WOMEN'S INITIATIVES GRANTS GUIDELINES AND APPLICATION

INSTRUCTIONS FOR APPLICANTS

1. Interested applicants are encouraged to contact the Department of Family Services representative to discuss or enquire about the Women's Initiatives Grants Program**:**

Nancy Kisa

Family Violence Project Officer
Child and Family Services Division
Department of Family Services
Arnakallak Building 224

P.O Box 1000, Station 1240
Iqaluit, NU
X0A 0H0

email: NKisa@GOV.NU.CA

☎ 867-975-5245
🖷 867-975-5298

2. Applications will be received on an ongoing basis in hard copy or by email or fax.
3. Applicants will be notified when applications have been received.
4. Applications may be made in Inuktitut, Inuinnaqtun, English or French.

PROGRAM OBJECTIVES

The purpose of the Women's Initiatives Grant is to promote women's empowerment in Nunavut. The focus will be on providing funding for projects that promote women's leadership skills, employability, economic self-sufficiency, wellness, self-reliance and traditional knowledge.

ELIGIBLE APPLICANTS

Eligible applicants should include individuals, community non-profit organizations, and municipal corporations that direct current efforts to provide ***ongoing*** services for women and girls or develop ***new*** initiatives to target the specific needs of women and girls.

ELIGIBLE PROJECTS

Eligible projects could include, but are not limited to:

1) Workshops that build awareness and understanding of the issues experienced by women, and help women access support services.

   E.g., parenting programs, managing stress and emotions, etc.

2) Initiatives that link women with opportunities for training, career development or building traditional skills, or employment opportunities.

   E.g., work-ready programs, resume writing, mentorship programs, etc.

3) Workshops and land-based activities that build life skills, leadership, self-reliance, traditional knowledge, and wellness.

   E.g., sewing and tool making programs, cooking programs, hunting skills, etc.

The Department of Family Services has funding available for small-scale community-based projects. **Projects should not exceed $20,000.**

Applicants may be contacted for additional information or clarification on proposals.

ELIGIBLE EXPENSES

- Materials for project-based initiatives (i.e., sewing, hunting, cooking etc.)
- Supplies/equipment for land-based programs (e.g., skidoo/ATV rental, tent rental, Coleman stove, etc.)
- Snacks/country food
- Honorariums/payments for elders
- Photocopying, papers, manuals, etc.
- Facilitation fees
- Rental costs associated with hosting Women's meetings

Please note: costs must be directly related to the proposed project and to be used within the time period specified.

INELIGIBLE EXPENSES

- Capital projects
- Utilities and maintenance costs
- Purchasing supplies to stock food banks or soup kitchens
- Activities of an international or national scope

ASSESSMENT AND CRITERIA

Applications will be reviewed by a review committee nominated by the Executive Director of Family Wellness. The applicant's ability to meet the assessment criteria will be considered based on the information submitted in their proposal.

The review committee may contact applicants for additional information or may make recommendations on alternative funding programs for which projects may be eligible.

***** Note – The committee may decide to fund projects at a level below the amount requested

(a) ***Strength and Scope of Project***

- How does the project help in supporting the health of women and girls in your community?
- What are other potential benefits to the community?
- What is the anticipated duration of benefits to the community?
- How will the project be carried out?
- How will the success of the project be measured?
- Who will be involved in implementing the project?

(b) ***Community Support***

- What is the extent of community support and involvement in the project?
- How do you plan to build awareness of the project in the community? In other communities?
- How will the project build community capacity?
- Will results and ideas be shared with other communities?

(c) **Budget**

- Does the budget include reasonable and realistic expenses?

Applicant Identification
Legal name and purpose of organization:
Contact person and position with organization:

Alternate contact person and position with the organization:	
Mailing address:	
Email:	**Phone Number**:
	Fax Number:
Name of Project and brief description (30 words or less):	
Project Start Date (dd/mm/yyyy):	**Project End Date** (dd/mm/yyyy):
Total Project budget (see attached sheet):	**Total Funding Request**

Project Description – Attach Additional sheets if necessary

Please provide a description of the project or attach a project proposal. Include any information that will help us to assess your project and application as per the Women's Initiative Grants Guidelines.

The project description should include the following:

1. Introduction: Introduce the project and indicate how it addresses women and girls' health and healing;

2. Project Team: Discuss who is involved in carrying out the project and why they are involved;

3. **Project Details:** Explain in more detail what the project is, how it will be carried out, where and over what duration;

4. Community Involvement/Benefits: Discuss how the community will be involved, how the project benefits the community, discuss any existing community support and provide support letters if available;

5. Communications: Describe how you will inform the community about the project and share results of the project after the completion.

Budget (A) (Please provide detailed break-down. Attach additional sheets if required)	
Description	**Amount**
Project Delivery Expenses (Salaries, wages or honoraria)	
Facilitator fee, travel, incidental and accommodation costs	
Supplies (Examples: telecommunications, program supplies)	
Administration (can be up to 10% of the total project cost, projects over 50,000 require audited financial statements, the cost of the audit can be included in the admin costs)	
Accounting 10%	
Total A:	

Other Sources of Funding (B)			
Description	**Confirmed**	**Pending**	**Amount**
Total B:			

In-kind (C)	
Description	**Amount**
Total C:	
TOTAL BUDGET (A + B + C)	
TOTAL REQUESTED FROM FAMILY SERVICES	

REPORTING REQUIREMENTS

Recipients will be expected to provide a final written financial and activity report of the project as per the requirements of the Department of Family Services Grants & Contribution Policy a copy is available on the Family Services website http://www.gov.nu.ca/familyservices

Reports may be made in Inuktitut, Inuinnaqtun, English or French.

Recipients are encouraged to contact the Family Violence Project Officer with any questions or concerns when completing reporting requirements.

APPLICATION STATEMENTS

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 Family Services of the Government of Nunavut.

_____	_____
Print Applicant Name	Print Witness Name
_____	_____
Signature of Applicant	Signature of Witness
_____	_____
Date (dd-mm-yy)	Date (dd-mm-yy)

Prior to submitting the application form:
☐ Please ensure the application is fully complete
☐ Please ensure that if your organization is registered as a non-profit organization, registration papers must be included with this application.