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Department of Family Services
Inulirijikkut
Ministère des services à la famille

MEN AND BOYS INITIATIVES GUIDELINES AND APPLICATION

INSTRUCTIONS FOR APPLICANTS

 Interested applicants are encouraged to contact the Department of Family Services representative to discuss or enquire about the Men and Boys Initiatives Grants Program:

E-mail: socialadvocacyinitiatives@gov.nu.ca

Arnakallak Building, No. 224 P.O. Box 1000, Station 1240 Iqaluit, Nunavut X0A 0H0

Fax: 867-975-5298

- 2. Applications will be received on an ongoing basis in hard copy or by email or fax.
- 3. Applicants will be notified when applications have been received.
- 4. Applications may be made in Inuktitut, Inuinnagtun, English or French.

PROGRAM OBJECTIVES

The purpose of the Men and Boys Initiatives is to support community-based initiatives focused on developing small-scale projects, programs, or outreach services to support men and boys who are vulnerable due to experiences of trauma, and to support their health and healing. Projects must be guided by Inuit Societal Values and should:

- Increase community capacity for existing Men and Boy's groups with a focus on building traditional and/or community knowledge and skills, and addressing trauma, or
- Building community capacity to create new groups for Men and Boy's with a focus
 on building traditional and/or community knowledge and skills and addressing
 trauma.

ELIGIBLE APPLICANTS

Eligible applicants should include individuals, community non-profit organizations, and municipal corporations that direct current efforts to provide *ongoing* services for Men and Boy's or develop *new* initiatives to target the specific needs of Men and Boy's.

ELIGIBLE PROJECTS

Eligible projects could include, but are not limited to:

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- 1) Workshops that build awareness and understanding of the issues experienced by men and boys.
 - E.g. parenting programs, managing stress, coping with emotions, recovery from the cycle of interpersonal violence, etc.
- 2) Initiatives that link men and boys with opportunities for training, career development, employment opportunities, or building traditional skills. *E.g. training in starting a men's group, proposal writing, resume writing, career development, mentoring programs, work-ready programs, etc.*
- 3) Initiatives that help men and boys access support services, reconnect with their Inuit culture, or create safe gathering spaces for men.

 E.g. creating public websites for community based services, cultural healing activities, traditional radio show, or developing a community gathering place for men, etc.
- 4) Workshops and land-based activities that build life skills and pass on traditional knowledge.

E.g. traditional tool making and survival gear, hunting and survival skills, etc.

The Department of Family Services (DFS) has funding available for small scale community-based projects. **Projects should not exceed \$20,000.**

Applicants may be contacted for additional information or clarification on proposals.

ELIGIBLE EXPENSES

- Materials for project-based initiatives (i.e., sewing, hunting, tool making etc.)
- Supplies/equipment for land-based programs (e.g., skidoo/ATV rental, tent rental, Coleman stove, etc.)
- Snacks/country food
- Honorariums/payments for elders
- Tools
- Photocopying, papers, manuals, etc.
- Facilitation fees
- Rental costs associated with hosting Men's meetings

Please note: costs must be directly related to the proposed project and to be used within the time period specified.

INELIGIBLE EXPENSES

- Capital projects
- Utilities and maintenance costs

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- Purchasing supplies to stock food banks or soup kitchens
- Activities of an international or national scope

ASSESSMENT AND CRITERIA

Applications will be reviewed by a review committee nominated by the Executive Director of Family Wellness. The applicant's ability to meet the assessment criteria will be considered based on the information submitted in their proposal.

The review committee may contact applicants for additional information or may make recommendations on alternative funding programs for which projects may be eligible.

(Note - The committee may decide to fund projects at a level below the amount requested)

Strength and Scope of Project

- How does the project help in supporting the health of men and boys in your community?
- What are other potential benefits to the community?
- What is the anticipated duration of benefits to the community?
- How will the project be carried out?
- How will the success of the project be measured?
- Who will be involved in implementing the project?

Community Support

- What is the extent of community support and involvement in the project?
- How do you plan to build awareness of the project in the community? In other communities?
- How will the project build community capacity?
- Will results and ideas be shared with other communities?

Budget

Does the budget include reasonable and realistic expenses?



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Applicant Identification			
Legal name and purpose of organization:			
Contact person and position with organization:			
Alternate contact person and position with the organization:			
Mailing address:			
Email:	Phone Number:		
	Fax Number:		
Name of Project and brief description (30 words or less):			
Project Start Date (dd/mm/yyyy):	Project End Date (dd/mm/yyyy):		
Total Project budget (see attached sheet):	Total Funding Request		



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Project Description – Attach Additional sheets if necessary

Please provide a description of the project or attach a project proposal. Include any information that will help us to assess your project and application as per the Men and Boys Initiative Guidelines.

The project description should include the following:

- **1.** <u>Introduction:</u> Introduce the project and indicate how it addresses men and boys health and healing:
- 2. <u>Project Team:</u> Discuss who is involved in carrying out the project and why they are involved;
- 3. <u>Project Details:</u> Explain in more detail what the project is, how it will be carried out, where and over what duration;
- **4.** <u>Community Involvement/Benefits:</u> Discuss how the community will be involved, how the project benefits the community, discuss any existing community support and provide support letters if available;
- **5. <u>Communications:</u>** Describe how you will inform the community about the project and share results of the project after the completion.



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Budget (A) (Please provide detailed break-down. Attach additional sheets if required)				
Description			Amount	
Project Delivery Expenses (Salaries, wages or honoraria)				
Facilitator fee, travel, incidental and accommodation costs				
Supplies (Examples: telecommunications, program supplies)				
Cupplies (Examples: telecommunications, program supplies)				
Administration (can be up to 10% of the total project cost, projects over 50,000 require				
audited financial statements, the cost of the audit can be included in the admin costs)				
Accounting 10%				
Total A:				
Other Courses of Funding (B)				
Other Sources of Funding (B)	Ī			
Description	Confirmed	Pending	Amount	
Total B:				
In-kind (C)				
III-KIIId (C)				
Description			Amount	
Total C.				
Total C:				
TOTAL BUDGET (A + B + C)				
TOTAL REQUESTED FROM FAMILY SERVICE				



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REPORTING REQUIREMENTS

Recipients will be expected to provide a final written financial and activity report of the project as per the requirements of the Department of Family Services Grants & Contribution Policy a copy is available on the Family Services website http://www.gov.nu.ca/familyservices

Reports may be made in Inuktitut, Inuinnagtun, English or French.

Recipients are encouraged to contact the Family Violence Project Officer with any questions or concerns when completing reporting requirements.

APPLICATION STATEMENTS

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief, and that I do not have any outstanding commitments resulting from any previous projects funded by the Department of Family Services of the Government of Nunavut.

Print Applicant Name	Print Witness Name	
Signature of Applicant	Signature of Witness	
Date (dd-mm-yy)	Date (dd-mm-yy)	
Prior to submitting the application form: ☐ Please ensure the application is fully complete ☐ Please ensure that if your organization is registered as a non-profit organization, registration papers must be included with this application		