

# NORTHERN HEALTHY COMMUNITIES FUND

## CAPACITY BUILDING

**Adobe Reader 8.0+ is required to complete this application form.**

If you are using an earlier version, you will not be able to save any information you enter into the form. Adobe Reader is a free download available at: <https://get.adobe.com/reader>



**+ Please ensure documents are downloaded and saved to your computer desktop prior to entering any information. If opened and completed within your internet browser, any information entered will not be saved.**

### 1. Project Name

Project name:

### 2. Applicant Profile

Applicant organization (legal name):	Non-profit society registration number: <i>(if applicable)</i>
Mailing address:	Telephone:
Email:	Website (URL):

### 3. Primary Contact Information

Primary contact (for this application):	Position/title:	
Email:	Primary phone number:	Secondary phone number:

### 4. Project Location and Resolution

✦ Please refer to the [Application Guide](#) for eligible applicants and project locations.

Local Government or Indigenous Nation the project is located within:	Name of the appropriate local government or Indigenous Nation providing the resolution of support:
Municipality (city, town, village or regional district):	If regional district, electoral area:
Indigenous Nation:	
Has the resolution of support been secured? ✦ Refer to the <a href="#">Application Guide</a> for sample resolution wording.	
<b>Yes;</b> attached to application	<b>No;</b> date resolution of support is expected to be secured:

### 5. Project Timeline

How many years are you applying for?		
1 year	2 years	3 years
✦ If not applying for Year 2, or Year 3, ignore corresponding fields in this form and attachment.		
Stage of project:	Scheduled date (dd-mmm-yyyy):	
Forecasted project start date – Year 1		
Forecasted project completion date – Year 1		
Forecasted project start date – Year 2		
Forecasted project completion date – Year 2		
Forecasted project start date – Year 3		
Forecasted project completion date – Year 3		

**6. Project Overview**

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The NHCF is intended to support projects that help respond to the changes resulting from rapid economic growth from the LNG Canada or Coastal GasLink projects. Projects must fit within an identified project category to support services the applicant offers to the community.

Please select the priority category(s) that your project is addressing:

Housing and wraparound services

Health support services and addiction counseling

Emergency Services

Victim services, violence against women prevention or support services, Indigenous peoples support services for on and off-reserve members

Childcare

Small Business Recruitment, retention and resiliency

Local and Indigenous Nation government capacity and support

Enter a brief description of the project, including the scope and objective/outcome:

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Explain how the project will meet an imminent need to support community adjustment to significant growth and have a positive impact on the community:

Describe how the project meets the objective of the NHCF to support healthy, sustainable, and resilient communities facing rapid and large-scale economic development and growth from LNG development and associated need for social services:

Explain how the project focuses on new or expanded (i.e. incremental to existing) service delivery:

### 7. Mandatory Key Deliverables

★ *The applicant will be required to report on these at project completion, of each year, to demonstrate the success and benefits of the project.*

#### Additional people the project will support/serve

# of people currently supported/served:	Projected # of people the project will provide support/services to:		
	Year 1	Year 2	Year 3
Briefly describe how the project will provide support/services:			
Describe how the applicant will track this information to ensure the accuracy of reporting on this key deliverable:			

#### Communities the project will serve with additional capacity

# of communities currently served:	Projected # of communities the project will serve with additional capacity:		
	Year 1	Year 2	Year 3
Please list the communities that are currently served:			
Please list the communities that will be served by this project:			
Describe how the applicant will track this information to ensure the accuracy of reporting on this key deliverable:			

### 8. Additional Key Deliverables

✦ Applicants **MUST** complete a minimum of one additional key deliverables section. Additional key deliverable(s) must be quantitative. The applicant will be required to report on these at project completion, of each year, to demonstrate the success and benefits of the project.

#### Additional programs offered by the applicant

# of programs currently offered:	Projected # of programs the project will offer:		
	Year 1	Year 2	Year 3
Please describe the programs that will be offered by this project:			
Describe how the applicant will track this information to ensure the accuracy of reporting on this key deliverable:			

#### Additional key deliverable (1)

What will you be measuring?			
Current measurement:	Year 1 Projection:	Year 2 Projection:	Yea 3 Projection:
Describe how the project will result in an increase in the key deliverable you have chosen:			
Describe how the applicant will track this information to ensure the accuracy of reporting on this key deliverable:			

#### Additional key deliverable (2)

What will you be measuring?			
Current measurement:	Year 1 Projection:	Year 2 Projection:	Yea 3 Projection:
Describe how the project will result in an increase in the key deliverable you have chosen:			
Describe how the applicant will track this information to ensure the accuracy of reporting on this key deliverable:			

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### 9. Project Budget and Funding Request

Total eligible project budget: <i>(as per <a href="#">Project Budget Template</a> – Summary tab – blue value)</i>	Total funding request (grant): <i>(as per <a href="#">Project Budget Template</a> – Summary tab – green value)</i>
\$	\$ ★ Maximum \$300,000.

### 10. Attachments

Check all documents that are applicable and attached to this application:

Document name:
Detailed project budget using Northern Development’s <a href="#">Project Budget Template</a> <i>(required; in excel format)</i>
Detailed quotes <i>(if quote cannot be obtained, a detailed breakdown is required)</i>
Verification of approval from other funding sources <i>(e.g. approval letter or contract)</i>
Local government or band resolution of support
If applicable: Society certificate of incorporation <i>(required for not-for-profit applicants)</i>
If applicable: Copy of job description and work plan
If applicable: Letter(s) of support
Other:
Other:
Other:
Other:

### 11. Authorization

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I have read and understand the [Application Guide](#) and confirm that all the required information has been completed in this form, and required attachments are being submitted.

I understand that Northern Development has the right to discard incomplete applications.

I confirm that the information in this application is accurate and complete, and that the project proposal, including plans and budgets, is fairly presented.

I agree to enter into an agreement with Northern Development prior to commencing the project. Project costs incurred by the Applicant in the absence of a signed agreement are at the sole risk of the Applicant and any such costs may be considered ineligible for reimbursement.

I agree that once funding is approved, any change to the project proposal will require prior approval of Northern Development.

I also agree to submit reporting materials as required by Northern Development.

I understand that the information provided in this application may be accessible under the Freedom of Information (FOI) Act.

I agree to acknowledge funding by Northern Development, where applicable.

I authorize Northern Development to make enquiries, collect and share information with such persons, firms, corporations, federal and provincial government agencies/departments and non-profit organizations, as Northern Development deems necessary for decision, administration, and monitoring purposes for this project.

I agree that information provided in this application may be shared with the Northern Healthy Communities Fund Advisory Committee, Northern Development board of directors, Northern Development staff, and consultants.

Name (organization signing authority): ✦ Please type name.	Position/title:	Date (dd-mmm-yyyy):
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### 12. Submitting Your Application

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Completed funding applications (with all required attachments) should be provided electronically to Northern Development by email to [NHCF@northerndevlopment.bc.ca](mailto:NHCF@northerndevlopment.bc.ca).

✦ Please submit this Application Form and all attachments in one email; do not scan this form.