



ASSISTANCE GRANTS AND CONTRIBUTIONS PROGRAM 2018-2019  
DEPARTMENT OF CULTURE AND HERITAGE

APPLICATION FORM: FRANCOPHONE PROGRAMS

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**INSTRUCTIONS**

1. Application deadline: February 28
2. Please complete application on a computer.
3. Attach a separate sheet to this application if you need more space.

**CONTACT INFORMATION**

Program Officer, French Services  
Official Languages Division  
Department of Culture and Heritage  
PO Box 1000, station 800  
Iqaluit, NUNAVUT X0A 0H0

Telephone: 867-975-5544

Fax: 867-975-5523 or 867-975-5504

Applications submitted to an address other than the one listed above will not be considered.

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**PROGRAM CATEGORY**

Please check the program category you are applying under:

- French Language Services
- French Language Arts and Culture Development

**PREFERRED LANGUAGE OF CORRESPONDENCE**

- Inuit language (Inuktitut/Inuinnaqtun)
- English
- French

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**NOTE**

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. Successful applicants applying as individuals are responsible for declaring the amount approved as income for income tax purposes.
6. For a copy of the program guidelines and the grants and contributions policy, please consult our website at: [www.ch.gov.nu.ca](http://www.ch.gov.nu.ca) or call 867-975-5544.



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**Section A – CONTACT INFORMATION**

**Individual ONLY**

Applicant's Name:	
Mailing Address:	
Community/Postal Code:	
Phone Number :	
Fax Number:	
E-mail:	
<b>Note:</b> Successful applicants will be asked to give their SIN # and date of birth for payment process.	

**Organization and Municipality ONLY**

Organization Name:	
Mailing Address:	
Community/Postal Code:	
Phone Number :	
Fax Number:	
E-mail:	
Registration Number:	

**Organization Contact**

First Name:	
Last Name:	
Position:	
Telephone:	
E-mail:	

**All Applicants: Alternate Contact**

First Name:	
Last Name:	
Position:	
Telephone:	
E-mail:	

- If your organization is registered as a non-profit organization, please include a compliance letter from the Registrar's Office.
- If your organization is not registered, please provide the name of the members in whose name the contribution agreement and cheque are to be issued.



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**Section B – PROJECT INFORMATION**

**PROJECT TITLE**

**PROJECT DESCRIPTION**

Please provide a description of the project, its objectives and how it falls in line with the program's objectives (see Guidelines).



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**SCHEDULE**

Please present a detailed schedule demonstrating the necessary steps for the project's completion.

**PERFORMANCE INDICATORS**

Please indicate the performance indicators that will be used to analyze the project's success. They must be quantitative (e.g. number of participants in an activity, number of volunteers involved in organizing an activity) and qualitative (community's satisfaction rate following a survey, project's impact in the community). All of your performance indicators must be in line with the objectives described in the "Project Description" section.



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**Section C – FINANCIAL INFORMATION**

**ASSISTANCE FROM OTHER SOURCES:**

List the sources of financial assistance or other types of assistance (e.g. in kind) received from sources other than the Department of Culture and Heritage.

Name of Source	Contact Name	Telephone	Dollar Value
<b>Total</b>			

List the sources of financial assistance or other types **requested** from sources other than the Department of Culture and Heritage.

Name of Source	Contact Name	Telephone	Dollar Value
<b>Total</b>			

**PREVIOUS SUPPORT:**

List any previous financial support received from the Department of Culture and Heritage within the last three (3) years.

Funding Year	Name of Project	Dollar Value



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**BUDGET**

Provide a detailed budget breakdown indicating all costs for completing your project.

Description	Total Amount	Amount requested from Culture and Heritage	Assistance from other sources (including in kind) as indicated on p. 5
<b>Total</b>			

**NOTES**

1. Administration fees are eligible up to 10% of the amount requested, depending on the nature of the project.
2. The operating costs of the organization (e.g. wages of permanent employees) are not eligible.



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**Section D – 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

**Applicant's Statement**

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief and that I do not have any outstanding commitments resulting from any previous projects funded by the Department of Culture and Heritage or the Government of Nunavut.

Applicant's signature

Date

\_\_\_\_\_

\_\_\_\_\_

Witness' signature

Date

\_\_\_\_\_

\_\_\_\_\_

**Application Checklist**

- Have all the sections of the application been completed?
- Have you enclosed the two letters of support?
- Have you enclosed a letter of compliance from the Registrar's Office (for organizations)?
- Has the application been signed and witnessed?

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