



CRIME
PREVENTION
VICTIM
SERVICES

Trust Fund

Crime Prevention and Victim Services Trust Fund

APPLICATION FORM

Before applying, please read through the CPVSTF Guidelines to ensure 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

Please ensure 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.

Applications must be typed or clearly written.

APPLICATION SUBMISSION

Mail: Crime Prevention and Victim Services Trust Fund
Box 2703 (J-7)
Whitehorse, YT Y1A 2C6

Fax: 1-867-393-6240

In person: 301 Jarvis Street (second floor), Whitehorse

APPLICATION DEADLINES

*If the date falls on a weekend or statutory holiday, the deadline will be the following business day. **Late applications will not be considered.***

Spring: February 15 at 11:59 p.m. **Fall:** August 15 at 11:59 p.m.

APPLICANT INFORMATION

Name of group/organization: _____

Name of project: _____

Mailing address: _____ Postal code: _____

Contact person: _____ Position/title: _____

Phone number: _____ Email: _____

Type of organization (choose one only)

- | | |
|---|---|
| <input type="checkbox"/> First Nation government | <input type="checkbox"/> Nonprofit society (non-First Nation) |
| <input type="checkbox"/> First Nation nonprofit society | <input type="checkbox"/> Municipality |
| <input type="checkbox"/> School council/board | <input type="checkbox"/> Other: _____ |

Where the project will take place (choose 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: _____ | |

PROJECT OBJECTIVES

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

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

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

Promote and provide services intended to address the root cause of criminal behaviour (please review the description for this objective provided in the CPVSTF guidelines).

Provide, publicize and promote information on the following.

- How crime can be prevented.
- How people can protect themselves from being victimized by crime.
- The needs of victims.
- Services offered to victims.

Promote and provide services to the victims of offences.

PROJECT DESCRIPTION

Please describe your project in detail.

What do you plan to do? *Please be specific.*

Who is the target group?

What difference are you trying to make?

How does this project fit with the ongoing work of your organization?

PROJECT BUDGET

What will your project cost and how will it be funded?

EXPENSES	Requested from CPVST	Other funding	Total cost
Administrative costs Actual costs (maximum 10% of request)	\$	\$	\$
Program materials and supplies	\$	\$	\$
Equipment (attach quotes) Maximum \$500 for purchase; 10% of CPVSTF request for rental to a maximum of \$1500	\$	\$	\$
Travel	\$	\$	\$
Wages/honoraria Maximum \$300/day	\$	\$	\$
Rental/lease	\$	\$	\$
Utilities	\$	\$	\$
Advertising	\$	\$	\$
Production of written materials	\$	\$	\$
Other (provide details)	\$	\$	\$
Total CPVSTF request	\$		
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)	\$		
CPVSTF request	\$		
Total Revenues	\$		

Note: Total Project Expenses must equal Total Project Revenues.

IN-KIND CONTRIBUTION(S)

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

Contribution source	Estimated dollar value	Contribution details (facility, time, etc.)	Confirmed (Y/N)
	\$		
	\$		
	\$		
	\$		
Total In-Kind Contributions	\$		

Please provide detailed information of all expense items you are requesting funding for from the CPVSTF.

Expense item: _____	Amount requested from CPVSTF: \$ _____
Expense details: _____	_____
<hr/>	
Expense item: _____	Amount requested from CPVSTF: \$ _____
Expense details: _____	_____
<hr/>	
Expense item: _____	Amount requested from CPVSTF: \$ _____
Expense details: _____	_____
<hr/>	
Expense item: _____	Amount requested from CPVSTF: \$ _____
Expense details: _____	_____

PROJECT EVALUATION

The CPVST evaluation asks project proponents to analyze 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 stakeholders, photo documentation)? *If you are uncertain, please consult with the fund administrator.*

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: _____