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Building Nunavut Together
Nunavu liuqatigiingniq
Bâtir le Nunavut ensemble

CHILDREARING COMMUNITY FUNDING INITIATIVES APPLICATION FORM

Legal name and purpose of organization:	
Contact person and position with organization:	
Alternate contact person and position with the organization:	
Mailing address:	
Email:	**Phone Number**:
	Fax Number:
Project Description	
How is the project aligned with the program and Makimaniq II outcomes?	
Who will be involved in carrying out the project?	
What is the anticipated duration of the project?	
How will the project be carried out?	

Benefits and Impact	
What is the impact of the project in supporting parents/guardians and childrearing?	
How will the project build community capacity?	
What are the known and potential benefits to the community?	
How will the project help in reducing poverty?	
How will this project build self-reliance?	
Community Support	
What is the extent of community support and involvement in the project?	
How do you plan to inform your community about the project?	
What is the possibility of you sharing results and ideas with other communities?	
Project Start Date (dd/mm/yyyy):	**Project End Date** (dd/mm/yyyy):

Detailed Project Activities and Expected Results

1. List all your planned activities. *Please add additional pages as required	2. For each activity state the direct or immediate result that it will achieve. e.g. number of participants	3. State how people will change in terms of practice, knowledge or skills gained?	4. List which of the Makimaniq outcomes below will addressed by each activity? *
5. Inunngiuniq TOT	*Train 15-20 participants* *Knowledge and skills in delivering Inunnguiniq workshops enhanced*	*Communities are to have enough facilitators to help parents and guardians in their roles*	*5.2 strengthen the capacity of our community organizations to provide community based Inunnguiniq and early*

5.2 Strengthened early childhood development and Inunnguiniq:

- increase access to and participation in quality formal Inunnguiniq and early childhood
- strengthen the capacity of our community organizations to provide community-based Inunnguiniq and early childhood development programming childhood development programming that supports learning before children enter K-12
- support caregivers more, especially young parents, as they are their child’s first and most important teacher.
- establish more programs and services that support “two generation learning,” programs in which parents and children learn together, such as family literacy programs.

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Budget

(A) (Please provide detailed break-down. Attach additional sheets if required)	
Description	**Amount**
Project Delivery Expenses (Salaries, wages or honoraria)	
Supplies (Examples: telecommunications, cooking supplies, healthy snacks, program supplies)	
Administration (can be up to 10% of the total project cost, projects over 50,000 require audited financial statements, the cost of the audit can be included in the admin costs)	
Total A:	

Other Sources of Funding (B)			
Description	**Confirmed**	**Pending**	**Amount**
Total B:			

In-kind (C)	
Description	**Value**
Total C:	

Total budget	
(A+B+C) TOTAL BUDGET	
TOTAL AMOUNT REQUESTED	

Declaration of Applicant

I swear that I have personal knowledge of the matter discussed in this application and state that:

To the best of my knowledge, all statements made, and material provided by or on behalf of the undersigned are true and correct:

- The proposed project complies with municipal, territorial, or federal laws.
- I agree to provide representatives of the Inunnguiniq Parenting Program (and all other organizations supplying project funding) with access to the site and premises of the project.
- I authorize the Department of Family Services to obtain information of good standing about the organization from any other funders listed on the application; I understand that the names of individuals and companies that receive contributions from the Inunnguiniq Parenting Program, together with the amounts of those contributions, may be released to the Minister, the Legislative Assembly, municipalities, and the public; and
- I make this declaration believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature: ______________________________

Signed this _______day of __________, 20__, in the community of _______________ _____, Nunavut.