



(Level 1 under \$30,000)

**Please fill out the Ilagiiktunut Fund application form as completely as possible.
The Ilagiiktunut Fund Committee will review your proposal. The Community Development Coordinator (CDC) will contact you if more information is needed.**

1. Applicant Information

Your Name or Name of Organization (if applicable): _____

Contact Name: _____

Alternate contact name (if applicable): _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Project Title: _____

Start date of project: _____

End date of project: _____

Amount of Funding Requested: \$

Check Payable to:

Signature of Applicant

Date:



2. Scope of Project

Please check one:

Community Project

Multi-community project

List of Communities that will be participating:

Approximately how many people will your project benefit? ____

What age group is your project for? Check all that apply:

0-5

6-10

11-19

20-30

31-55

55+

All of the above

Is your project for:	men	women	both?
Are you working in partnership with other organizations?	yes	no	

If yes, please list them here:

What is the role of the partner Organizations:



3. **Description of the Project (if you need more space use a different sheet)**

1. Describe the activities of the Project:

a.

b.

c.

d.

e.

2. Describe how these activities will help – people get ready for jobs, contribute to resilient communities or develop stronger families.

a.

b.

c.

3. What is the main purpose of your project?

a.

4. What are the secondary goals of your project

a.

b.

c.

d.

e.

f.

g.

Notes:



4. Budget (This cannot exceed \$30,000 for a Level 1 Project)

Provide details of how the funding would be used, below (use an excel spread sheet or a different sheet to outline all the costs associated with you project): ****please see the project example sheet for additional assistance. Include the following costs:***

- Space Rental Fees
- Equipment Purchase/Rental
- Food
- Fuel (Gas, Naptha,)
- Administration costs (financial services, telephone fees, printing costs)
- Evaluation Fees (you can include the cost of professional evaluators for your project)
- Wages - Honorarium for guests or elders/Instructor Fees
- And money to pay for yourself or a project coordinator or guide!

Item	Description	Quantity	Total Amount \$
		Grand Total \$	

*\$25/hour or \$150 max per day/For Wages

5. Other Sources of Funds

Was your proposal approved from the other funding source? Yes No

Name other funding sources that you are also requesting funding for this project:

Funding Source	\$ Amount \$



6. Optional: Please provide resumes for the people in the coordinator and or administrative positions and Instructors. These will help the Reviewing committee approve your project.

Additional comments:

➤ Let us know of any concerns, or questions that you still have

➤ Let us know why you think this project is important for you community!

Send Completed forms to:

**Qikiqtani Inuit Association, Department of Social Policy
 Igluvut Building,
 2nd floor P.O. Box 1340, Iqaluit, NU.
 X0A 0H0
 Email: info@qia.ca
 Phone: (867) 975-8400
 Toll-free: 1-800-667-2742
 Fax: 867-979-3238**

Office Use Only:

Date of Assessment Committee Review:

Funding Approved: Y / N

Total Amount of Funding Approved: \$ _____

Send Completed forms