

<b>Office use only</b> Date received _____	Funded <input type="checkbox"/> Not Funded <input type="checkbox"/>
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**Application deadline - December 15<sup>th</sup>, 2017, 5pm**

**SECTION 1 - Give your organizational information**

Project title \_\_\_\_\_

Name of organization \_\_\_\_\_

Amount requested \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Mailing address \_\_\_\_\_

Include street address, city/town, province and postal code

Webpage address \_\_\_\_\_

Contact person \_\_\_\_\_ Position title \_\_\_\_\_

Email \_\_\_\_\_ Alternate phone \_\_\_\_\_

Incorporated societies # \_\_\_\_\_

Number of Board Members \_\_\_\_\_

In the previous year how often did the Board meet? \_\_\_\_\_

*Check box if applicable.*     Previously received a Prevention Innovation Grant through the Department of Community Services.

**Optional - Group Identification**

One of the goals of the Prevention Innovation Fund is to support the work of marginalized and underserved populations, and specifically, initiatives that are by and for communities. If you choose to do so, please indicate below if this project is being led by and for members of the following community/communities:

- |  |   |
|--|---|
| <input type="checkbox"/> Youth (ages 14–24)        | <input type="checkbox"/> LGBTQIA2S+   |
| <input type="checkbox"/> African Nova Scotian      | <input type="checkbox"/> Other Racially Visible persons                         |
| <input type="checkbox"/> Persons with Disabilities | <input type="checkbox"/> Indigenous (Aboriginal, First Nations, Métis and Inuk) |
| <input type="checkbox"/> Immigrant                 | <input type="checkbox"/> Our group is best identified as _____                  |

**SECTION 2 - Tell us about your project**

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1. Describe your project in 150 words or less.

2. In what ways is your project innovative?

3. What are the project activities? What is the timeline and who is responsible for carrying out actions?

Activities	Who is responsible
<b>1st Quarter - April to June</b>	
<b>2nd Quarter - July to September</b>	
<b>3rd Quarter - October to December</b>	
<b>4th Quarter - January to March</b>	

4. How will the project address and contribute to the prevention of sexual violence?

5. Check the boxes indicating the outcomes your project will work towards.

- Better understanding of healthy relationships and norms.
- Increased engagement of men and boys in sexual violence prevention work.
- Youth have a clearer understanding of what consent is and why it is important.
- Decrease in the hypersexualization of women and girls.
- Strengthened youth engagement and leadership in sexual violence prevention.
- Marginalized populations are involved in and see themselves reflected in prevention efforts.
- Increase in positive, non-violent perceptions of masculinity.
- Expanded understanding of best practices in sexual violence prevention.

Explain how your project is aligned with and will work towards these outcomes.

6. Who are the project participants? How will they be recruited?

7. Provide examples of how you will include a gender-based analysis in your approach and activity work.  
For more information on GBA, visit [www.swc-cfc.gc.ca/gba-acs/intro-en.html](http://www.swc-cfc.gc.ca/gba-acs/intro-en.html)

8. Provide examples of how your project will engage and reach out to underserved populations, including African Nova Scotians, Persons with Disabilities, and the LGBTQIA2S+, Immigrant and Indigenous communities.

9. Will the project engage youth? If so, in what ways will youth be included in the development, design and implementation of the project?

10. How will you promote your project?

11. How will you evaluate the outcomes your project is working towards?

12. How can the impact of your project be sustained in your community once the funding has ended?





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**SECTION 3- Read and sign the declaration**

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The Department of Community Services (DCS) funding may be used only for the activities specified in this application.

Once DCS has agreed to provide financial assistance, no substantial change in these activities shall be made without the consent of DCS and it shall be at the discretion of DCS to determine what constitutes substantial change in each case.

DCS reserves the right to determine the extent and type of information required to support payment of the grant. Further, DCS may require that an audit be undertaken to verify the purposes for which Government funds have been utilized. Any funding not used for these purposes must be returned to DCS or become a debt due to the Province of Nova Scotia. The organization/group is wholly responsible for its own debts. DCS will not consider any application to pay debts.

If any part of this funding is used to pay salaries or honoraria, federal and provincial laws concerning salaries and source deductions must be applied (e.g. deductions for income tax, unemployment insurance, etc.)

Expenses are ineligible if incurred before a Funding Agreement is signed with the Department of Community Services.

Whenever appropriate, public acknowledgement of funding by the Government of Nova Scotia is expected. Publications should clearly acknowledge the Government of Nova Scotia's assistance. A standard statement of acknowledgement is available on request.

The organization agrees to respect and apply the spirit and provisions of existing human rights legislation. Under the Freedom of Information and Protection of Privacy Act, members of the public may request and obtain access to information held in Provincial Government records. Should a request be received for information about this grant application, DCS may consult with you prior to disclosing any information. It should be noted, that personal information and certain third-party confidential financial information may be withheld.

When funding is approved, the amount of funding, the activities for which the funds were granted and the name of the organizations receiving the funding will be released.

**Read and Sign the Application**

I have read, understood, and agree to the terms and conditions listed above.

I certify that, to the best of my knowledge, the information provided in this grant application is accurate and complete and is endorsed by the organization/group that I represent, and that my organization meets the basic eligibility criteria of the Prevention Innovation Grant.

I also certify that if successful for funding my organization will abide by all terms and conditions herein which will form the agreement between the parties.

Board Chair

Executive Director

Name \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

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#### **SECTION 4 - Attach documents to support your application**

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Mandatory Requirement - Applications will only be processed once supporting documents are received. Check the boxes of all requirements and include them in your application package.

- Proof of Joint Stock Registration - to find and print, visit <https://rjsc.gov.ns.ca/rjsc/>
- Proof of \$2 million dollars liability insurance
- Most recent year-end financial statements with Notice to Reader
- Contact information for the Executive Director and Board of Directors.

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#### **SECTION 5 - Return the application form to us**

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If you have any questions about this application form please call 902-424-6841.

**SUBMIT TO:** Sarah Granke  
Specialist, Sexual Violence Prevention and Supports  
Department of Community Services  
P.O. Box 696  
Halifax, Nova Scotia B3J 2T7

**or**

Email: [strategy@novascotia.ca](mailto:strategy@novascotia.ca)

- *Email submissions in PDF format.*
- *File title should include organization name and be written in the following format: **ORGANIZATION\_SV\_PL\_1718.pdf***
- *If you are submitting more than one grant application, please delineate using numbers in the file name.*