

#### **INSTRUCTIONS:**

- 1. Application deadline is January 31, each year.
- 2. Please print or type when completing this form.
- 3. Attach a separate sheet to this application if you need more space.
- 4. If your organization is registered as a non-profit organization, registration papers must be included with this application.
- 5. Registered Societies applying must be in good standing with the Legal Registries.
- 6. You can submit your proposal to chfunds@gov.nu.ca

#### **CONTACT INFORMATION:**

Financial Analyst, Grants & Contributions Department of Culture and Heritage P.O. Box. 1000, station 800, Igaluit, NU X0A 0H0

Phone: (867) 975-5519

Fax: (867) 975-5523 or (867) 975-5504 Toll free number: 1-866-934-2035

Applications submitted to any address other than the ones listed above will not be considered.

Please check the program area you are applying under:

Heritage Programs:	□ Multi-Yea	r Fundir	ng		
☐ Culture and Heritage Grant	☐ Arts Contributions	□ Heri	itage Facilit	ies Con	tributions
☐ Toponymy Contributions	☐ Culture & Heritage Contributions	☐ Cultu	ural Commui	nications	Programs
☐ Heritage Centre Core Funding	☐ Archaeology or Paleontology Research	□ Con	nmunity Lib	rary Se	rvices
Preferred Language of Correspondence:	Inuit Language (Inuktitut/Inuinnaqtun)		English		French
1 Only one proposal per application					

- Only one proposal per application.
- 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. Final Reports must be provided at end of project or end of fiscal year.
- 6. Successful applicants applying as individuals are responsible for declaring the amount approved as income for income tax purposes.



1. Applying as Individual (please fill out sections 1 and 4 only)

Heritage Application Form Grants and Contributions Culture and Heritage

### Section A - CONTACT INFORMATION

Applicants Name:	
Mailing Address:	
Community/Postal Code:	
Phone Number:	
Fax Number:	
Email:	
Note: Successful applicants	will be asked to give S.I.N. # and date of birth for payment process.
	lease specify whom the payment will be going out to)
Name or Organization:	
Mailing Address:	
Community:	
Postal Code:	
Phone Number:	
Email:	
Fax Number:	
<u> </u>	
provide the following:	ered as a non-profit organization, please include Certificate of Registration, and
	ered as a non-profit organization, please include Certificate of Registration, and
provide the following: Registration Number:  3. Organization contact	
provide the following: Registration Number:  3. Organization contaction Number:	
provide the following: Registration Number:  3. Organization contaction Number:  First Name: Last Name:	
provide the following: Registration Number:  3. Organization contactions Number:	
provide the following: Registration Number:  3. Organization contact First Name: Last Name: Email and Position	t Person:
provide the following: Registration Number:  3. Organization contact First Name: Last Name: Email and Position  4. Alternate Contact personners	
provide the following: Registration Number:  3. Organization contact First Name: Last Name: Email and Position  4. Alternate Contact per First Name:	t Person:
provide the following: Registration Number:  3. Organization contact First Name: Last Name: Email and Position  4. Alternate Contact per First Name: Last Name: Last Name:	t Person:
provide the following: Registration Number:  3. Organization contact First Name: Last Name: Email and Position  4. Alternate Contact per First Name: Last Name: Last Name: Position:	t Person:
provide the following: Registration Number:  3. Organization contact First Name: Last Name: Email and Position  4. Alternate Contact per First Name: Last Name: Position: Phone Number:	t Person:
provide the following: Registration Number:  3. Organization contact First Name: Last Name: Email and Position  4. Alternate Contact per First Name: Last Name: Last Name: Position:	t Person:

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contribution agreement and cheque are to be issued.



### **Section B - PROJECT INFORMATION**

Name / Title of Proposal:		
Project Proposal and Schedule: Please describe the intent of your project, how you plan on carrying out your project, your expected outcome and timeline (expected start and finish dates). Be sure to include how your project will benefit Nunavut through either the promotion, preservation of Inuit languages (Inuktitut/Inuinnaqtun) or French. Attach a separate sheet if you need more space.		
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# **Section B - PROJECT INFORMATION**

Project Proposal and Schedule: continued.		



### Section C - FINANCIAL INFORMATION

#### **Assistance from other sources:**

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

Name of Source	Contact Name	Contact Number	Dollar Value
			\$
			\$
		Total Amount	\$

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

Name of Source	Contact Name	Contact Number	Dollar Value
			\$
			\$
		Total Amount	\$

# **Previous Support:**

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

Funding Year	Name of Project	Dollar Value



# Section D - FINANCIAL INFORMATION

### **Budget:**

Provide a detailed budget breakdown indicating all costs by category for the proposal.

Description	Amount

Enter Budget Total:	\$
Enter Funds from other sources (page 5)	\$
Enter Amount Requested from Culture & Heritage	\$



# Section E - FINANCIAL LIBRARY SERVICES ONLY

# **Library Hours of Opening:**

	MORNING	AFTERNOON	EVENING	
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				

**Note:** Library hours may be changed but NPLS HQ must be informed to facilitate communications.

### **Budget Detail:**

Provide a detailed budget breakdown indicating costs by category for the proposal.	
Description	Amount
Hours of Operation (weekly)	
Hourly Rate	
(A) Total Salary (Hours of Operation X Hourly Rate X 52 Weeks)	
Northern Allowance (\$/hr)	
Vacation Pay (\$/hr)	
Total Benefits/Hour	
(B) Total Benefits (Hours of Operation x Benefits/Hour x 52)	
(A+B) Total Salaries/Benefits	
(C) Operating Cost (7% max. of Total Salaries/Benefits)	
(D) Administration Costs (10% max. of Total Salaries/Benefits)	
(A+B+C+D) Budget Total	
Subtract funds from other sources	
Total Amount Requested	
Total Amount Eligible from CH	



#### Section F - 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 Number or E-mail
Applicant's Statement:	
I hereby certify that the information contained in this application and that I do not have any outstanding commitments resulting Culture and Heritage or the Government of Nunavut.	
Applicant's signature	Date
Witness' signature	Date
Application Checklist:	

- 1. Have all sections of the application been completed?
- 2. Has all supporting documentation been attached? (Letters of support and the Certificate of registration for organizations)
- 3. Has the application been signed and witnessed?

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