



Department of Culture and Heritage

**APPLICATION FOR ASSISTANCE  
GRANTS & CONTRIBUTIONS PROGRAMS  
APPLICATION FORM FOR:  
INUIT QAUJIMAJATUQANGIT PROGRAMS**

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**INSTRUCTIONS:**

1. Application deadline for the first call is January 31, 2019
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 also must be in good standing with the Legal Registries
6. You can submit your proposal to [chfunds@gov.nu.ca](mailto:chfunds@gov.nu.ca)

**CONTACT INFORMATION:**

Administration Officer, Inuit Qaujimaqatungit  
Department of Culture and Heritage  
P.O. Box. 1000, station 800,  
Iqaluit, NU X0A 0H0

Phone: (867) 975-5516  
Fax: (867) 975-5523 or (867) 975-5504  
Toll free number 1-866-934-2035

Applications submitted to any address other than the ones listed above will not be considered.

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**INUIT QAUJIMAJATUQANGIT**

The Inuit Societal Values funding program is to strengthen elders' roles in the process of addressing social and community well-being issues through Inuit Inuusilirijjusingit.

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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.



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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 :	

**If your organization is registered as a non-profit organization, please include Certificate of Registration and provide the following :**

Registration Number :	
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**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.



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**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)



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**Section B – PROJECT INFORMATION**

**Project Proposal and Schedule:** continued.

A large empty rectangular box intended for the project proposal and schedule information.



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### 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
TOTAL (1):			

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

Name of Source	Contact Name	Telephone	Dollar Value
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 Value





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### Letters of support

### Section D - REFERENCES

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 Number

### 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 sections of application have been completed?
- Has all supporting documentation been attached? (Letters of support and the Certificate of registration for organizations)
- Has the application been signed and witnessed?

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