

Crime Prevention & Victim Services Trust Fund (CPVSTF)

- ⇒ Please read through this package to see if your project fits the criteria and call the Funding Administrator at 1-800-661-0408 ext. 5367, or 667-5367, or email crimeprevention@gov.yk.ca with any questions.
- ⇒ Be sure to check that you have no overdue money or obligations (including outstanding contribution agreements or project evaluations) that are owed to the Government of Yukon or the Crime Prevention and Victim Services Trust Fund.
- \Rightarrow All applications must be typed or clearly printed using black ink. Attachments should be on 8 ½" x 11" paper, single sided.
- ⇒ Your idea fits the criteria for the Crime Prevention Victim Services Trust Fund, please ensure that the following are attached to your application:
 - ✓ Proof of fundraising
 - ✓ Letters of Support
 - ✓ Partnerships/links with other organizations
- \Rightarrow Submit completed Application to:

Crime Prevention and Victim Services Fund (J-10) Box 2703 Whitehorse, Yukon Y1A 2C6 Fax 1-800-393-6326

Applications may also be dropped off at:

Fund Administrator Crime Prevention & Victim Services Trust Fund 301 Jarvis Street (@ Third) Prospector Building (Second Floor) Whitehorse

Crime Prevention and Victim Services Trust Fund

WHY WAS THE FUND CREATED?

- \Rightarrow To promote and provide Yukon services intended to reduce the episodes of crime
- \Rightarrow To promote and provide services intended to prevent violence against women and children
- \Rightarrow To promote and provide services intended to address the root causes of criminal behavior
- \Rightarrow To provide, publicize and promote information on:
 - ✓ Crime prevention
 - ✓ Protecting oneself from victimization
 - ✓ The needs of victims
 - ✓ Services offered to victims

WHEN ARE THE DEADLINES?

- \Rightarrow Twice a year:
 - \checkmark March 1st- Spring deadline @ 4:30 p.m.
 - ✓ September 1st- Fall deadline @ 4:30 p.m.

(If these dates fall on a weekend the deadline will be the following business day)

- ⇒ Ensure that your project/organization is eligible for funding (organizations are only eligible for funding <u>once</u> per fiscal year the fiscal year being April 1st to March 31st).
- \Rightarrow Late applications will not be considered

WHAT CAN YOU USE THE MONEY FOR?

- \Rightarrow Administrative costs (printing, photocopying, office/program supplies and materials)
- \Rightarrow Equipment up to a maximum of %10 of the total costs of the proposal
- ⇒ Sport, playground or recreational equipment (meaning equipment to complete arts, social or sports events)
- ⇒ Travel within the Yukon including (actual costs for gas, accommodation, meals up to \$45.00 per day, air fares or to bring a facilitator/leader to the Yukon when equally qualified local persons are unavailable)
- \Rightarrow Actual costs of wages, salaries, honoraria and professional fees (up to \$200 per day per individual)

Do not staple

- \Rightarrow Actual costs of trades labor up to the rates as set out in the Yukon Fair Wages Schedule (copies of this schedule can be obtained upon request)
- \Rightarrow Rental or lease of premises
- \Rightarrow Constructing or renovating of buildings up to a maximum of %50 of the total costs
- \Rightarrow Utilities
- ⇒ Advertising and promotion of the project (production of pamphlets, posters, manuals or other educational/informative materials)

WHAT HAPPENS AFTER YOU APPLY?

Your application will be reviewed and you will be contacted within 4-6 weeks from the deadline to let you know if your project is going to be funded and if not, why.

WHAT TYPES OF COSTS ARE NOT ELIGIBLE?

- \Rightarrow Core or ongoing Operation and Maintenance funding
- \Rightarrow Feasibility studies/needs assessments
- \Rightarrow Travel outside of the Yukon
- \Rightarrow Projects duplicating areas of responsibility or existing government programs
- \Rightarrow Retroactive funding or projects/proposals that have already taken place
- \Rightarrow Private business
- \Rightarrow Fundraising events
- *Sorry but individuals and businesses are not eligible.

Detach these guidelines from the application

C.P.V.S.T.F. **APPLICATION FORM**

1. APPLICANTS INFORMATION

Name of Group/Organization:	
Project Name:	
Mailing Address:	
Postal Code:	E-mail Address:
Contact Person:	Fax:
Telephone: (Days)	(Evenings)
Are you a (check one):	
() non-profit society	
() First Nation government	() local government

- () charitable organization () school committee/council

() Other (describe)

What is your organization's background and purpose?

2. WHERE DOES YOUR PROJECT FIT WITHIN THE FUND GUIDELINES?

Check off which category or categories your proposal best fits into and describe how it fits.

- () 1. Promote and provide services intended to reduce the incidence of crime
- () 2. Promote and provide services intended to prevent violence against women and children
- () 3. Promote and provide services intended to address the root cause of criminal behavior
- () 4. Provide, publicize and promote information on:
 - \Rightarrow Crime prevention
 - \Rightarrow protecting oneself from victimization
 - \Rightarrow the needs of victims
 - \Rightarrow services offered to victims

3. WILL PARTNERSHIP BE FORMED?

Do you know of any organization that is working on projects with the same purpose? If so, please list them and provide any partnership details that may occur.

4. WHAT ARE YOU PLANNING ON DOING AND WHEN ARE YOU GOING TO DO IT?

Please describe your project in detail with timelines and include your related goal(s) and how you plan to accomplish your desired outcomes.

5. WHAT IS YOUR PROJECT GOING TO COST? (Expenses please

provide details on a separate attachment for each expense item(s) for which you are requesting funding for. See definition of costs in guidelines)

	Total Cost	Request from CPVSTF
ADMINISTRATIVE COSTS	\$	\$
EQUIPMENT (List unit cost & provide quotes)	\$	\$
TRAVEL	\$	\$
WAGES/HONORARIUMS	\$	\$
RENTAL/LEASE	\$	\$
CONSTRUCTION/RENOVATION	\$	\$
UTILITIES	\$	\$
ADVERTISING	\$	\$
OTHER (provide details)	\$	\$
TOTAL REQUESTED FROM CPVS	STF	\$
TOTAL PROJECTED EXPENSES		\$

HOW MUCH MONEY DO YOU HAVE? (<u>Revenues</u> Please note whether or not the funding is confirmed)

FUNDRAISING	\$
DONATIONS/CONTRIBUTIONS	\$
PARTICIPATION FEES	\$
GRANTS FROM OTHER SOURCES	\$
IN-KIND (Describe type and details)	\$
REVENUE (Other)	\$
CPVS TRUST FUND REQUEST (as stated above) TOTAL PROJECT INCOME	\$ \$

6. WHAT DO YOU WANT TO SEE AS THE OUTCOME?

What would success mean for this project?

How are you planning on measuring this success?

7. SUSTAINABILITY

If you expect your project/proposal to continue as an on-going activity, once it gets started, how do you plan to continue once you have used any monies granted from CPVSTF?

DECLARATION

In making this application. We the undersigned, declare to the best of our knowledge, the information contained in this application is correct and all items of required information are enclosed. Further, should our request be accepted in part or in whole, that the funds granted will be used for the above stated purpose and that we will comply with all terms and conditions as outlined.

Signature

Date