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## FAMILY VIOLENCE PREVENTION PROGRAM (FVPP) PREVENTION PROJECT PROPOSAL

### Privacy Statement

This statement outlines the purposes for the collection and use of personal information. Only information needed to respond to program requirements will be requested. Collection, use, and disclosure of personal information are in accordance with the [Privacy Act](https://laws-lois.justice.gc.ca/eng/acts/P-21/index.html) (https://laws-lois.justice.gc.ca/eng/acts/P-21/index.html). In some cases, information may be disclosed without your consent pursuant to subsection 8(2) of the *Privacy Act*. The authority to collect and use personal information for the Family Violence Prevention Sub-Program within Social Development is derived from [OIC 2017-1464](http://orders-in-council.canada.ca/attachment.php?attach=35375&lang=en) (http://orders-in-council.canada.ca/attachment.php?attach=35375&lang=en), as well as from annual *Appropriation Acts* granting authority to the Government to spend funds on programs. We will use personal information for administrating, assessing and determining eligibility for the program to which you are applying and for reporting aggregated program results. We may share the personal information you provide us with as outlined under AANDC PPU 210, detailed at [Info Source](https://www.sac-isc.gc.ca/eng/1353081939455) (https://www.sac-isc.gc.ca/eng/1353081939455). The information collected will be retained for a period of five years, then transferred to Library and Archives Canada. As stated in the *Privacy Act*, you have the right to access the personal information you give us and request changes to incorrect information. Contact your [Regional Office](https://www.sac-isc.gc.ca/eng/1100100016936/1534342668402) (https://www.sac-isc.gc.ca/eng/1100100016936/1534342668402) to notify us about incorrect information or contact the departmental Public Enquiries Contact Centre at 1-800-567-9604 for general enquiries. For more information on privacy issues and the *Privacy Act* in general, you may consult the Privacy Commissioner at 1-800-282-1376.

### Identification

Recipient Name	Recipient Number
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Mailing Address (Number/Street/Apartment/P.O. Box)

City/Town	Province/Territory	Postal Code
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### Contact

Given Name	Family Name	Title
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Telephone Number	Facsimile Number	Email Address
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### Project Information

Project Name

Project Start Date (YYYYMMDD)	Project Completion Date (YYYYMMDD)
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Is this a new or continuing project?

- New
  Continuing

Where will the project be delivered?

- On-Reserve
  Off-Reserve

### Budget Information

Item	Description	Amount (\$)
Equipment and Supplies		
Information, Documents, Web		
Facility Rentals		
Travel		
Professional Fees (Facilitator/Trainer)		
Administration Costs (Maximum 15%)		
Other (i.e. Salaries and Wages, if applicable)		
<b>Total Funding Requested from Indigenous Services Canada</b>		



**Project**

Project Description

Need, Activities, Expected Results

Target Audience:	<input type="checkbox"/> Women
	<input type="checkbox"/> Men
	<input type="checkbox"/> Children
	<input type="checkbox"/> Families
	<input type="checkbox"/> LGBTQ/Two-Spirited
	<input type="checkbox"/> Other (Specify):
Delivery Method:	<input type="checkbox"/> Seminar/Workshop
	<input type="checkbox"/> Healing Circle and/or Traditional Healing
	<input type="checkbox"/> Cultural Camp
	<input type="checkbox"/> Elder and/or Traditional Teaching(s)
	<input type="checkbox"/> Other (Specify):
How will you measure the success of the project?	<input type="checkbox"/> Survey
	<input type="checkbox"/> Participant Feedback
	<input type="checkbox"/> Evaluation
	<input type="checkbox"/> Other (Specify):

Who is going to deliver the project?

How many individuals do you expect will participate in this project and/or specify the number of First Nation communities it will serve.

How and with whom will results of the project be shared?

List all the partners (funding and/or collaboration) who will be involved in the delivery of this project, such as federal, provincial, municipal, community, agencies/organizations, police, charities, volunteers, etc.

Partner	Involvement
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Add a partner	

**Declaration**

The information provided is accurate to the best of my knowledge.

Given Name	Family Name
Title	Date (YYYYMMDD)