**Age-Friendly Newfoundland and Labrador Communities Program**

**Stream 1 – Planning**

**Application**

Alternate formats available upon request.

# Project Identification

# Title: Click or tap here to enter text.

# Lead Applicant

# Name of Applicant: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

# Eligible Organization Type: Choose an item

# Lead Applicant Contacts

# Primary Contact Name: Click or tap here to enter text.

# Primary Contact **Phone Number:** Click or tap here to enter text.

# **Primary Contact Email Address:** Click or tap here to enter text.

# Secondary Contact Name: Click or tap here to enter text.

# Secondary Contact **Phone Number:** Click or tap here to enter text.

# **Secondary Contact Email Address:** Click or tap here to enter text.

# Age-Friendly Milestones

Many communities in Newfoundland and Labrador have already started the process of becoming more age-friendly. Please indicate below if your community has achieved any of the following milestones:

[ ]  Established an advisory committee that includes the active engagement of older adults. An existing committee can also take on this mandate.

[ ]  Secured a local municipal council resolution to actively support, promote and work toward becoming more age-friendly.

[ ]  Established a robust and concrete plan of action that responds to the needs identified by the community.

[ ]  Demonstrated commitment to action by publicly posting the action plan.

[ ]  Committed to measuring activities, reviewing action plan outcomes and reporting on them publicly.

# Community Assessment

A community assessment will help you determine where your community stands today in terms of age-friendliness, and how it can improve. The assessment will help: identify and celebrate existing age-friendly features and assets in your community; identify the organizations and sectors of your community that are champions in age-friendliness; determine where your community has opportunities to be more age-friendly; identify barriers to age-friendliness in your community; and engage members of the community.

Describe how you will complete an age-friendly community assessment, including start and end dates. Methods may include surveys, town hall meetings, focus groups, written submissions, phone submissions, etc.

Click or tap here to enter text.

# Action Plan

With the age-friendly assessment complete, your community will now have a better understanding of its age-friendly strengths, assets, and opportunities for improvement. Using the assessment results, your community can now develop and implement an action plan for making the community more age-friendly. An action plan will determining specific, tangible actions that can be taken to become more age-friendly; set high priority actions, as well as short and medium term actions; and giving community members the opportunity to become age-friendly leaders.

Describe how you will develop an action plan based on your community assessment results, including start and end dates.

Click or tap here to enter text.

# Community Partners

# List all confirmed partners (e.g. businesses, local health authorities, educational institutions, Indigenous organizations, senior serving organizations, recreation committees, chambers of commerce, community organizations, faith-based institutions, police services, etc.). Please include letters of support from partners indicating the specific role they will play.

# Click or tap here to enter text.

# Engagement of Seniors

Describe how seniors will be involved in the process, including your age-friendly committee, your community assessment and the development of your action plan.

Click or tap here to enter text.

# Monitor Age-friendly Progress

Your community will want to know how implementation of the action plan is proceeding. Is the community realizing its goals? Is it becoming more age-friendly? You can plan for assessing progress by building targets and measures into the action plan. This will make it easier to evaluate success down the road, and enable your community to adjust plans accordingly.

Click or tap here to enter text.

# Additional Information

Please share any other information you think may help support your application.

Click or tap here to enter text.

# Budget

| **Item** | **Cost** | **Amount****Requested** |
| --- | --- | --- |
| **REVENUES**List all revenue sources for the project |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **TOTAL - REVENUES** | Click or tap here to enter text. | Click or tap here to enter text. |
| **EXPENSES**Please list items and provide a detailed description. |
| **Cash Expenses** |  |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Subtotal – Cash Expenses** | Click or tap here to enter text. | Click or tap here to enter text. |
| **In-kind Expenses** |  |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Subtotal - In-Kind Expenses** | Click or tap here to enter text. | Click or tap here to enter text. |
| **TOTAL - EXPENSES** | Click or tap here to enter text. | Click or tap here to enter text. |

1. **Required Documents**

Please ensure you have reviewed the program guidelines to verify eligibility and appropriate funding stream. Please provide the following documents, as applicable:

[ ]  Municipal council resolution to actively support, promote and work toward becoming more age-friendly

[ ]  Letters of support from partners indicating how they will work with you;

[ ]  Additional documents to support your application (optional).

# Conditions

The Department of Children, Seniors and Social Development (CSSD) funding may be used only for the purposes specified in this application. Once CSSD has agreed to provide financial assistance, no substantial change in these activities shall be made without the consent of CSSD and it shall be at the discretion of CSSD to determine what constitutes substantial change in each case. CSSD reserves the right to determine the extent and type of information required to support payment of funds. Further, CSSD may require that an audit be undertaken to verify the purposes for which Government of Newfoundland and Labrador funds have been utilized. Any funding not used for these purposes must be returned to CSSD or become a debt due to the Crown. The community/group is wholly responsible for its own debts. CSSD will not consider any application to pay debts. If any part of this funding is used to pay salaries or honoraria, federal and provincial laws concerning salaries and source deductions must be applied (i.e. deductions for income tax, unemployment insurance, etc.). Organizations acquiring assets purchased with Provincial Government funding through this program are required to transfer assets to the municipality should they dissolve.

1. **Access to Information and Protection of Privacy, Declaration, and Signature**

The personal information in this form is being collected under the authority of section 61(c) of the **Access to Information and Protection of Privacy Act, 2015** (Act), for the purpose of program administration and assessing the merits of each funding application.

Under the Act, members of the public may request and obtain access to information held in Provincial Government records. Should a request be received for information regarding this grant application, the Department will consult with you prior to disclosing any information. It should be noted that only personal information and third-party confidential financial information may be withheld.

When funding is approved, the amount of funding, the purpose for which the funds were granted and the name of the organization receiving the funding are considered public information.

If you have any questions about the collection, use and disclosure of your personal information, please contact CSSD’s Access to Information and Protection of Privacy Coordinator at ATIPP-CSSD@gov.nl.ca

I declare that:

[ ]  The information in this application and any accompany documents is true, accurate and complete.

[ ]  The application is made on behalf of the organization named with its full knowledge and consent.

[ ]  I have the authority to legally sign on behalf of the applicant named.

|  |  |
| --- | --- |
| Name: Click or tap here to enter text.  | Title: Click or tap here to enter text. |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |