



# INDIGENOUS LANGUAGES COMPONENT APPLICATION FORM

## APPLICATION FOR FUNDING INDIGENOUS LANGUAGES COMPONENT PROGRAM

### APPLICANT INFORMATION

Name of your organization: → \_\_\_\_\_

Address of your organization: → \_\_\_\_\_  
→ \_\_\_\_\_  
→ \_\_\_\_\_  
→ \_\_\_\_\_

Business telephone number: → \_\_\_\_\_ Extension: → \_\_\_\_\_

Fax telephone number: → \_\_\_\_\_

Email: → \_\_\_\_\_  
→ \_\_\_\_\_

Full name of authorized contact: → \_\_\_\_\_

Title: → \_\_\_\_\_

Business telephone number: → \_\_\_\_\_ Extension: → \_\_\_\_\_

Mobile telephone number: → \_\_\_\_\_

Email: → \_\_\_\_\_

### TYPE OF LEGAL ENTITY

Click in appropriate box:

- Regional Organization
- Not-for-Profit Corporation
- For-Profit Corporation
- Municipality/Northern Village
- Other (specify): → \_\_\_\_\_

## PROJECT INFORMATION

Project name: → \_\_\_\_\_  
Project location: → \_\_\_\_\_  
Estimated cost of project: → \_\_\_\_\_  
Estimated start date (YYYY-MM-DD): → \_\_\_\_\_

**1. Please provide a description of the project and the key activities to be undertaken**

**2. Please describe the ways in which your project will support the efforts for Inuit to reclaim, revitalize, maintain, and/or strengthen Inuktitut in Nunavik**

**3. Please provide a high-level budget/cost breakdown of the proposed activities to be funded by the ILC program**

**REPORTING ACKNOWLEDGEMENT**

In the event that the project is approved for funding, the proponent will be required to sign a funding agreement with Makivvik. Included in the funding agreement will be a section outlining reporting responsibilities (i.e, activities, evaluation, financial reports, etc.). Do you acknowledge that reporting will be required for your project?

I acknowledge that reporting may be required for the project

**CONFIRMATION OF SUBMISSION**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**All application forms and supporting documents can be sent to the ILC contact email: [ILC@makivvik.ca](mailto:ILC@makivvik.ca).**