



**HSJCC PROJECT PROPOSAL  
REQUEST FOR FUNDING**

**Criteria**

- a. The initiative promotes collaboration of service providers to find solutions to the concerns and issues that exist in our communities due to the effects of the criminalization of people with unique needs.
- b. The initiative will demonstrate collaboration and linkages across sectors and/or engage key stakeholder groups.
- c. The initiative will demonstrate communication and service integration planning between health, criminal justices and developmental service organizations.
- d. There will be an evaluation of the initiative by the participants.
- e. The initiative will not generate a profit.

**DATE:**

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**HSJCC REGION:**

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**CONTACT INFORMATION**

**NAME:**

\_\_\_\_\_

**POSITION:**

\_\_\_\_\_

**STREET ADDRESS:**

\_\_\_\_\_

**CITY & PROVINCE:**

\_\_\_\_\_

**POSTAL CODE:**

\_\_\_\_\_

**PHONE:**

**FAX:**

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**EMAIL:**

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**NAME OF PROJECT**

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**DATE (S) / TIMELINE**

**PROPOSAL DESCRIPTION**

**DESCRIBE HOW THE PROJECT ENHANCES SERVICES TO PERSONS WITH JUSTICE AND MENTAL HEALTH/ADDICTION ISSUES**

**HOW WILL THE PROJECT BE EVALUATED?**

**AMOUNT REQUESTED**

**BUDGET**

<b>EXPENDITURE</b>	<b>PROPOSED</b>	<b>ACTUAL</b>
<b>1. TOTAL COST OF PROJECT</b>		
<b>A)</b>		
<b>B)</b>		
<b>2. OTHER</b>		
<b>REVENUE</b>		

<b>(OTHER SOURCES IF ANY)</b>		

**FOR OFFICE USE ONLY**

**DATE RECEIVED:**

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**RECEIVED BY:**

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**AMOUNT AWARDED:**

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**DATE OF ISSUE:**

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**APPLICANT INFORMED**

**DATE:**

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**METHOD:**

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**SIGNATURE:**

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