Planning & Programming Department

**Community Services**

**Funding Application**

To be sent by e-mail to: nunami\_nrbhss@ssss.gouv.qc.ca

# Applicant’s information DATE:

|  |
| --- |
| Project name :  |
| Name of Organization :  |
| Community :  |
| Contact person name :  | Title :  |
| Telephone :  | E-mail :  |
| Mailing address :  |

1. **Project committee members**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role** | **Telephone** | **E-mail** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Project description**

|  |
| --- |
|  |

1. **Project objectives**

|  |
| --- |
|  |

1. **What knowledge will be passed on?**

|  |
| --- |
|  |

1. **Who will participate (youth, adults, elders, men, women)? How many are expected to participate?**

|  |
| --- |
|  |

1. **Identify partners involved**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization** | **Contact name** | **Phone** | **Email** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Does the Northern Village support the project?** Yes[ ] No[ ]

If yes, indicate resolution number:

1. **Budget needs:**

### Nature of expenses

Food:

|  |  |
| --- | --- |
| **Description** | **Total ($)** |
|  |  |

Human resources:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Check |  |  |  |
| **Type of resources** | **Volunteer** | **Paid** | **Honorarium/hours** | **Total days** | **Total cost** |
|  |[ ] [ ]   |  |  |
|  |[ ] [ ]   |  |  |
|  |[ ] [ ]   |  |  |
|  |[ ] [ ]   |  |  |
|  |[ ] [ ]   |  |  |
|  |[ ] [ ]   |  |  |
|  |[ ] [ ]   |  |  |
|  |[ ] [ ]  **Total ($)** |  |

Equipment:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Type of equipment** | **Renter** | **Total cost** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total ($)** |  |

|  |  |
| --- | --- |
| **Grand total ($)** |  |

1. **Partners’ contribution:**

|  |  |
| --- | --- |
| **Who / organization** | **Amount ($)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. **Complete Address *(it will be used for payment / sending cheque)*:** Cliquez ou appuyez ici pour entrer du texte.

Applicant’s signature:

*By signing, applicant agree of payment conditions (below)*

1. **Payment conditions:**

Payments to be made by the NRBHSS upon receipt of original invoices, not totalling more than requested amount & production of a final report describing activities delivered.

**Funding criteria - Eligible expenses:**

* Human resources (E.g.: guides, hunters, elders, cook…)
* Healthy store-bought or traditional food
* Skidoo/4-wheeler rental fees
* Gas

Excludes: Infrastructure expenses (building construction or maintenance, vehicles, etc.), junk food, cigarettes, alcohol, cash prizes, large equipment, air fares, honorarium, salary of an employee who organizes or participates in the activity as part of their job functions.

**Rates\*:**

|  |  |
| --- | --- |
| **Guides** | **300$/day** |
| **Boat** | **250$/day** |
| **Ski-doo** | **200$/day** |
| **Honda** | **150$/day** |
| **Truck** | **150$/day** |
| **Food** | **50$/person/day** |
| **Tents** | **100$/night** |
| **Elders** | **300$/day** |
| **Cabin** | **150$/night** |
| **Gas** | **\*** |
| **Dog team** | **250$/ day \*\*** |

*\*Rates are subject to change*

*\*\* Guide fees for the owner of the dogs*

**Comments/ notes:**

\*\*\*Do not forget to attach the receipts and photos when sending this funding application, if you already have some.