|  |
| --- |
| **Name and Address** |
| Today’s date: Name of organization:  | Who is managing the program? Who is delivering the program? To whom should the cheque be made out?  |
| Mailing address:  | Phone: Fax: E-mail:  |
| *If your funding is approved, you will receive your funding letter and cheque at the mailing address above. However, if you would like to receive the rest of your paperwork (report form and evaluation how-to-kit) by email, please check the box below:* [ ]  I want to receive my report form and evaluation how-to-kit by email.  |
| Name of person with family literacy training:  |
| Where were they trained?  | When?  |
| Information about your project |
| Program dates - if known. **Programs must be completed by March 31, 2019**.  |
| Number of weeks:  | Number of hours per week:   |
| Program location in the community (i.e. Friendship Centre, daycare):  |
| Maximum number of participants: Adults: Children:  |
| Which children/ families will benefit from this project? Please check all the boxes that apply.  Children/ Parents of children: [ ]  0-2 years [ ]  2-4 years [ ]  4-6 years [ ]  all the children in the community   |
| What kind of family literacy project will this be? Please check all the boxes that apply. [ ]  1-2-3 Rhyme with Me [ ]  Storytime Adventures [ ]  Books in the Home [ ]  Little Chefs [ ]  Storysacks [ ]  Science Fun  [ ]  Story Walks [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Please briefly describe your project.    |
| **Your partners** |
| Please list your partners and what they will do for the project.I.e. Daycare – will donate space for the program. |
| **Submit your application**  |
| If you need help with your application or have any questions, please contact us by phone, fax or E-mail. Return your form to: |
|  **NWT Literacy Council**  **Box 761**  **Yellowknife, NWT** **X1A 2N6**  |  **Phone: 1-867-873-9262** **Toll free : 1-866-599-6758**  **Fax: 1-867-873-2176** E-mail: christine@nwtliteracy.ca  |

#### Here is an example budget for a 6 week 1-2-3 Rhyme with Me Program

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Total** | **In Kind** | **Request** |
| **Space** |  |  |  |
| The location of your program should be free or available for a small donation | 400.00 | 400.00 |  |
|  |
| 2 facilitators x $200.00 each (Your facilitators may be volunteers, or their salaries may be covered by another program) | 400.00 |  | 400.00 |
|  |
| **Snacks**: coffee juice, snacks, cups, etc.$30.00 per week x 6 weeks(You may be able to get snacks donated by your local store) | 180.00 |  | 180.00 |
| **Client Transportation** - taxis(This may not be necessary if your agency has transportation available or if the participants do not need it). | 200.00 |  | 200.00 |
| **Childcare –** $20 per week x 6 weeks | 120.00 |  | 120.00 |
| **Photocopying** of rhymes, flyers, poster and pamphlets | 180.00 | 180.00 |  |
| New Program Costs |
| A new program takes extra time to organize. It’s important to allow for this cost. (Approx. $300 - $500) | 300.00 |  | 300.00 |
| Total  | $1780 | $580 | $1200 |

Please fill in **ONE** of the following budget forms: The one on this page or the one on page 6.

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget** | **Total** | **In Kind** | **Request** |
| **Space** |  |  |  |
|   |   |   |   |
|   |   |   |   |
| Salaries and Honoraria |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
| Materials and Supplies |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
| Other Costs (please list) |  |  |  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
| **Total** |   |   |   |

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget**  | **Total** | **In Kind** | **Request** |
| **Space:** |  |  |  |
| $ \_\_\_\_\_\_\_ per week x \_\_\_\_\_\_\_ weeks |   |   |   |
| Salaries and Honoraria: |
| Program planning, preparation and delivery:Number of facilitators x $ \_\_\_\_ /hour x \_\_\_ weeks  |   |   |   |
| Supplies and Refreshments: |
| **Snacks**: coffee juice, snacks, cups, etc.$ \_\_\_\_\_\_ per week x \_\_\_\_\_\_ weeks |   |   |   |
| **Client Transportation** (taxis)$ \_\_\_\_\_\_ per week x \_\_\_\_\_\_ weeks |   |   |   |
| **Childcare**$ \_\_\_\_\_\_ per week x \_\_\_\_\_\_ weeks |   |   |   |
| **Photocopying** of program materials$ \_\_\_\_\_\_ per week x \_\_\_\_\_\_ weeks |   |   |   |
| Materials: purchase of books etc.\_\_\_\_\_ books x \_\_\_\_\_ participants x $ \_\_\_\_\_/ book |   |   |   |
| Advertising: flyers, pamphlets, etc.\_\_\_\_\_\_ sets of pamphlets x $ \_\_\_\_\_\_/ set\_\_\_\_\_\_ flyers x $ \_\_\_\_\_\_ /flyer |   |   |   |
| Supplies: craft supplies etc.\_\_\_\_\_\_\_\_\_\_\_\_\_ x $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ x $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ x $ \_\_\_\_\_\_ |   |   |   |
| Other Costs (please list) |  |  |  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
| **Total**  |   |   |   |