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

**Stream 2 – Project**

**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 Assessment and Plan As outlined in the **2024-25 Age-Friendly Newfoundland and Labrador Communities Program Guidelines**, in order to be eligible for Stream 2, applicants must have completed an age-friendly assessment and action plan, or demonstrate that their municipal or equivalent plan, is inclusive of age-friendly domains.  Have you completed an age-friendly assessment and action plan or can you demonstrate that you municipal or equivalent plan is inclusive of age-friendly domains. Yes  No  **Please include a copy of your age-friendly assessment and action plan or documentation that clearly demonstrates your Municipal Plan or alternate local community planning documentation is inclusive of age-friendly domains.** |

# Age-Friendly Domains

Please indicate which age-friendly domain(s) your project will focus on:

Outdoor spaces and buildings

Transportation

Housing

Respect and social inclusion

Social participation

Communication and information

Civic participation and information

Community support and health services

What action(s) identified in your action plan will this project address?

# Click or tap here to enter text.

# Project Summary

Describe the project that you plan to complete. Please be as specific as possible and include start and end dates.

Click or tap here to enter text.

# Outcomes

What are the intended outcomes? What changes do you anticipate because of this project?

Click or tap here to enter text.

# Community Partners

# List all confirmed partners (e.g. other communities, 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 the participation by seniors in the project.

Click or tap here to enter text.

# Evaluation

How will you know if your project is successful? What tools will you use to track progress and evaluate the success of the proposed project?

Click or tap here to enter text.

# Sustainability

How do you plan to sustain the benefits of this project beyond the grant period?

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. |

# Required Documents

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

Copy of your age-friendly assessment and action plan or documentation that your municipal or equivalent plan is inclusive of age-friendly domains

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.

# 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |