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| **Asset Management Funding** | https://yukonnect.gov.yk.ca/department/HPW/our-department/supply-services/queens-printer/wordmarks/Wordmark_CS_Black_E.png |

**2016 APPLICATION FORM**

Completed application forms and required attachments are due no later than **February 1, 2016**. Please type directly in this form or print and complete. Attach additional pages if required.

Maximum amount that can be applied for through this fund: $40,000. All funds must be spent by December 31, 2016 and accounted for by January 31, 2017.

Questions? Contact Community Affairs at (867) 667-8334 or email [chris.madden@gov.yk.ca](mailto:chris.madden@gov.yk.ca).

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| **Applicant Information** | |
| **Government Name:** | **Complete Mailing Address:** |
| **Contact Person:** | **Position:** |
| **Phone:** | **E-mail**: |

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| 1. **PROJECT INFORMATION**   Project title:  Proposed project start and end dates: Start:       End:  Total Project Budget:  Total Amount Requested through Asset Management Funding: | |
| 1. **Current status of asset management expertise** (based on self-assessment with AssetSMART tool). Please select your current status and provide a description of current level of asset management expertise.   Beginner  Intermediate  Advanced | |
| 1. **PROPOSED ACTIVITIES.** Please describe the specific activities you plan to undertake, i.e. baseline assessment, asset management policy, asset management plan, training, etc. | |
| 1. **Intended outcomes, deliverables, and impacts on local government.** What will your project achieve? What will be the specific deliverables? List any policies, practices, plans or local government documents that will be developed or amended as a result of your project. | |
| 1. **ADDITIONAL comments** - Please use this space to add any additional comments. | |
| 1. **REQUIRED ATTACHMENTS** -Please submit the following with your application:   Letter of support from Council indicating your government’s support for asset management implementation and commitment to participate in the Yukon Asset Management Community of Practice.  A copy of your organization’s AssetSMART self-assessment. | |
| 1. **SIGNATURE –** Applications are required to be signed by the local government applicant. | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Signature | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Name and Title |

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| (FOR YG USE ONLY)  Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please mail or fax your funding application and supporting documents to:

Community Affairs C-11

Government of Yukon

Box 2703

Whitehorse, YT Y1A 2C6

Fax: 867-393-6397