



# Community Initiatives Program

## APPLICATION FORM

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| Community:  |  |
| Contact Person:   |  |
| Mailing Address:  |  |
| Telephone:  | Fax:                      Email:   |
| Project Title:  |  |
| <b>Brief Description of Project:</b>  |  |
| Is this a new project (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| Is this a continuing project? <input type="checkbox"/> Yes <input type="checkbox"/> No        |  |
| Did you apply for funding last year? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Time Frame:   |  |
| How much funding do you need to run your project?   | How much are you requesting from the Recreation & Sport Contributions Program? |
| \$ _____  | \$ _____   |

## Community Initiatives Program

1. What is the goal of your project?

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2. The intent of this program is the development of programs that address community priorities in the areas of families and youth, healthy lifestyles and safety education with a special emphasis on active living. How will this project contribute to this intent?

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3. What kind of objectives will help you reach your project goal(s)?

**Objective:** a statement that describes how your program will achieve your goal.

**Some examples:** to teach youth a new skill, to travel to another community, to provide youth with a safe environment to play in, etc.

*Objective 1:*

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*Objective 2 (if applicable):*

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*Objective 3 (if applicable):*

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4. Provide a detailed description of your project activities below

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5. Please explain how you will evaluate your project when it is completed

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**BUDGET: Provide all revenues and expenditures (Include those that apply)**

**Revenue**

Community Initiatives Program  
Contribution Amount

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**Expenditure**

(Transportation, accommodations,  
equipment, Honorariums, etc.)

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**Other Revenues**

(Fees, funding sources,  
fundraising, etc.)

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**Total Revenue**

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**Total Expenditure**

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**SIGNATURES**

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

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***Office Use Only***

**Please submit this application to the Municipal and Community Affairs  
Office in your region for review.**

RDO Approval: \_\_\_\_\_ Date: \_\_\_\_\_

## Regional Municipal and Community Affairs Staff

Submit your final report to your regional MACA office as follows

North Slave Region  
Senior Recreation Development Officer  
Box 1320  
Yellowknife NT X1A 2L9  
Phone: 867-392-6328  
Fax: 867-392-6312  
E-mail: [Benji\\_Straker@gov.nt.ca](mailto:Benji_Straker@gov.nt.ca)

Inuvik Region  
Senior Recreation Development Officer  
Bag Service No. 1  
Inuvik NT X0E 0T0  
Phone: 867-777-7312  
Fax: 867-777-7352  
E-mail: [Yvonne\\_Carpenter@gov.nt.ca](mailto:Yvonne_Carpenter@gov.nt.ca)

Sahtu Region  
Senior Recreation Development Officer  
BOX 70  
Norman Wells NT X0E 0V0  
Phone: 867-587-7116  
Fax: 867-587-2044  
E-mail: [Conan\\_Donahue@gov.nt.ca](mailto:Conan_Donahue@gov.nt.ca)

Deh Cho Region  
Senior Recreation Development Officer  
Box 240  
Fort Simpson NT X0E 0N0  
Phone: 867-695-7224  
Fax: 867-695-2029  
E-mail: [Shane\\_Thompson@gov.nt.ca](mailto:Shane_Thompson@gov.nt.ca)

South Slave Region  
Senior Recreation Development Officer  
Box 283  
Fort Smith NT X0E 0P0  
Phone: 867-872-6533  
Fax: 867-872-6526  
E-mail: [Colin\\_Macpherson@gov.nt.ca](mailto:Colin_Macpherson@gov.nt.ca)