

**Application for Funding**  
Country Food Distribution Program

Department of  
Economic  
Development and  
Transportation



<b>Applicant Identification</b>	
<b>Name of Applicant:</b>	
<b>Address:</b>	
<b>Contact Email:</b>	<b>Contact Phone Number:</b>
<b>Description of Project:</b>	
<i>Please provide a brief description of the project or attach a project proposal:</i>	

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<b>Estimated Budget (if available)</b>	
<b>Description</b>	<b>Amount</b>
<b>Total</b>	

<b>Anticipated Sources of Funding (if available)</b>	
<b>Description</b>	<b>Amount</b>
<b>Total</b>	

# Application for Funding Country Food Distribution Program

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Transportation



## Declaration of Applicant

I swear that I have personal knowledge of the matters discussed in this application and state that: To the best of my knowledge, all statements made and material provided by or on behalf of the undersigned are true and correct:

- The proposed project complies with municipal, territorial or federal laws;
- I agree to provide representatives of the Department of Economic Development and Transportation (and all other organizations supplying project funding), with access to the site and premises of the project;
- I authorize the Department of Economic Development and Transportation to obtain proof of good standing about the organization from any source;
- If approved, the organization agrees to supply relevant receipts requested by the Department of Economic Development and Transportation and all other organizations supplying project funding; and
- I understand that the names of individuals and companies that receive contributions from the Department of Economic Development and Transportation, together with the amounts of those contributions, may be released to the Minister, the Legislative Assembly, municipalities, and the general public; and
- I make this declaration believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature: \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the community of \_\_\_\_\_, Nunavut

### Submit your completed application to:

<p>Kitikmeot Community Operations Office P.O. Box 316 Kugluktuk, NU X0B 0E0 (867) 982-7442 phone (867) 982-3204 fax</p>	<p>Kivalliq Community Operations Office P.O. Bag 002 Rankin Inlet, NU X0C 0G0 (867) 645-8451 phone (867) 645-8455 fax</p>	<p>South Qikiqtaaluk Community Operations Office P.O. Box 612 Pangnirtung, NU X0A 0R0 (867) 473-2661 phone (867) 473-2663 fax</p>	<p>North Qikiqtaaluk Community Operations Office P.O. Box 389 Pond Inlet, NU X0A 0S0 (867) 899-7344 phone (867) 899-7348 fax</p>
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### Program information may also be obtained from:

Department of Economic Development and Transportation  
P.O. Box 1000, Station 1500  
Iqaluit, NU  
X0A 0H0  
edt@gov.nu.ca  
(888) 975-5999 phone  
(867) 975-7870 fax