



Health and Social Services

PROFESSIONAL DEVELOPMENT FUND APPLICATION FORM

Please complete this application form OR if you use a different format, ensure that all the following questions are answered. If you want to send us more information, feel free to do so. You are welcome to contact the Professional Development Fund Administrator at 1.800.661.0408, local 6461 (toll free) or 867.393.6461 (Whitehorse), or email at susan-anne.anderson@gov.yk.ca, if you have any questions..

Part One

AGENCY INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Is your organization a (check one):

non-profit society

First Nation government

professional association

Yukon government

private agency

What is the general purpose of your organization?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Part Two

PROPOSAL INFORMATION:

1. Project Title? \_\_\_\_\_

2. Outline your training proposal and the desired outcome(s).

2.1 What do you plan to do?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.2 How do you plan to do this?

*(What resource people are needed? Please provide information about the resource people)*

---

---

---

---

2.3 What are the anticipated results?

---

---

---

---

3. How does your project link to the objectives of this funding program?

---

---

---

---

---

**Part Three**

**PARTICIPANT AND COMMUNITY BENEFITS:**

1. Who will participate in the project?

---

---

---

Describe the area of work that participants are generally involved in and who they deliver services to:

---

---

---

---

---

2. Are other groups/agencies involved in, or co-sponsoring this project?  No  Yes

If yes, please list the agencies and describe their role in the project.

---

---

---

3. What demonstrates that this project is needed by the participants and community?

---

---

---

---

4. Where will the project take place? \_\_\_\_\_

5. What is the project start date? \_\_\_\_\_

6. What is the project end date? \_\_\_\_\_

**Part Four**

**FINANCIAL INFORMATION:**

<b>Expense/Item description</b>	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL Expenses</b>	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL Revenues</b>	
	\$ _____

2. What is the total request for funding from the Professional Development Fund?  
(Note the cost-share requirement for certain sponsoring agencies.)

\$ \_\_\_\_\_

## DECLARATION OF APPLICANT

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  
(please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date  
(please print)

Mail applications to:	Delivery applications to:	Fax applications to:
Susan-Anne Anderson Professional Development Fund Health & Social Services Box 2703 (H-1) Whitehorse, YT Y1A 2C6	Susan-Anne Anderson Professional Development Fund Health & Social Services Crocus Ridge Building Suite 210, #1 Hospital Road Whitehorse, YT Y1A 3H7	Susan-Anne Anderson Professional Development Fund Health & Social Services 867.667.3096