



| Applicant Information | | |
|---|--|--|
| Name of Charity: | | |
| Charitable Status Number: | | |
| Address: | | |
| Phone Number: | | |
| Email address: | | |
| Contact Person: | | |
| Phone Number (if different from above): | | |
| Email address (if different from above): | | |
| | | |
| Name of Proposing Entity (if different from above): | | |
| Address: | | |
| Phone Number: | | |
| Email Address: | | |
| Contact Person: | | |
| Phone Number (if different from above): | | |





| Email address (if different from above): | | | |
|--|-------------|--------------|--|
| Please provide or attach a brief history, mission, or vision statement of the entity: | | | |
| Proposal for Project/Initiative Funding | | | |
| What is the name of your project/initiative? | | | |
| Which of the following areas best describe the focus of your project/initiative? Check all that apply. Healing and reconciliation for communities and families. Culture and language revitalization. Education and community building. Empowerment of Indigenous spirituality and culture. | | | |
| For non-Indigenous applicants, please list the name(s) of Indigenous Collaborators or Consultants. If more space is needed, please add a page to the application. | | | |
| Name | Affiliation | Phone Number | |
| | | | |





Give a short description of the project/initiative. Attach additional pages if necessary. Describe the need being met by this project or initiative. Attach additional pages if necessary.

Please include a proposed budget with detailed expenses.





Application Checklist:

- □ Application Form
- □ History, Mission, or Vision Statement
- □ Project Description
- □ Area of Identified Need
- □ Proposed Budget with Detailed Expenses.