Planning & Programming Department

**Community Services**

**Funding Application**

To be sent by e-mail to: [nunami\_nrbhss@ssss.gouv.qc.ca](mailto: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** |
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1. **Project description:**

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1. **Date project will start – date project will end:**

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|  |

1. **Project objectives:**

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

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

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|  |

1. **Identify partners involved:**

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| --- | --- | --- | --- |
| **Organization** | **Contact name** | **Phone** | **Email** |
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1. **Is the project under the organization Northern Village support the project?** YesNo

If yes, include signature from secretary – treasurer:

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| --- |
|  |

1. **Is the project under the organization of the health centres?** YesNo

If yes, include signature from your manager:

|  |
| --- |
|  |

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** |
|  |  |  |
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|  |  |  |
|  |  |  |
| **Total ($)** | |  |

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

1. **Partners’ contribution:**

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

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)*

**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: Junk food, equipment, airfares, honorarium, and salary (if already receiving salary from employer).

**Rates\*:**

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

*\*Rates are subject to chang*

*\*\* 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.