



## 2 - ORGANIZATION CONTACT

THIS SHOULD BE OUR PRIMARY CONTACT PERSON IN RESPECT TO THIS APPLICATION FOR FUNDING.

Given Name		Surname	
Position Title		Preferred language of communication <u>Written</u> : <input type="checkbox"/> English <input type="checkbox"/> Inuktitut <input type="checkbox"/> French <u>Spoken</u> : <input type="checkbox"/> English <input type="checkbox"/> Inuktitut <input type="checkbox"/> French	
ORGANIZATION CONTACT - ADDRESS <input type="checkbox"/> Same as Organization Address <input type="checkbox"/> Same as Organization Mailing Address <input type="checkbox"/> Different ( <i>include below</i> )			
Contact Address			
Community		Territory/Province	Country ( <i>if not Canada</i> )
Postal Code			
Telephone (    )	Fax (    )	Email Address	

## 3 - ORGANIZATIONAL CAPACITY

How many employees does your organization currently have?	
Has your organization undergone any important transformations in the past two (2) years? <input type="checkbox"/> Yes* <input type="checkbox"/> No  <i>*If 'Yes' please provide a description of the changes:</i>	
Please describe how your organization has the experience and expertise to carry out the proposed project activities. If applicable, please include any past experience with the GN and the results of the project	

All sections are mandatory - Place a dash or line through boxes that do not apply to you.



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 Building *Nunavut* Together  
*Nunavut* iuqatigiingniq  
 Bâtir le *Nunavut* ensemble



Targeted Training Initiatives -  
 Application for Funding  
**PART 2 - PROJECT**

**1 - PROJECT IDENTIFICATION**

Project Title	
Planned Project Start Date (yyyy/mm/dd)	Planned Project End Date (yyyy/mm/dd)
<input style="width: 90%; border: none; border-bottom: 1px solid black; margin: 0 auto;" type="text"/>	<input style="width: 90%; border: none; border-bottom: 1px solid black; margin: 0 auto;" type="text"/>

**2 - PROJECT DESCRIPTION**

**Project Objectives** *(must be clearly linked to the objectives of the program to which you are applying).*

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

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**Project Activities** *(must be broken down into clear steps).*

**Expected Results of the Project** *(must be clearly linked to the project objectives and be specific, concrete and measurable).*

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

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### 3 - PROJECT DETAILS

Does the project include Results Measurement indicators?  Yes\*  No

**\* If 'Yes', please describe how you will meet and track the expected results of the project:  
(this should relate to labour market outcomes)**

Does this proposed project fit with your organization's other activities?  Yes\*  No

**\* If 'Yes', please describe how:**

Will any of the project activities be delivered in a different location than where your organization is located?  Yes\*  No

**If 'Yes', please include your main address and an address for every other location where project activities will occur:**

Main Address		Community	Territory/Province	Postal Code
A.				
Secondary Address		Community	Territory/Province	Postal Code
B.				
C.				
D.				
E.				

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

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Will any other organizations, networks or partners be involved in carrying out the project?  Yes\*  No

*\* If 'Yes', please clearly identify the role(s) and expertise they will bring to the project:*





# Targeted Training Initiatives - Application for Funding **PART 3 - FUNDING**

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

### 1 - ANTICIPATED SOURCES OF FUNDING

Source Name	Source Type	Cash	In-kind (\$ value)	Confirmed	
				Cash	In-kind
<b>Total Funding for the Project</b>					

### 2 - BUDGET

(PLEASE REFER TO SECTION 3 TO PROVIDE ADDITIONAL BUDGET INFORMATION)

Cost Category	Planned Expenditures (\$)		
	GN	Other - Cash	Other - In kind
<b>Total Planned Expenditures</b>			

### 3 - BUDGET DETAILS

Further Budget Details:

All sections are mandatory - Place a dash or line through boxes that do not apply to you.



Targeted Training Initiatives -  
Application for Funding

# APPENDIX A

## APPENDIX A

**Instructions:** For each block of text you include below (if any), please specify the section it is meant to continue.

e.g. Part 1, Section 1C, Question 36 – *continued: insert the rest of your answer here.*

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

