

APPLICATION FOR ASSISTANCE GRANTS & CONTRIBUTIONS PROGRAMS APPLICATION FORM FOR: ELDERS AND YOUTH INITIATIVES PROGRAMS

INSTRUCTIONS

income tax purposes.

- 1. Application deadline is January 31, 2021.
- 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

CONTACT INFORMATION:

Administration Officer, Elders and Youth Initiative programs Department of Culture and Heritage P.O. Box. 1000, station 800, Iqaluit, NU X0A 0H0

Phone: (867) 975-5519

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

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6. You can submit your proposal		ons submitted to any address other than the ones li Il not be considered.	is
Please check the program area y	ou are applying under:		
Elders & Youth Initiatives Programs			
☐ Elder Initiatives Grant☐ Elder Initiatives Contributions☐	☐ Youth Initiatives Grant☐ Youth Initiatives Contributions	☐ Elders and Youth Committee Grant☐ Elder and Youth Facilities Contributions	;
Preferred Language of Correspond	dence: Inuit Language (Inuktitut	t/Inuinnaqtun)	h
Note:			_
1. Only one proposal per applicat	ion.		
2. Funding received in one year do	pes not guarantee funding in subsequ	ent years.	
3. Funding must be spent within t	he fiscal year for which it was awarde	d.	
4. On-going salaries for permanen	t employees will not be funded.		
5. Successful applicants applying a	s individuals are responsible for decla	aring the amount approved as income for	



Section A - CONTACT INFORMATION

Individual ONLY

Applicant's 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.				
Organization ONLY (Please specify whom the payment would be going out to)				
Name or Organization :				
Mailing Address :				
Community:				
Postal Code :				
Phone Number :				
Email :				
Fax Number :				
If your organization is registered as a non-profit organization, please include Certificate of Registration and provide the following:				
Registration Number :				
Organization contact person:				
First Name:				
Last Name:				
Position:				
Alternate Contact person: (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, and your expected outcome. 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. Also state your timeline (expected start and finish dates)		



Section B - PROJECT INFORMATION

Project Proposal and Schedule: continued.		



Section C - FINANCIAL INFORMATION

Assistance from other sources:

Last financial or other assistance secured from any sources other than the Department of Culture and Heritage.					
Name of Source	Contact Name	Telephone	Dollar Value		
	L	TOTAL (1):			
List financial or other assista	ance that you have requested fro	om sources other than the Depart	ment of Culture and Heritage.		
Name of Source	Contact Name	Telephone	Dollar Value		
	<u> </u>	TOTAL (2):			
Total all other sources (1) + (2):					
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 V	alue		
		+			



Section C - FINANCIAL INFORMATION

Budget: Provide a detailed budget breakdown indicating all costs by category for the proposal. Description Amount **Budget total** Less funds from other sources (page 5) AMOUNT REQUESTED from the Department of Culture and Heritage



Letters of support

Section D - REFERENCES

You must enclose at least two letters of suppoproviding the letters of support.	ort with your application. Please list	below the names of the persons
Name		Telephone Number
Applicant's Statement:		
I hereby certify that the information contained belief and that I do not have any outstanding of Department of Culture and Heritage or the Go	commitments resulting from any pr	
Applicant's signature	Date	
Witness' signature	Date	_
Application Checklist: Have all sections of application have been of		
Has all supporting documentation been att	·	e Certificate of registration for organizations)
Has the application been signed and witnes		,

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