

Alberta CAPC/CPNP Coalition*
Application for Alberta Coalition Capacity Building Funds

Applications for multiple training/activities MUST be submitted on separate forms. Designate your priority for approval for applications submitted at the same time. For information or clarification please call 780-474-5011 ext. 104. Submit completed applications via email to: crystal.nahaiowski@candorasociety.com.

The Public Health Agency of Canada currently provides annual financial support for Alberta CAPC/CPNP Coalition Project’s Capacity Building activities. Candora Society of Edmonton has been named as the banker for these funds.

- The total amount available for capacity building projects from April 1 to March 31 each year is \$45,000. Each CAPC and CPNP project is allowed to apply for up to \$3,000 per year, per project on a first-come basis, until the fund is fully spent. Awarded funds for a project must be used during the current fiscal year.
- Applications are reviewed in the order they are received and may take up to 2 weeks to be processed. Please get in touch with Candora if you have not received notification after 2 weeks.
- It is strongly recommended that projects submit their application before spending any funds or risk their agency being liable for any expenses for the training/activity. Projects submitting applications following the actual training/activity accept the possibility that they may not receive any funding from the Coalition fund.
- Unspent funds over \$100 must be returned to Candora as soon as possible and must be received before March 31. Unspent amounts up to \$100 can be utilized by the project for capacity building resources or activities. Receipts must be submitted and identified in the required activity follow-up report.

FOR OFFICE USE ONLY

<i>Category</i>	<i>Amount</i>	<i>Code</i>	<i>Category</i>	<i>Amount</i>	<i>Code</i>
Registration			Speaker/Facilitator		
Travel			Rent		
Accommodation			Other		
Meals					

*CAPC = Community Action Programs for Children

*CPNP = Canada Prenatal Nutrition Program

Capacity Building Activity Information:

Priority for Multiple Applications: _____ Date being held: _____ Estimated # of attendees: _____

Project Name (on your PHAC contract): _____

Project Number: _____ CAPC funded: CPNP funded:

Contact Name: _____ E-mail: _____ Phone: _____

Cheque to be issued to: _____

Address or email to send funds to: _____

Provide a brief description of the activity and state the anticipated benefits of attendance (attach separate sheet if necessary):

Budget

Category	Amount
<i>Registration</i>	
<i>Travel</i>	
Air	
Mileage (0.51/km)	
Taxi/Uber	
<i>Accommodation</i>	
Hotel/Motel	
Private (\$30/night)	
<i>Meals</i>	
Breakfast \$15/day	
Lunch \$18/day	
Dinner \$30/day	
<i>Hosted Events</i>	
Speaker/Facilitator	
Rent	
Food	
<i>Other (printing, training materials, etc.)</i>	
TOTAL	

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