

APPLICATION FORM: FRANCOPHONE PROGRAMS

INSTRUCTIONS

- 1. Application deadline: January 31
- 2. Please complete application on a computer.
- 3. Attach a separate sheet to this application if you need more space.

CONTACT INFORMATION

Program Officer, French Services
Official Languages Division
Department of Culture and Heritage
PO Box 1000, station 800
Igaluit, NU XOA 0H0

Telephone: 867-975-5544

Fax: 867-975-5523 or 867-975-5504

Applications submitted to an address other than the

one listed above will not be considered.

PROGRAM CATEGORY	PREFERRED LANGUAGE OF CORRESPONDENCE	
Please check the program category you are	☐ Inuit language (Inuktitut/Inuinnaqtun)	
applying under:	☐ English	
☐ French Language Services		
	□ French	

NOTE

1. Only one proposal per application.

☐ French Language Arts and Culture Development

- 2. Funding received in one year does not guarantee funding in subsequent years.
- 3. Funding must be spent within the fiscal year for which it was awarded.
- 4. On-going salaries for permanent employees will not be funded.
- 5. Successful applicants applying as individuals are responsible for declaring the amount approved as income for income tax purposes.
- 6. For a copy of the program guidelines and the grants and contributions policy, please consult our website at: www.ch.gov.nu.ca or call 867-975-5544.



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Section A – CONTACT INFORMATION

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Applicant's Name:	
Mailing Address:	
Community/Postal Code:	
Phone Number :	
Fax Number:	
E-mail:	
Note: Successful applicants will be	e asked to give their SIN # and date of birth for payment process.
Organization and Municipali	ity ONLY
Organization Name:	
Mailing Address:	
Community/Postal Code:	
Phone Number :	
Fax Number:	
E-mail:	
Registration Number:	
Organization Contact	
First Name:	
Last Name:	
Position:	
Telephone:	
E-mail:	
All Applicants: Alternate Cor	ntact
First Name:	
Last Name:	
Position:	
Telephone:	
E-mail:	

- If your organization is registered as a non-profit organization, please include a compliance letter from the Registrar's Office.
- If your organization is not registered, please provide the name of the members in whose name the contribution agreement and cheque are to be issued.



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Section B – PROJECT INFORMATION

PROJECT TITLE
PROJECT DESCRIPTION Please provide a description of the project, its objectives and how it falls in line with the program's objectives (see Guidelines).



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SCHEDULE Please present a detailed schedule demonstrating the necessary steps for the project's completion.
PERFORMANCE INDICATORS
Please indicate the performance indicators that will be used to analyze the project's success. They must be quantitative (e.g. number of participants in an activity, number of volunteers involved in organizing an activity) and qualitative (community's satisfaction rate following a survey, project's impact in the community). All of your performance indicators must be in line with the objectives described in the "Project Description" section.



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Section C - FINANCIAL INFORMATION

ASSISTANCE FROM OTHER SOURCES:

List the sources of financial assistance or other types of assistance (e.g. in kind) received from sources other than the Department of Culture and Heritage.

Name of Source	Contact Name	Telephone	Dollar Value
		•	Total

List the sources of financial assistance or other types **requested** from sources other than the Department of Culture and Heritage.

Name of Source	Contact Name	Telephone	Dollar Value
		-	Total

PREVIOUS SUPPORT:

List any previous financial support received from the Department of Culture and Heritage within the last three (3) years.

Funding Year	Name of Project	Dollar Value



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BUDGETProvide a detailed budget breakdown indicating all costs for completing your project.

Description	Total Amount	Amount requested from Culture and Heritage	Assistance from other sources (including in kind) as indicated on p. 5
Total			

NOTES

- 1. Administration fees are eligible up to 10% of the amount requested, depending on the nature of the project.
- 2. The operating costs of the organization (e.g. wages of permanent employees) are not eligible.



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Section D – REFERENCES

Letters of Support

You must enclose at least two letters of support with your application. Please list below the names of the persons providing the letters of support.

Name	Telephone
Applicant's Statement	
I hereby certify that the information contained in this a of my knowledge and belief and that I do not have any from any previous projects funded by the Department of Government of Nunavut.	outstanding commitments resulting
Applicant's signature	Date
Witness' signature	Date
Application Checklist	
 ☐ Have all the sections of the application been comple ☐ Have you enclosed the two letters of support? ☐ Have you enclosed a letter of compliance from the R ☐ Has the application been signed and witnessed? 	ted? legistrar's Office (for organizations)?

To submit your application by mail or fax, please use the contact information on page 1 of this form.