**PEI Seniors’ Secretariat Grant Program**

**2025-2026 Grant Application**

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| **Section 1: Organization Overview (Applicant)** | | | |
| 1. **Name of organization / group** | |  | |
| 1. **Address of organization/ group** | |  | |
| 1. **Name of Executive Director, Chair or President of the organization/group** | |  | |
| 1. **Email address of the Executive Director, Board Chair or President of the organization/group** | |  | |
| 1. **Phone number of the Executive Director, Board Chair or President of the organization/group** | |  | |
| 1. **Has your organization/group received funding through the Seniors’ Secretariat Grant in the past three years?** | |  Yes  No | |
| 1. **Does your organization/group have a registered charity number?** | |  Yes  No  If yes, include number: | |
| 1. **Is your organization/group a non-profit?** | |  Yes  No | |
| 1. **Is your organization/group incorporated?** | |  Yes  No | |
| 1. **Does your organization/ group have its own dedicated bank account?** | |  Yes  No | |
| 1. **Names of individuals / positions in your organization/group have signing authority, and authority to enter into a funding agreement)?** | |  | |
| 1. **For groups not eligible to enter into a funding agreement, a partner organization must be identified. This organization must be willing to accept funding on your organization’s behalf.**   **Name of partner organization:**  **Name of contact person at partner organization:**  **Contact information for partner organization:**  **Letter of Support from partner organization attached?**  Yes  No | | | |
| **Section 2: Project Overview** | | | |
| 1. **Contact person for project** | **Name:**  **Role in organization/group:**  **Phone number(s):**  **Email address(es):** | | |
| 1. **Title of project** |  | | |
| 1. **Project start date**   (Not earlier than June 1, 2025) |  | | |
| 1. **Project end date**   (No later than March 1, 2026) |  | | |
| 1. **Community(s) where the project will take place** |  | | |
| 1. **Project Summary**   (Briefly summarize what your project is about, and what you plan to accomplish; Max. 100 words) |  | | |
| 1. **Alignment to Priorities**   (Briefly describe how this project meets one or more priority areas of the PEI Seniors’ Secretariat; Max. 150 words) |  | | |
| 1. **Total anticipated cost of the project**   This total includes other sources of funding (e.g. cash and in-kind contributions) for the project. |  | | |
| 1. **Total amount being requested from the PEI Seniors’ Secretariat Grant** (up to $5000) |  | | |
| **Section 3: Involvement of Others in the Project** | | |
| 1. **Are seniors involved in the planning of this project?**    Yes   No  **If “yes”, please describe how:** | | |
| 1. **Are seniors involved in the implementation/delivery of this project?**    Yes   No  **If “yes”, please describe how:** | | |
| 1. **Will other community groups and/or organizations be engaged in the planning and/or delivery of this project?**    Yes   No  **If yes, describe how:** | | |
| 1. **Will other individuals or groups (other than seniors and/or community organizations) be engaged in the planning and/or delivery of this project?**    Yes   No  **If yes, describe who the individuals/groups are, and how they will be engaged:** | | |

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| **Section 4: Project Workplan** | | | |
| **Activity / Event** | **Start Date** | **End Date** | **Outputs and/or Outcomes** |
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| **Section 5: Measuring Success and Lasting Impacts** |
| 1. **How will you know if this project has been a success? How will you measure (evaluate) the success?** |
| 1. **Will the project still happen without Seniors’ Secretariat Grant funding?**    Yes   No  **If yes, please describe how it will continue (e.g. other available funding, reduced events/capacity, etc.):** |

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| **Section 6: Budget Template** | | | | |
| * The amount being requested from the Seniors’ Secretariat cannot exceed $5000. * For eligible and non-eligible expenses, and for funding limits, please review the Seniors’ Secretariat Grant Funding Guidelines. | | | | |
| **Project Area/ Item** | **Amount Requested**  **(Secretariat)** | **Funding from Other Sources (Cash)** | **Funding from Other Sources (In Kind)** | **Total Cost**  **(For Area/ Item)** |
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| **Total Cost** |  |  |  |  |

If you have any questions, please contact the Office of Seniors at 902-218-2051 or seniors@gov.pe.ca