

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

INSTRUCTIONS

- 1. Application deadline is January 31st.
- 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 XOA 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 propose		pplications submitted to a bove will not be considere	•	han the ones lis
Please check the program area	you are applying under:			
Elders & Youth Initiatives Progran	<u>ns</u>			-
☐ Elder Initiatives Grant☐ Elder Initiatives Contributions	☐ Youth Initiatives Grant☐ Youth Initiatives Contribut		d Youth Committ I Youth Facilities	
Preferred Language of Correspo	ndence: Inuit Language (Ir	nuktitut/Inuinnaqtun)	English	French
Note:				
1. Only one proposal per applica	ation.			
2. Funding received in one year	does not guarantee funding in s	ubsequent years.		
3. Funding must be spent within	the fiscal year for which it was	awarded.		
4. On-going salaries for permane	ent employees will not be funde	d.		
Successful applicants applying income tax purposes.	g as individuals are responsible f	or declaring the amoun	t approved as inc	ome 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	
Name or Organization :	
Mailing Address :	
Community:	
Postal Code :	
Phone Number :	
Email :	
Fax Number :	
	as a non-profit organization, please include Certificate of Registration and provide the
If your organization is registered following :	as a non-profit organization, please include Certificate of Registration and provide the
	as a non-profit organization, please include Certificate of Registration and provide the
following:	
following: Registration Number:	
following: Registration Number: Organization contact perso	
following: Registration Number: Organization contact perso First Name:	
following: Registration Number: Organization contact perso First Name: Last Name: Position:	
following: Registration Number: Organization contact perso First Name: Last Name: Position:	n:
following: Registration Number: Organization contact perso First Name: Last Name: Position: Alternate Contact person: (n:
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following: Registration Number: Organization contact perso First Name: Last Name: Position: Alternate Contact person: (First Name: Last Name: Position: Phone Number:	n:

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, in particular, elders/youth or both how will you maintain it. 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	2	Telephone		Dollar Value
			•		
			TO	OTAL (1):	
List financial or other assista	nce that you	have requested fro	om sources other than th	ne Departr	ment of Culture and Heritage.
Name of Source	Contact Name	2	Telephone		Dollar Value
			•		
			TO	OTAL (2):	
Total all other sources (1) + (2):					
Previous Support:					
Please list any previous finathree (3) years.	ncial support y	you have received t	from the Department of	Culture a	nd Heritage within the last
Funding Year		Name of Project		Dollar Val	lue



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 support with your approviding the letters of support.	oplication. Please list below the names of the persons
Name	Telephone Number
Applicant's Statement:	
I hereby certify that the information contained in this applicated belief and that I do not have any outstanding commitments to Department of Culture and Heritage or the Governement of	resulting from any previous projects funded by the
Applicant's signature	Date
Witness' signature	Date
Application Checklist:	
Have all sections of application have been completed?	rs of support and the Cortificate of registration for organizations
Has the application been signed and witnessed?	rs of support and the Certificate of registration for organizations)

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