICANT INFORMATION

Name of Group/Organization: _____

Project Name: _____

Mailing Address: _____

Postal Code: _____

Contact Person: _____ Phone Number: _____

Position Title: _____ Email address: _____

Type of Organization:

- | | |
|--|--|
| <input type="checkbox"/> First Nation Government | <input type="checkbox"/> Non-First Nation Non Profit Society |
| <input type="checkbox"/> First Nation Non Profit Society | <input type="checkbox"/> Municipality |
| <input type="checkbox"/> School Committee or Council | <input type="checkbox"/> Other _____ |

Where is this project taking place? Please check all that apply

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Beaver Creek | <input type="checkbox"/> Burwash Landing | <input type="checkbox"/> Carcross |
| <input type="checkbox"/> Carmacks | <input type="checkbox"/> Dawson City | <input type="checkbox"/> Destruction Bay |
| <input type="checkbox"/> Faro | <input type="checkbox"/> Haines Junction | <input type="checkbox"/> Mayo |
| <input type="checkbox"/> Old Crow | <input type="checkbox"/> Pelly Crossing | <input type="checkbox"/> Ross River |
| <input type="checkbox"/> Teslin | <input type="checkbox"/> Watson Lake | <input type="checkbox"/> Whitehorse |
| <input type="checkbox"/> All of Yukon | <input type="checkbox"/> Other _____ | |

2. YOUR PROJECT'S FIT WITHIN THE PURPOSES OF THE FUND

Your project may fit into one or more of the following categories. Please check any that apply and describe how your project will meet these objectives.

- 1. Promote and provide services intended to reduce the incidence of crime.

- 2. Promote and provide services intended to prevent violence against women and children.

- 3. Promote and provide services intended to address the root cause of criminal behaviour. Please review the description for this objective provided in the CPVST guidelines.

- 4. Provide, publicize and promote information on:
 - How crime can be prevented
 - How people can protect themselves from being victimized by crime
 - The needs of victims
 - Services offered to victims.

- 5. Promote and provide services to the victims of offences.

3. DESCRIBE YOUR PROJECT

Please describe your project in detail.

What do you plan to do?

Who is the target group?

Proposed start date: _____ Proposed end date: _____

Timelines: Please provide a proposed timeline for your project. For example:

Time frame	Activities
May 1 – June 15	Hire coordinator Set and advertise dates for project to occur.
June 15 – August 31	Run project Collect feedback about project
September 1 - October	Etc.

Where will the project take place?

What difference are you trying to make?

Does this project fit with the ongoing work of your organization? Please describe how.

4. PROJECT BUDGET

What will your project cost and where will the funding come from? (Note: Total project expenses and revenue must be equal.)

EXPENSES	Requested from CPVSTF	Funding from other sources	Total Cost
ADMINISTRATIVE COSTS Actual costs – max 10% of request	\$	\$	\$
PROGRAM MATERIALS AND SUPPLIES	\$	\$	\$
EQUIPMENT Attach quotes Maximum \$500 for purchase; 10% of CPVST request for rental	\$	\$	\$
TRAVEL	\$	\$	\$
WAGES/HONORARIUMS Maximum \$300/day	\$	\$	\$
RENTAL/LEASE	\$	\$	\$
UTILITIES	\$	\$	\$
ADVERTISING	\$	\$	\$
PRODUCTION OF WRITTEN MATERIALS	\$	\$	\$
OTHER (provide details)	\$	\$	\$
TOTAL REQUEST FROM CPVSTF	\$		
TOTAL PROJECT EXPENSES	\$	\$	\$

REVENUES	Amount	Source	Confirmed (Y/N)
FUNDRAISING	\$		
DONATIONS/CONTRIBUTIONS	\$		
PARTICIPATION FEES	\$		
GRANTS FROM OTHER SOURCES	\$		
IN-KIND (Describe type and details)	\$		
REVENUE (Other)	\$		
CPVS TRUST FUND REQUEST	\$		
TOTAL PROJECT REVENUES	\$		

In-Kind Contribution(s)

An in-kind contribution is a non-cash input which can be given a cash value

Contribution Source	Estimated Dollar Value	Contribution Details <small>*(facility, time, etc.)</small>	Support Confirmed Y/N
	\$		
	\$		
	\$		
	\$		
Total estimated \$ value of in-kind contributions	\$		

Applicants must provide detailed information of all expense items for which they are requesting funding from the CPVST Fund

Expense Item _____ Amount Request from CPVST \$ _____

Expense Details:

Expense Item _____ Amount Request from CPVST \$ _____

Expense Details:

Expense Item _____ Amount Request from CPVST \$ _____

Expense Details:

Expense Item _____ Amount Request from CPVST \$ _____

Expense Details:

Expense Item _____ Amount Request from CPVST \$ _____

Expense Details:

5. PROJECT EVALUATION

The CPVST evaluation asks project proponents to analyse whether their project met the stated goals and fund objectives.

How do you plan to do this? What information will you collect? (E.g. participant surveys, statistical data collection, consultation with other stake holders, photo documentation)

If you are uncertain please consult with the fund administrator.

6. DECLARATION

In making this application we, the undersigned, declare to the best of our knowledge the information contained in this application is correct and all items of required information are enclosed. Further, should our request be accepted in part or in whole, that the funds granted will be used for the above stated purpose and that we will comply with all terms and conditions as outlined.

Signature: _____

(Authorized representative of the Organization)

Print Name: _____

Date: _____