

Please submit to the following Early Childhood Program Offices:

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Healthy Children Initiative Application

Qikiqtani Region	lqaluit	Kivalliq Region	Kitikmeot Region			
Fax: (867) 473-2695	Fax: (867) 975-2517	Fax: (867) 645-2127	Fax: (867) 983-4025			
Ph: 1-833-930-3935	Ph: 1-833-930-3938	Ph: 1-833-930-3936	Ph: 1-833-930-3937			
ECOQikiqtani@gov.nu.ca	ECOlqaluit@gov.nu.ca	ECOKivalliq@gov.nu.ca	ECOKitikmeot@gov.nu.ca			
Due Dates: Application -	- March 15 th Mid-term	Report – October 31 st	Final Report – April 30th			
Proposal Title						
Sponsor Organization						
Address						
Community						
Contact Person						
Phone Number						
E-mail Address						
Total Amount Requested						
Start Date of Project						
End Date of Project						
	_					
For Office Use Only:						

For Office Use Only: For all proposals to be approved, all proposals must follow the criteria of Healthy Children Initiative: Be for children 0 – 6 and their families, including the prenatal period. Be culture-based. Build on the existing strengths of the child, parent(s), family and community. Have an inter-agency approach. Be community driven. Enhance existing programs or services. For Supportive Services funding, all proposals must also: Be for an individual child identified in writing by a health professional, as a child needing additional support.				
Approved: Yes □ No □	Total Amount Approved: Reason if not approved:			
Reviewed by:	Date Reviewed:			



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Tell us about your project (what is it about, what are the goals, why is it important, how it					
will improve existing program and services)					
Who is involved (who will participate, what groups/organizations are involved, what are					
their roles)					



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What facilities and equipment will be needed (where will the project be delivered, what equipment will be used)				
How are you going to know if the project is a success				
Other Comments				



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Detailed Budget for HCI funds

Detailed Budget for Horrands		
Wages (state position, hourly wage, number of hours per day, number of days per number of weeks)	Approved Budget (for office use only)	
		3,
Mandatory Employment Related Costs (MERCs) – Maximum of 12%		
ivialidatory Employment Netated Costs (WENCS) – Waximum of 1276		
Equipment (list to make at a minus and a malica (materials maked))		
Equipment (list types of equipment and supplies/materials needed)		
Food (list examples of nutritious and/or country food)	T	
Rental costs if applicable (list monthly rental and submit quote from landlord)		
,		
Other (please specify)		
Subtotal		
Administration (maximum of 10%)		
/ terminos estori (maximum or 1070)		
Total		
Total		