

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.

Please shock the program area you are applying under:

Multi Veer Funding

- 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.

r lease check the program area you are applying under.					
Inuit Language Initiatives:	French Language Initiatives:	Community Radio Grant:			
 □ Promotion & Protection of the Inuit Language Contributions □ Promotion & Protection of the Inuit Language Grant 	□ French Language Arts & Culture Development Contributions□ French Development Contributions	☐ Community Radio Grant			
Preferred Language of Correspondence	e: Inuit Language (Inuktitut/Inuinnaqtun)	English French			
,	s not guarantee funding in subsequent ye	ears.			
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 a	t end of project or end of fiscal year.				
 Successful applicants applying as individuals are responsible for declaring the amount approved as income for income tax purposes. 					



Applicants Name:

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

Official Languages Application Form Grants and Contributions Culture and Heritage

Section A - CONTACT INFORMATION

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:	
	ered as a non-profit organization, please include Certificate of Registration, and
provide the following:	
Registration Number:	
3. Organization contac	Person:
First Name:	
Last Name:	
Position:	
4. Alternate Contact pe	erson: (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 / 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.				
sheet if you need more space.				
1				



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 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 E - FINANCIAL INFORMATION

Budget:

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

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



Section F - REFERENCES

Telephone Number or E-mail

Letters of Support

Name

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.

Applicant's Statement:		
	commitments resulting	ect to the best of my knowledge and belief is projects funded by the Department of
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.