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SEND COMPLETED FORMS

TO:

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APPLICATION FORM

Nunalingni Aulajjagiagtiit (Community Initiatives Program)

Please fill out the Nunalingni Aulajjagiaqtiit application form as completely as possible. **Note: If** you submit an application form with incompletely information, the chance of getting your proposal reviewed and approved is hindered.

Provide your basic information or the information of the organization you are requesting funding

1. Applicant Information

Signature of Applicant

for: 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:

Date:

2. Scope of Project

Please check one:

† Community Project	
† Multi-community project	
† Qikiqtani wide project	
† Nunavut wide project	
If the project is for more than one cor	nmunity, list affected communities:
How many people will your project b	enefit?
What age group is your project for? C	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 a lift yes, please list them here:	other organizations? † yes † no
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What is the role of the partner organize	zations:

3. Purpose of Project

Describe the purpose of your proposed project. How will the project benefit the Inuit in your community or Inuit in other communities in the Qikiqtani region (attach additional pages if necessary)?

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4. Budget

Provide details of how the proposed funding would be used (attach additional pages if necessary):

Item	Description	Quantity	\$ Amount \$
		Grand Total	al:
	urces that you are also g Source		\$ Amount \$
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your proposal app	roved from the other	funding source?	Yes † No †
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ate of Assessment	Committee Review:		
anding Approved:	YesNo	0	
al Amount of Fu	nding: \$		