

How to Apply to the Aboriginal Victims Support Grant Program

Step 1 - Read the Program Guidelines

Read the *Aboriginal Victims Support Grant Program Guidelines* to determine if your organization is eligible and if your project idea fits with the program objectives.

Step 2 - Contact the OVSS

Contact your OVSS Regional Program Consultant before you begin to fill out the application form. (See page 15 of the Guidelines for contact information.) The Regional Program Consultant will be able to provide details about the community information session that will be held in your area. Please advise the Regional Program consultant of any language interpretation or other accommodation needs which you may require to participate.

At the information session to be held in your area, OVSS staff will be able to answer questions about the program, explain expectations for applications, help to develop project ideas and be a general resource to assist you.

Step 3 – Complete the Application Form

Follow the instructions in the *Aboriginal Victims Support Program Guide to Completing Your Application* to ensure that you provide all the required information, have all the required attachments and include all required signatures to your application.

Step 4 – Submit your Application Package

Send two (2) originals of your application, containing original signatures, by mail or courier, with all required attachments, to the Regional Office in your area.

If possible, e-mail your application to the appropriate Regional Office on page 15 of the Program Guidelines.

New: Application period extended for the Aboriginal Victims Support Grant Program Interested applicants are now invited to submit a [letter of intent](#), a [draft proposal](#) or a final proposal no later than 5:00 p.m. October 31, 2008. Organizations that do not submit a letter of intent, a draft or final proposal by October 31, 2008, will not be eligible to apply. Final proposals must be received at the OVSS no later than 12 noon December 31, 2008.

Aboriginal Victims Support Grant Program Guide to Completing Your Application

Section A – Applicant Profile

Name of incorporated organization

You must provide the name on the incorporation or charitable registration documents. If this is a partnership or collaboration, please provide the information for the lead organization only.

Type of eligible organization

Select the category that applies to your organization. If you are applying as a partnership or collaboration, enter the information of the lead organization only.

The year founded and the date of incorporation

This information is found on your incorporation or charitable registration documents.

Section B – Project Profile

1. Project Overview

Tell us what you want to do with the grant in fifty (50) words or less:

- a) Include information on which of the eight (8) program objectives your proposal will address.
- a) Some projects will be directed at residents of a particular community, others at victims of specific types of crime. Identify the victims that your project is intended to assist.

2. Evidence of Need and Demand

Tell us why you believe this project will help Aboriginal victims of crime:

-) Explain why your project is important and clearly identify how it meets a need, develops a skill or builds on existing services, or solves a problem.
-) Provide relevant research or statistics to demonstrate the need for your project.
-) Identify all the geographic communities that will benefit from your project.

1. Project Workplan

Tell us how you plan to complete your project:

-) Describe all the activities and key steps.
-) Identify the job titles of the individuals who will be involved in undertaking the activities described. Include the names of partner organizations where appropriate.
-) Identify deadlines for your key steps.
-) Document the order in which activities will occur.
-) Identify the tangible outcomes of your project.
-) Provide an estimate of how many victims will benefit from or be involved in your project.
-) Describe the impact of your project on the communities identified in Section 2.

2. Results and Benefits

Tell us how you will know that your project has been successful:

-) Restate how the project is intended to benefit victims; and
-) Describe the actions you will take to determine if the project activities achieved the intended benefits.
-) Describe how your project will provide long-term benefits to victims of crime beyond the duration of the project funding?

3. Capacity to Complete Project

Describe the practices, procedures and experience that will enable your organization to carry out the activities of the project successfully:

-) Describe how your organization manages its finances and its activities and how you will ensure that this grant will be managed well.
-) Identify the individuals who will be responsible for the activities and the skills they have to carry out the activities.
-) If your project includes partners, list the roles and experience of each of the partners.

6. Capital Investments

- a) Explain why your project requires funds for capital investments in order to be successful.
- b) In order to receive funding for capital investments, organizations must demonstrate that purchases will be used on an ongoing basis. How will this capital investment benefit victims of crime on an ongoing basis?
- c) Organizations must also demonstrate that they will continue to use capital purchased with this grant to benefit victims of crime. How will your organization sustain the use of these capital investments to benefit victims of crime beyond the life of this project?

Section C – Project Budget and Expenses

Fill in all sections of the Budget Form.

Expenses

- Describe all of your estimated project expenses. All costs must be directly linked to the project activities.
- Provide as much detail as possible and ensure that costs are reasonable or explain unusual circumstances which may affect costs of specific activities or items.

Expenses Related to Capital Investments

- You will be expected to obtain and attach three (3) quotes for capital investment requests exceeding \$25,000.
- For capital investments that exceed \$5,000, please explain why the investment is necessary and how its use will be sustained on an ongoing basis.

Schedule of Positions and Salaries

- Identify all the staff positions that will be working on the project and estimate the percentage of their time allocated to this project.

Other Sources of Funding/Contributions

- If you, your partners or other funders are expected to contribute additional monies, the time of existing staff, space, or any other resources to this project please detail each contribution and its estimated value.

Section D – Statement By Applicant Organization

Results

Document the details of the project results and expected timeframes for achieving them.

Signatories

The application must be signed by the Board Chair/President/Chief *and* at least one (1) other person with signing authority for the organization.

For First Nations applicants, please also attach a Band Council resolution authorizing the application.

Ministry of the Attorney General

Aboriginal Victims Support Grant Program Application

Please read the Program Guidelines before filling out this form.

Answer **all** the questions. **Incomplete forms will not be accepted. You must use this form for your application.**

Language Preferred (please one language) English French Applying for Capital Investment

Section A Applicant Profile

Name of Incorporated Organization (*This organization will be responsible for the project and the legal agreement.*) _____ Application Date _____

Previous Name of Incorporated Organization (*If changed in the last five years*) _____

Street Address _____

Mailing Address (*if different from street address*) _____

City/Town _____ Postal Code _____
ON

City/Town _____ Postal Code _____
ON

Organization Telephone _____ Extension _____ Organization Fax _____
() - () -

Municipality/County/District _____

Name of President, Chair of the Board, Chief of Band _____

Title _____ Telephone _____
 Chair President Chief () -

Name of Executive Director or Equivalent _____

Title _____ Telephone _____
() -

E-mail Address _____

Web Site Address (*if available*) _____

Type of Eligible Organization

Year Founded _____

- Aboriginal Community
- Inuit Community
- First Nations Community
- Aboriginal Not-for-Profit Corporation
- Aboriginal Professional Association
- Aboriginal Human Services Organization
- Métis Charter Community Organization
- First Nations Police/First Nations Police Services Board

Date Incorporated (*mm/dd/yy*) _____

Corporation/Band Number (*as per Letters Patent*) _____

Project objective(s)

Please check all that apply.

- Help to integrate an understanding of Aboriginal justice systems in existing victim services programs and services.
- Improve the criminal justice system's understanding and integration of Aboriginal justice systems and perspectives.
- Increase the participation of Aboriginal victims in the justice system.
- Address the specific needs and unique situations of Aboriginal victimization.
- Build trusting relationships between Aboriginal organizations and the criminal justice system.
- Build the capacities of Aboriginal organizations and communities to respond to victims' needs.
- Expand the range and variety of culturally appropriate services available to Aboriginal victims.
- Reduce the over representation of Aboriginal people as victims in the criminal justice system.

Section A Applicant Profile

What is your organization's mandate and mission? (*Max. 40 words*)

Provide a brief description of the programs and services your organization provides. (*Max. 40 words*)

Section B Project Profile (Attach additional pages if needed)

Name of Organization		Name of Contact Person for this project
Position	Extension	E-mail Address
Telephone () -		

Project Name and Description – Please provide a description of your project including individuals to be served, main activities and results. **(Max. 40 words)**

Start Date (mm/dd/yy)	End Date (mm/dd/yy)
Duration in months	

Total Funding Requested (Should be the same as “Total Funding Requested” on the Project Budget Form, Section C) \$

Each of the following subject headings must be completed and submitted in the order listed below.

1. Project Overview

- a) What is the main purpose/goal of your project?

Section B Project Profile continued...

- c) List the geographical locations where your project will be implemented

3. Project Workplan

Describe your project in the following ways:

- a) What are the main activities of your project?

- b) Who will do the work?

Section B Project Profile continued...

c) What are the timelines for completing the work?

d) What steps are involved in completing the work (if not addressed above)?

e) What product(s)/service(s)/event(s) will be produced/delivered/held as a result of your project?

Section B Project Profile continued...

f) Approximately how many victims will be served by your project?

g) How will the community be affected by your project?

Section B Project Profile continued...

4. Results and Benefits

a) Describe the benefits to Aboriginal victims and communities that will be achieved by your project.

b) How will you know if your work is successful? How will you evaluate the results of your activities?

c) How will the project provide long-term benefits beyond the duration of the project funding?

Section C Project Budget and Expenses

Project Budget Form *(please provide details where appropriate)*

Expenses	Funding Request
Salaries and Benefits ¹	\$
Purchase of Services including:	
Consulting <i>(provide details)</i>	\$
Training <i>(provide details)</i>	\$
Translation <i>(provide details)</i>	\$
Printing <i>(provide details)</i>	\$
Promotion/Distribution <i>(provide details)</i>	\$
Evaluation Costs <i>(provide details)</i>	\$
Project-Related Travel <i>(provide details)</i>	\$
Materials including Project-Related Office Supplies <i>(provide details)</i>	\$
Additional Insurance <i>(if required)</i>	\$
Other <i>(provide details)</i>	\$
Capital Investments *	
Equipment/ Materials <i>(provide details)</i>	\$
Vehicle <i>(provide details)</i>	\$
New Building <i>(provide details)</i>	\$
Renovations <i>(provide details)</i>	\$
Total Project Costs	\$
Administration Costs ²	\$
Total Funding Requested ³	\$

¹ The Schedule of Positions and Applicable Salaries must be completed if you are requesting funding for salaries.

² Administration costs **cannot** exceed 15% of total project costs outlined above. Administration costs include facility related costs such as rent and telephone/data lines, and other general administrative costs associated with managing the project.

³ The total funding requested cannot exceed the maximums identified in the *Program Guidelines* (pg. 8).

* **You must attach 3 quotes to substantiate Capital Investment requests over \$25,000.**

NOTE: Please ensure that individual expenses add up to the total funding requested.

Schedule of Positions and Applicable Salaries

Position Title <i>(Please indicate if the position is for a new or existing staff person)</i>	% of Full Time <i>(100% equals full-time equivalent, 50% equals half-time equivalent, etc.)</i>	Salary/Wage Costs
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$

NOTE: Salary/wage total must equal salary/wage amounts reported on the Project Budget Form. Funding under the Aboriginal Victims Support Grant Program cannot be used to fund or supplement staff positions of individuals who are not part of the project team.

Other Sources of Funding/Contributions

Identify other sources of funding for your Project. List the sources and amounts. Indicate whether these contributions have been "Confirmed" or are "Anticipated".

Sources	Amount (\$)	Confirmed (\$)	Anticipated (\$)	Description
1.	\$	\$	\$	
2.	\$	\$	\$	
3.	\$	\$	\$	
4.	\$	\$	\$	
5.	\$	\$	\$	
6.	\$	\$	\$	
7.	\$	\$	\$	
8.	\$	\$	\$	
9.	\$	\$	\$	
10.	\$	\$	\$	

NOTE: If other sources of funding are only anticipated (not yet confirmed) please add a note explaining how you will continue to implement the project should the other funding not be received.

Section D Statement by Applicant Organization

On behalf of and with the authority of the Applicant, I/we certify that:

- a. The information given in support of this application is true, correct and complete in every respect;
- b. The Applicant has read, understood and agrees to abide by the Terms and Conditions governing the Aboriginal Victims Support Grant Program as outlined herein; and understands that grant funding will not be provided unless the applicant is successful and enters into a contract with the Ministry.
- a. The Applicant is aware that the information contained herein can be used for the assessment of Aboriginal Victims Support Grant eligibility and for statistical reporting;
- b. The Applicant understands that the information contained in this application or submitted to the Ministry in connection with the Aboriginal Victims Support Grant is subject to disclosure under the provincial *Freedom of Information and Protection of Privacy Act*;
- c. The Applicant has read and understands the information contained in the Aboriginal Victims Support Grant Program Application Form and applicable guidelines;
- d. The Applicant understands and acknowledges that the Ontario Victim Services Secretariat may amend or modify the end-results of the project and/or the Aboriginal Victims Support Grant amount as requested.

Results [e.g. product(s) produced, event(s) held] <i>(This information should clearly flow from your project work plan.)</i>	Timeframes

For the Applicant

Name of Chair/President/Chief of Incorporated Body <i>(print)</i>	Signature of Chair/President/Chief	Date <i>(mm/dd/yy)</i>
Name of Other Person with Signing Authority for Incorporated Body <i>(print)</i>	Signature of Other Person with Signing Authority	Date <i>(mm/dd/yy)</i>