

1 Give your program information

Name of seniors' safety program: _____

Name of the non-profit society: _____

Civic address: _____

_____ Postal code: _____

Mailing address (if different): _____

_____ Postal code: _____

Contact Person: _____

Registry of Joint Stocks non-profit society ID#: _____

Geographic area covered by the seniors' safety program: _____

2 Give an overview of your program

In 200 words or less, give an overview of your program. Include the following information:

- brief description of the range of services
- how seniors have informed or are leading the proposed activities
- how the diversity of seniors has been considered
- what overall outcomes you hope to achieve
- how many seniors you hope to have a positive impact on through all program activities and services

Overall description of program:

3 Give details of planned activities

Give details of three to five activities (*in 200 words or less for each activity*), planned for your program that the Senior Safety Grant will support. Include the following information:

- brief description of the activity
- target group and how participants will be recruited
- how you determined the need for the activity
- what outcomes you hope to achieve
- how you will measure whether your outcomes have been achieved
- how many seniors you hope to have a positive impact on

Activity 1: _____

Activity description:

Activity 2: _____

Activity description:

Activity 3: _____

Activity description: _____

Activity 4: _____

Activity description: _____

Activity 5: _____

Activity description: _____

4 Give a snapshot of your activities for the year

	LIST ALL PROJECTED ACTIVITIES WITH LOCATIONS AND DATES, IF KNOWN
WINTER	
SPRING	
SUMMER	
FALL	

5 Set out your budget

Budget item	Calculated cost (specify cost, give hours per week, hourly rate, monthly cost, number of occasions, etc.)	Amount requested from Senior Safety Grant (up to \$20,000)*	Amount from other sources, cash only, and whether anticipated or confirmed	Total cost
Salary – Program Coordinator only				
Professional Dev. – Program Coordinator only (\$800 maximum)				
Travel – Program Coordinator at .4015/km				
Facilities Rental – space for activities				
Office equipment specific to the program – phone, fax, copier, internet, etc.				
Materials and supplies – office and program supplies				
Translation – program materials or publications				
Hospitality – food and beverages for activities				
Honoraria – guest speakers for seniors				
Other (specify)				
Total Expenses				

***Notes:** You must submit mid-year and year-end proof of expenditures.

Any unspent or undocumented funds from previous **Senior Safety Grants** will be deducted from this grant.

6 Set out your partners and in-kind support

List key partners directly involved in your program:	Describe the nature of the partnership and any funding or in-kind contributions anticipated:	Estimated \$ value:
Total in-kind support		\$

7 Describe how you plan to keep your program going and growing

How do you plan to sustain and enhance your services for a growing senior population through new funding, in-kind sources, and partnerships?

8 Attach supporting documents

- Proof of registration with Registry of Joint Stocks including list of Board of Directors
- Letter of support from your target group
- Letter of partnership from local police agency
- Letter of support from your community
- Written quote for any proposed purchases or facility rentals
- Other:

9 Sign the certification and consent

I certify that the information I have provided on this form is complete and accurate.

I certify that I have the legal authority to sign this application.

I certify that the applicant is registered with the Registry of Joint Stocks under the *Societies Act* (or is in the process) and is (or will be) legally able to enter this contract before funds are released.

I certify that, if approved, the funds will be spent solely on the activities described in this application.

I certify that senior safety coordinators and program volunteers who work directly with seniors have or will undergo a Criminal Records Check and a Vulnerable Sector Search.

I understand that is the responsibility of the applicant, if approved for funding, and its insurance advisors to determine appropriate coverage and limits, including commercial general liability insurance against claims for personal injury, death, or damage to property of others, arising out of all operations of the applicant, or any of its officers, employees, agents or contractors or any errors and omissions or professional liability insurance, if required.

I understand that the Province has the authority to verify all information pertaining to this application.

I understand that the Province reserves the right to review and inspect funded projects and related documentation both during the course of the project and after its completion.

I understand that if the applicant fails to meet the definition of a Seniors' Safety Program [as set out in Guidelines for Applicant], or is in default or failure of any of its obligations under this contract, the Province may terminate this contract and the applicant must immediately repay any unspent monies or monies that were used outside the terms of this grant.

I understand that the Province's responsibility is limited to providing financial assistance and that the Province shall not be liable for any injury to or loss or damage suffered by the applicant, its officers, employees, agents, clients or contractors, including (without limitation) death or economic loss, caused by or in any way related to the carrying out of the Project.

I understand that the Department of Seniors is a public body and must comply with the *Freedom of Information and Protection of Privacy Act*, R.S.N.S. 1993, c.5, and that the Province is not able to guarantee confidentiality of any documents submitted to and accepted by the Province. I further understand that all documents submitted to the Province may be found to be in the custody of or under the control of the Province and will be subject to the privacy and disclosure provisions of the *Freedom of Information and Protection of Privacy Act*.

I understand that nothing in this contract creates any undertaking, commitment or obligation by the Province respecting additional or future funding for the Program or any activities, enterprises or projects related to or arising out of the Program.

I understand that this contract applies from January 1 to December 31 of the calendar year following the approval of this grant.

I consent to my contact information being made available to the public in press releases and publications and on the Department of Seniors website.

Name (please print): _____ Position or title: _____

Signature: _____ Date: _____

Witness (please print): _____ Date: _____

Witness Signature: _____

10 Send this form and attachments to us by the deadline

Department of Seniors
Dennis Building, 4th Floor
1740 Granville St.
Halifax, NS B3J 2Z1

Questions? Call 1-800-670-0065

Office use only

Application Number: _____

Date Received: _____