

NUNAVUT HARVESTERS SUPPORT PROGRAM

COMMUNITY HUNT PROGRAM MANUAL AND APPLICATION

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Contents

PROGRAM OBJECTIVE	3
PROGRAM DESCRIPTION	
APPLICANT ELIGIBILITY	
ELIGIBLE EXPENSES	
APPROVAL PROCESS	
APPENDIX – Application Form	



PROGRAM OBJECTIVE

Nunavut Harvesters Support Program (NHSP) is to relieve poverty among the Inuit of Nunavut and to preserve and advance Inuit harvesting culture, heritage and traditional ways of life by providing Inuit in need with funding assistance to purchase harvesting equipment.

PROGRAM DESCRIPTION

The Community Hunt Program provides funding and assistance to organizations or groups of five interested in participating in community hunts. Eligible organizations include incorporated entities such as hamlets, Hunters and Trappers Organizations (HTOs), Regional Wildlife Organizations (RWOs) or not-for-profit organizations. Unincorporated and informal groups of hunters are also eligible. Businesses will not be eligible to receive funding under this program. Funding amounts are based on community size, nature of the proposed hunt, and number of harvesters involved.

APPLICANT ELIGIBILITY

To be eligible for funding assistance an incorporated entity must:

- Be in good legal standing to operate in Nunavut;
- Provide a letter of commitment (or alternatively an organizational resolution)
 signed by a director or an executive officer indicating the organization supports the
 proposed hunt and indicating that the applicant understands that all or a
 substantial portion of the harvest (at least 50 per cent) from the proposed hunt
 will be distributed to the community;
- Be able to obtain a harvesting permit, tag or appropriate allocation, if required, for the proposed species to be harvested.

To be eligible for funding assistance an unincorporated group must:

- Be made up of at least five individuals ("Organizers") who are
 - a) 16 years of age or older
 - b) enrolled under the Nunavut Agreement, and
 - c) will be participating in the proposed hunt;
- Provide a letter of commitment signed by all Organizers (additional participants do not have to sign the letter) and indicating that the applicant understands that all or a substantial portion of the harvest (at least 50 per cent) from the proposed hunt will be distributed to the community;
- Be able to obtain a harvesting permit, tag or appropriate allocation, if required, for the proposed species to be harvested.

ELIGIBLE EXPENSES

The Community Hunt Program will provide funding for the following expenses to a maximum of \$5,000 per application:

- a) Fuel for snowmobiles, ATVs/UTVs (Side-by-sides) or boats used by the Applicant for the community hunt at the following rates:
 - Snowmobiles: \$100 per day to a maximum amount of \$500 per snowmobile per application/trip
 - ATVs or UTVs: \$50 per day to a maximum amount of \$250 per ATV/UTV per application/trip
 - Boats: \$200 per day for a maximum amount of \$1,000 per boat per application/trip
- b) Food for harvesters involved in the community hunt at a rate of \$50 per harvester per day to a maximum amount of \$250 per harvester per application/trip (only harvesters ten years of age or older can receive funding for food).
- c) Approved Annual HTO Community Hunts. The annual HTO community hunt budgets will be approved by NHSP on an annual basis. Part or all of the community hunt budget may be used for gas subsidy for hunters in need on a first-come, first-serve basis, subject to the following limits:
 - One application per household per year
 - Maximum amount per application: \$250 for gasoline and \$100 for oil/naptha.

Funds must not be used to pay harvesters for their time during a community hunt or for use of their equipment.

The Applicant shall provide the following information to the program administrator: names of families with whom the catch has been shared (or confirmation that appropriate contribution from the catch has been made to the community freezers (where available); species and quantities caught. The information will be used for the program administration only and not for any other purposes.



APPROVAL PROCESS

NHSP will send you a confirmation after your application is received. We will review your application for accuracy, and verify you meet the eligibility requirements. If your application is incomplete, we will return it to you with a request for more information.

NHSP will work with your Community Liaison Officer (CLO) and/or local HTO to determine whether or not your application will be approved for funding, and will notify you of the decision within 30 days after all information on your application is completed. If your application is approved, the decision will be publicized through our website, community posting and notices to the HTO.



APPENDIX - Application Form

NUNAVUT HARVESTERS SUPPORT PROGRAM COMMUNITY HUNT PROGRAM APPLICATION FORM

1. APPLICANT INFORMATION

LAST NAME:	FIRST NAME:
MAILING ADDRESS:	
NTI ENROLMENT #:	COMMUNITY:
DATE OF BIRTH:	GROUP/ORGANIZATION:
PHONE NUMBER:	EMAIL ADDRESS:

2. APPLICANT ELIGIBILITY

FUNDING SUPPORT MAY BE PROVIDED TO AN APPLICANT, WHO IS EITHER REPRESENTING AN INCORPORATED ENTITY OR A GROUP OF FIVE OR MORE HARVESTERS ENROLED UNDER THE NUNAVUT AGREEMENT.

THE APPLICANT IS:

an incorporated entity in good legal standing to operate in Nunavut

an unincorporated group of five or more harvesters 16 years of age or older and enrolled under the Nunavut Agreement

NOTE: Please use a separate sheet if more space is needed.



3. COMMUNITY HUNT DETAILS

PARTICIPANTS OF THE HUNT	NAME:	AGE:
(INCLUDING ORGANIZERS):		
SPECIES TO BE	NAME OF SPECIES:	QUANTITY:
HARVESTED		
	PERMIT/TAG/ALLOCATION	TAG RECEIVED (IF REQUIRED):
	REQUIRED:	, ,
		□ Yes
	REQUIRED:	
PROPOSED DATE, AREA	REQUIRED: ☐ Yes	□ Yes
PROPOSED DATE, AREA AND MEANS OF TRAVEL:	REQUIRED: Yes No	□ Yes □ No
	REQUIRED: Yes No	□ Yes □ No
	REQUIRED: Yes No	□ Yes □ No
	REQUIRED: Yes No	□ Yes □ No
AND MEANS OF TRAVEL: COMMUNITY	REQUIRED: Yes No	□ Yes □ No
AND MEANS OF TRAVEL: COMMUNITY BENEFITS	REQUIRED: Yes No	□ Yes □ No
COMMUNITY BENEFITS (e.g. Please provide	REQUIRED: Yes No	□ Yes □ No
COMMUNITY BENEFITS (e.g. Please provide information on the following	REQUIRED: Yes No	□ Yes □ No
COMMUNITY BENEFITS (e.g. Please provide information on the following aspects: sharing of catch,	REQUIRED: Yes No	□ Yes □ No
COMMUNITY BENEFITS (e.g. Please provide information on the following	REQUIRED: Yes No	□ Yes □ No
COMMUNITY BENEFITS (e.g. Please provide information on the following aspects: sharing of catch, enabling those who do not	REQUIRED: Yes No	□ Yes □ No
COMMUNITY BENEFITS (e.g. Please provide information on the following aspects: sharing of catch, enabling those who do not own equipment to engage in	REQUIRED: Yes No	□ Yes □ No



4. BUDGET

BUDGET ITEM	COST	COST DETAILS
(Maximum: \$5,000)		(e.g., names of owners of machines/boats,
, , , , , , , , , , , , , , , , , , , ,		total number of machines/boats, names of
		harvesters)
FUEL (GAS) FOR BOAT		
(\$200/boat/day;		
maximum: \$1,000/boat/trip)		
FUEL (GAS) FOR SNOWMOBILE		
(6400)		
(\$100/snowmobile/day; maximum: \$500/snowmobile/trip)		
maximum. \$300/snowmobile/trip/		
FUEL (GAS) FOR ATV OR UTV		
(\$50/ATV or UTV/day;		
maximum: \$250/ATV or UTV/trip)		
FOOD		
(\$50/day for each harvester ten		
years of age or older;		
maximum: \$250/harvester/trip)		
TOTAL AMOUNT REQUESTED		



5. ATTACHMENTS

PLEASE ENSURE TO INCLUDE THE FOLLOWING ATTACHMENTS:				
	Letter of Commitment			
	Copies of permit/tag/allocation, if required			
	Contribution Agreement/Activity Report			
Please submit completed form to:				
Qikid	qtani Inuit Association:			
Seepoola Noble				
Email: NHSP@qia.ca				
Phor	ne Number: 867.975.8438			
Toll	Free: 1.800.667.2742			



6. DECLARATION	
I, on behalf ofapplying for funding assistance under the Co Nunavut Harvesters Support Program (NHSP	
To the best of my knowledge, all of the state true. I understand that any false or misleading being denied and may disqualify my organizassistance from NHSP and/or Qikiqtani Inuit	ng information will result in my application zation or myself from receiving future funding
I promise that any assistance received under harvesting activities only.	this program will be used for the proposed
I, herein, give permission to NHSP to collect application and to make inquiries needed to	and use my personal information related to this evaluate this application.
Upon receiving assistance, I will agree to sup information requested by NHSP.	oply any relevant receipts, records or other relevant
My receipt of assistance will not make me a	n employee, contractor, or agent of NHSP or QIA.
Name	Signature
Date	

