



**2022-2023
Children Youth and Resiliency Contribution Program
Application**

Community:		
Contact Person:		
Signing Authority <i>(Name and title)</i> :		
Mailing Address:		
Telephone:	Fax:	Email:
Name & Brief Description the Program:		
Where does the program take place in the Community? <i>(address/building name, where is the space located in the building if it is a shared space etc)</i>		
When is the program available to children & youth? <i>(approximate days and times)</i>		
Will relevant training programs be provided to staff/volunteers? Yes No		
<i>If yes, which training programs? (check all that apply)</i> Ever Active Kids Mental Health/Resiliency High Five – Quest High Five (Principles of Healthy Child Development) Fundamental Movement First Aid Other Healthy Choices Training:		
Have staff delivering the program completed any relevant training programs? Yes No <i>If yes, which training programs and how many staff?</i>		



BUDGET

Revenue Source	Contribution Amount
Children & Youth Resiliency Funding	
Community Contribution	
Other (Please Specify)	
Total Revenue	

Expense Items	Cost
Training Expenses	
Transportation	
Per Diems	
Registration Fees	
Accommodations	
Workshop Fees	
Materials & Supplies	
Program Costs	
Other (Please List)	
Total Expenses	\$

SIGNATURES

_____	_____
Signature of Applicant	Date
_____	_____
Print Name of Applicant	Title of Applicant



Attachment A Municipal and Community Affairs Regional Offices

Dehcho Region

Nathan McPherson – Fort Simpson
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South Slave Region

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Inuvik Region

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North Slave Region

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