

**Newfoundland and Labrador  
Coalition of Youth Justice Committees  
Funding Application**

Region(s): \_\_\_\_\_

Contact Person(s): \_\_\_\_\_  
(If this person will not be the lead person for your project, please indicate who will be leading the project:

\_\_\_\_\_

Alternate Contact Person (s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Please indicate the name of the group that should appear on the grant cheque:

\_\_\_\_\_

**For Office Use Only:**

Date Received:  
Date Reviewed:  
Approved By:  
Amount Awarded:

The Coalition Funding Committee will review all application in January of each year immediately following the regularly set coalition meeting. Notice of funding approval will be sent directly to the applicant within three weeks of the review.

Forward application to Donna Elliott, Chair via email at:  
[donnaelliott@supreme.court.nl.ca](mailto:donnaelliott@supreme.court.nl.ca).

## **Project Description**

Project Name: \_\_\_\_\_

Projected Date: \_\_\_\_\_

End Date: \_\_\_\_\_

1. Areas covered. (Please check ALL that apply):

- Drug Awareness
- Anger Management
- Conflict Resolution
- Contract Writing
- Volunteer Recruitment
- Educational Resources
- Mental Health Promotion
- Child and Youth Development
- Records / Case Management
- Other: \_\_\_\_\_

2. Target Group: Who is the project intended for?

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3. How many will participate?

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4. Goals: What do you plan to do?

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5. Activities: How will you do it?

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6. Evaluation: What will you do to find out if your project worked?

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7. Project partners:

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8. What are these partners doing to help with this project?

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9. How will this project benefit your committee(s)?

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10. What else would you like us to know about this project?

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**Project Budget**

<b>Budget Items</b>	<b>Cost</b>	<b>From Whom? (in-kind, others, coalition, etc.)</b>
<b>Total Estimated Budget:</b>		
<b>Total In-kind</b>		
<b>Partners Contributions</b>		
<b>TOTAL Requested from Coalition: (\$2500 max per region)</b>		

**Coalition Member signature is required.**

\_\_\_\_\_  
Coalition Member Signature

\_\_\_\_\_  
Date