



**HEALTH INVESTMENT FUND
APPLICATION FORM**

HEALTH AND SOCIAL SERVICES

Please fill out each part as completely as possible. If you want to send us more information, feel free to do so. You are welcome to telephone the Health Investment Fund Administrative Assistant at 1-800-661-0408, local 5689 (toll free) or 667-5689 (Whitehorse) if you have any questions.

Please complete this application form OR if you use a different format, ensure that all the following questions are answered. The application must be signed by an authorized official from the agency/group applying for funding.

1. APPLICATION INFORMATION

Name of Group _____

Address _____

Postal Code _____ Phone _____

Contact Person _____

If you are submitting this application with one or more other groups as part of a team, name the other organizations or individuals who are part of the team:

Very briefly, what is your organization's background and purpose? _____

2. TYPE OF ORGANIZATION APPLYING FOR FUNDING: (check one):

- _____ Non-profit society
- _____ local government
- _____ First Nation government
- _____ other government agency (describe): _____
- _____ other non-profit group (describe): _____

3. PROJECT OUTLINE:

Describe how the intended participants in your project have been involved in its planning:

Do you know of any other organization in your community that is working on the same aim as your project?

If so, how will you project relate to them?

If you expect your project to continue as an on-going activity once it gets started, how will you group be planning for the project's independence once you have used up your Health Investment Fund money?

4. Timeline:

When will the project start?

When will the project finish?

5. Budget

Show the total budget of your project, and where you propose the money will come from for each item (eg. Health Investment Fund, your local government, local business, your own group, another society, etc.) Break down the budget into individual items (eg. wages, rent, office supplies, specific equipment, etc.) Use a separate page if necessary.

Who will look after this project's money for you?

Name: _____

Telephone Number: _____

Declaration of Applicant

(authorized official from agency applying)

I am submitting this application for the purpose of obtaining financial assistance from the Yukon government. The statements herein and in all further submissions in regard to this application are, to the best of my knowledge, true and correct.

I submit that, to the best of my knowledge, all aspects of this proposed project will be in compliance with existing municipal, territorial and federal guidelines and laws.

I agree to allow representatives of the Yukon government access to the site and premises of the project described in this application, to inspect the books and records, to make inquiries and credit checks, and to obtain all other pertinent information necessary to evaluate this application.

Name of authorized official

Signature

Title of authorized official, if applicable

Date

Applications may be:

Mailed to:	Delivered to:	Faxed to:
Health Investment Fund Health & Social Services Box 2703 Whitehorse, Yukon Y1A 2C6	Health & Social Services 307 Black Street Whitehorse, Yukon	Health Investment Fund Health & Social Services 867-667-3096