



HEALTH AND SOCIAL SERVICES

Health & Social Services
PROFESSIONAL DEVELOPMENT FUND
Application Form
(revised April 2000)

Applications may be

mailed to:

Health & Social Services
Box 2703
Whitehorse, Yukon
Y1A 2C6

delivered to:

Health & Social Services
307 Black Street
Whitehorse, Yukon

or faxed to:

Health & Social Services
(867) 667-3096

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 sponsoring agency.

Part One

APPLICANT INFORMATION (sponsoring agency)

Name_____

Address_____

Postal Code_____

Phone_____

Contact Person_____

Is your organization a (check one):

non-profit society professional association private business

First Nation government

What is the general purpose of your organization?

Part Two

PROPOSAL INFORMATION

1. Project Title _____

2. Outline your professional development proposal and the desired outcome(s)?

2.1 What do you plan to do?

2.2 How do you plan do to this? (What resource people are needed? Please provide information about the resource people.)

2.3 What are the anticipated results that address service delivery?

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. 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	
Item description	Costs
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL Expenses	\$ _____
Revenues	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL Revenues	\$ _____
	—

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
(authorized official from sponsoring agency)

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, and to obtain all other pertinent information necessary to evaluate this application.

 Name of authorized official

 Signature

 Date