

## **Healthy Children Initiative Application**

Qikiqtani Region Fax: (867) 473-2647 Fax: (867) 979-2517 Fax: (867) 645-2127 Fax: (867) 983-4025 Ph: 1-800-567-1514 Ph: (867) 975-5631 Ph: 1-867-645-8043 ECOQikiqtani@gov.nu.ca Due Dates: Application – March 15th Mid-term Report – October 31st Final Report – April 30th  Proposal Title  Sponsor Organization  Address  Community  Contact Person  Phone Number	<u>a</u>
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Sponsor Organization Address Community Contact Person Phone Number	
Address Community Contact Person Phone Number	
Community Contact Person Phone Number	
Contact Person Phone Number	
Phone Number	
E-mail Address	
Total Amount Requested	
Start Date of Project	
End Date of Project	
For Office Use Only:	
For all proposals to be approved, all proposals must follow the criteria of Healthy Children Initiative:	
Be for children 0 – 6 and their families, including the prenatal period.	
Be culture-based.	
Build on the existing strengths of the child, parent(s), family and community.	
Have an inter-agency approach.	
☐ Be community driven.	
Enhance existing programs or services.	
For Supportive Services funding, all proposals must also:	
Be for an individual child identified in writing by a health professional, as a child needing additional support.	
Approved: Yes  Total Amount Approved:	
No  Reason if not approved:	



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Tell us about your project (what is it about, what are the goals, why is it important, how it			
Tell us about your project (what is it about, what are the goals, why is it important, how it will improve existing program and services)			
Who is involved (who will participate, what groups/organizations are involved, what are their roles)			



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What facilities and equipment will be needed (where will the project be delivered, what				
equipment will be used)				
How are you going to know if the project is a success				
Other Comments				



**Detailed Budget for HCI funds** 

Detailed Badget for Fior railes			
Wages (state position, hourly wage, number of hours per day, number of days per week and number of weeks)		Approved Budget (for office use only)	
Mandatory Employment Related Costs (MERCs) – Maximum of 12%			
managery Employment related desic (market) maximum or 1270			
Equipment (list types of equipment and supplies/materials needed)			
Food (list examples of nutritious and/or country food)			
,			
Rental costs if applicable (list monthly rental and submit quote from landlord)			
Other (please specify)	<u> </u>		
Subtotal			
Administration (maximum of 10%)			
Total			