**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): → |  |  |

**PREVIOUS ACCESS TO ILC FUNDING**

Have you, or your organization, accessed ILC funding through Makivvik before?

|  |  |
| --- | --- |
| [ ]  Yes |  |
| [ ]  NoIf yes, have the necessary reporting requirements been provided to Makivvik regarding your previous project?

|  |  |
| --- | --- |
| [ ]  Yes |  |
| [ ]  No |  |

 |  |

**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**

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

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1. **Please provide a high-level budget/cost breakdown of the proposed activities to be funded by the ILC program.** Note: a separate document can also be submitted alongside your application, if desired.

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**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.