

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.

☐ Multi-Year Funding

Please check the program area you are applying under:

<u>nuit</u>	<u>Qau</u>	<u>jimaja</u>	<u>tuqangi</u>	<u>t / Inu</u>	<u>iit Soc</u>	<u>ietal V</u>	/alues	:

☐ The Inuit Societal Values funding program is to strengthen Elders' roles in the process of addressing so well-being issues through Inuit Inuusilirijjusingit	cial and comm	ıunity
Preferred Language of Correspondence: Inuit Language (Inuktitut/Inuinnaqtun) English	— Fre	ench

- 1. 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.



Section A - CONTACT INFORMATION

1. Applying as Individual	(please fill out sections 1 and 4 only)
Applicants Name:	
Mailing Address :	
Community/Postal Code:	
Phone Number:	
Fax Number:	
Email:	
Note: Successful applicants v	will be asked to give S.I.N. # and date of birth for payment process.
	ease specify whom the payment will be going out to)
Name or Organization:	
Mailing Address:	
Community:	
Postal Code:	
Phone Number:	
Email:	
Fax Number:	
If your organization is registe provide the following:	red as a non-profit organization, please include Certificate of Registration, and
Registration Number :	
3. Organization contact	Person:
First Name:	
Last Name:	
Email and Position:	
	rson: (For both individual and organization)
First Name:	
Last Name:	
Position:	
Phone Number:	
Email:	
Fax Number:	

Note: If your group is not registered, please provide the name of the member in whose name the contribution agreement and cheque are to be issued.



Section B - PROJECT INFORMATION

Name / Little of Proposal:		
Project Proposal and Schedule: Please describe the intent of your project, how you plan on carrying out your project, and 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.		



Section C - PROJECT INFORMATION

Project Proposal and Schedule: continued.		



Section D - 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 Amo	ount \$

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



Amount

Section E - FINANCIAL INFORMATION

Budget:

Provide a detailed budget breakdown indicating all costs by category for the pr	roposal.
Description	

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



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:	
	ined in this application is true and correct to the best of my knowledge and belief ommitments resulting from any previous projects funded by the Department of 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.