



Health and Social Services

HEALTH INVESTMENT FUND APPLICATION FORM

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 contact the Health Investment Fund Administrator at 1.800.661.0408, local 6461 (toll free) or 867.393.6461 (Whitehorse), or email susan-anne.anderson@gov.yk.ca, if you have any questions.

Please complete this application from 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. APPLICANT INFORMATION

Name of Group: _____

Address: _____

Postal Code: _____ Telephone: _____

Contact Person: _____

Address: _____

Postal Code: _____ Telephone: _____

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

What is the aim and the desired outcomes of your proposed project?

(What do you plan to accomplish, and for whom in terms of age, sex, ethnic group, etc.): _____

Summarize how you plan to accomplish your desired outcomes. *(Attach a more detailed plan if necessary)*

At the end of the project, how will you assess how well you have achieved your desired outcomes?

What demonstrates that what you plan to do is both needed and wanted by the expected participants?

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 your project relate to them? _____

If you expect your project to continue as an on-going activity once it gets started, how will your 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 governments, a local business, your own group, another society, etc.). Break down the budget into individual items (eg. wages, rent, office supplies, administration costs, specific equipment, etc.). Use a separate page if necessary.

Item	Cost	Funding to come from:

If you are proposing to buy some equipment with money from the Health Investment Fund, explain why buying the equipment would be a better use of funds than renting or leasing it.

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

Name: _____

Telephone: _____

DECLARATION OF APPLICANT

(authorized official from agency applying)

I am submitting this application for the purpose of obtaining financial assistance from the Government of the Yukon. 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 Government of the Yukon 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, if applicable
(please print)

 Signature

 Title of authorized official, if applicable
(please print)

 Signature

Mail applications to:

Delivery applications to:

Fax applications to:

Susan-Anne Anderson Health Investment Fund Health & Social Services Box 2703 (H-1) Whitehorse, YT Y1A 2C6	Susan-Anne Anderson Health Investment Fund Health & Social Services Crocus Ridge Building Suite 210, #1 Hospital Road Whitehorse, YT Y1A 3H7	Susan-Anne Anderson Health Investment Fund Health & Social Services 867.667.3096
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