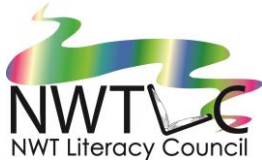


Application for Family Literacy Funding 2017 - 2018

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:
<p><i>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></p> <p style="text-align: center;"><input type="checkbox"/> I want to receive my report form and evaluation how-to-kit by email.</p>	
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, 2018.	
Number of weeks:	Number of hours per week:



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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.

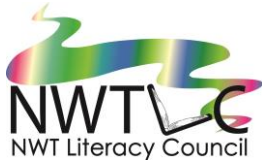
Children/ Parents of children:

- 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
 Other _____

Please briefly describe your project.



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Your partners

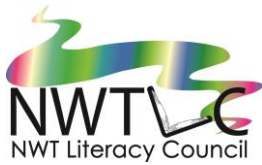
Please list your partners and what they will do for the project.
I.e. Daycare – will donate space for the program.

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

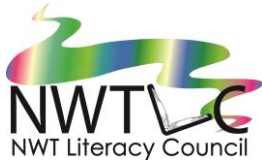
Phone: 1-867-873-9262
Toll free : 1-866-599-6758
Fax: 1-867-873-2176
E-mail: christine@nwtliteracy.ca



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

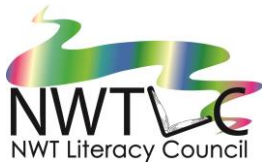
	Total	In Kind	Request
Space			
The location of your program should be free or available for a small donation	400.00	400.00	
2 facilitators x \$200.00 each (Your facilitators may be volunteers, or their salaries may be covered by another program)			
	400.00		400.00
Snacks: coffee juice, snacks, cups, 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



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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			



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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			