

# PROJECT APPLICATION FORM

**CHECK LIST:** This application should include the following if applicable.

- ☐ **Complete Application Form**
- ☐ **Detailed Proposal**
- ☐ **Detailed Budget**
- ☐ **Activity Schedule/Timeline**
- ☐ **Copy of Letter of Good Standing (if the box is checked on page 2)**
- ☐ **Copy of Inuit Firm Registry (if applicable)**
- ☐ **Copy of Nunavut Firm Registry (if applicable)**
- ☐ **Copy of Certificate of Incorporation (if box is checked as non-for-profit on page 1)**
- ☐ **Copy of Business License (if box is checked as for-profit on page 1)**
- ☐ **Copy of Latest Audited Financial statement (if applicable)**

## 1. SUMMARY

Project Title: \_\_\_\_\_

Full Legal Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Organization Type: ☐ Not-for-Profit ☐ For-Profit \_\_\_\_\_

How many Inuit will receive training through this project? \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

## 2. PROJECT FUNDING & BUDGET

Please detail the sources of funding for this project. If there is insufficient space for all sources of funding in the table below, please attach a table to this document detailing all sources of funding.

Total Project Cost \_\_\_\_\_ Amount Requested \_\_\_\_\_

Organization	Funding Requested	Funding Confirmed
Makigiaqta		
<b>Total</b>		

Please detail your budget for this project. If there is insufficient space for all budget items in the table below, please prepare a detailed budget and attach it to this document.

Expense	Cost
<b>Personnel Costs (e.g. wages, benefits, travel)</b>	
<b>Operations Costs (e.g. venue and equipment rentals)</b>	
<b>Materials &amp; Supplies (e.g. learning materials and office supplies)</b>	
<b>Total Funding Requested</b>	

### 3. PROJECT DESCRIPTION

Please provide a brief summary and intended objectives of your proposed project.

Application Type: ☐ Partnership ☐ Contribution Agreement

Program Stream: ☐ Capability Development and Systems Improvement  
☐ Research ☐ Service Delivery

Project Start Date:

Project End Date:

Primary Language of Instruction:

Accreditation Offered: ☐ Yes ☐ No

### 4. PROJECT IMPACTS

How many Inuit are currently working through this project?

How many Inuit new hires will be made because of this project?

How many Inuit will advance in their careers because of this project?

Please indicate the specific population that will benefit from this project. If they are the primary target or will be indirectly impacted, and the number of individuals impacted.

<input type="checkbox"/> Children	<input type="checkbox"/> Primarily Impacted	<input type="checkbox"/> Indirectly Impacted	Number _____
<input type="checkbox"/> Youth	<input type="checkbox"/> Primarily Impacted	<input type="checkbox"/> Indirectly Impacted	Number _____
<input type="checkbox"/> Adults	<input type="checkbox"/> Primarily Impacted	<input type="checkbox"/> Indirectly Impacted	Number _____
<input type="checkbox"/> Elders	<input type="checkbox"/> Primarily Impacted	<input type="checkbox"/> Indirectly Impacted	Number _____

For projects addressing **Priority II. Wraparound Supports for Success in K-12**, please indicate the target population.

- ☐ Students who have left school
- ☐ Students who continue to attend school

For Projects addressing **Priority IV. Advanced Training and Post-Secondary Linked with Employment**, please indicate if the target population is taking part in:

- ☐ Post-secondary Programs
- ☐ ABE, PASS, and Continuing Education Programs

Please indicate the Nunavut regions and communities that will benefit from this project.

<input type="checkbox"/> <b>Qikiqtani</b>	<input type="checkbox"/> <b>Kivalliq</b>	<input type="checkbox"/> <b>Kitikmeot</b>
<input type="checkbox"/> Arctic Bay	<input type="checkbox"/> Arviat	<input type="checkbox"/> Cambridge Bay
<input type="checkbox"/> Clyde River	<input type="checkbox"/> Baker Lake	<input type="checkbox"/> Gjoa Haven
<input type="checkbox"/> Grise Fiord	<input type="checkbox"/> Chesterfield Inlet	<input type="checkbox"/> Kugaaruk
<input type="checkbox"/> Hall Beach	<input type="checkbox"/> Coral Harbour	<input type="checkbox"/> Kugluktuk
<input type="checkbox"/> Igloolik	<input type="checkbox"/> Nauyasat	<input type="checkbox"/> Taloyoak
<input type="checkbox"/> Iqaluit	<input type="checkbox"/> Rankin Inlet	
<input type="checkbox"/> Kimmirut	<input type="checkbox"/> Whale Cove	

**Please list project activities.**

Activity Name	Brief Description	Timeline

**Please describe any training materials that you will use in the delivery of your proposed project.**

**Will the content be based on Inuit-specific programming?** ☐Yes ☐No

**If yes, please describe how content will be developed to assure cultural specificity.**

**Please discuss how you will recruit Inuit participants for this project.**

**Will training material be available in Inuktitut?**    ☐ Yes    ☐ No

## **5. PROJECT CONTRIBUTIONS TO MAKIGIAQTA PRIORITIES**

**Please select the Makigiaqta priorities relevant to your project, listed below, and describe how your project will support them.**

### **I. Early Learning Systems**

- ☐ **A.** Strengthened capability to support Inuit early learning, including Inuktitut acquisition in the early years, among service providers, communities, and families.
- ☐ **B.** Strengthened collective vision and understanding of effective early learning and childcare (ELCC) practices for Inuit children, families, and communities.
- ☐ **C.** Improved practical and financial support for community-based organizations delivering early learning programs (including streamlined, stabilized, and increased funding and centralized administration).

### **II. Wraparound Supports for Success in K-12**

- ☐ **A.** Strengthened capability to support success of Inuit students in K-12 among service providers, community groups, and families.
- ☐ **B.** Strengthened collective understanding of effective extracurricular support programs for school-aged Inuit children and youth (including 'early leavers').
- ☐ **C.** Strengthened planning and coordination in the delivery of wraparound supports by local organizations and schools.

### **III. Foundational Skills Development Opportunities for Adults**

- ☐ **A.** Support Nunavut Arctic College to enhance and expand adult basic education opportunities in all communities.
- ☐ **B.** Strengthen collective understanding of effective adult learning programs for Nunavut Inuit.
- ☐ **C.** Strengthen capability of community groups to plan and deliver non-formal adult learning programs, including intergenerational learning programs.
- ☐ **D.** Increase access to formal adult learning programs (including classroom-based and workplace-based programs and programs that combine learning and work).
- ☐ **E.** Increased access to non-formal, community-based adult learning programs, including a range of programs rooted in Inuit culture.
- ☐ **F.** Increase access to all levels of Inuktitut learning programs for Inuit, including diverse workplace-based, classroom-based, and community-based programs.

### **IV. Advanced Training and Post-Secondary Linked with Employment.**

- ☐ **A.** Increased access by Inuit to job-specific and sector-specific advanced training programs, including on-the-job, mentorship, and classroom-based programs that are directly linked with opportunities for employment or advancement.
- ☐ **B.** Increased overall access by Inuit to post-secondary programs within and outside of Nunavut that are directly linked with opportunities for employment or advancement.
- ☐ **C.** Strengthened student funding programs.
- ☐ **D.** Enhanced holistic wraparound supports for Inuit students in post-secondary and advanced training programs and increased access to such supports.



Please describe how your project will support the Makigiaqta priorities that you have selected.

## 6. PROJECT TEAM

How many people are on the project team?

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How many Inuit are on the project team?

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**Please provide the name, role, and experience of each project team member and whether they are a Nunavut Inuk. If the number of project team members exceeds five, please attach a list to this document detailing the information required in this section for each additional team member.**

### **Team Member 1**

Name:

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Role:

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Experience:

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Email:

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Phone number:

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Team member is a Nunavut Inuk: ☐

### **Team Member 2**

Name:

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Role:

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Experience:

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Email:

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Phone number:

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Team member is a Nunavut Inuk: ☐

### **Team Member 3**

Name: \_\_\_\_\_

Role: \_\_\_\_\_

Experience: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Team member is a Nunavut Inuk: ☐

### **Team Member 4**

Name: \_\_\_\_\_

Role: \_\_\_\_\_

Experience: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Team member is a Nunavut Inuk: ☐

## **6. Organization Legal Registration**

- ☐ **Organization is in good standing with legal registries to operate in Nunavut.**
- ☐ **Organization is based in Nunavut.**
- ☐ **Organization is registered as Nunavut firm under NNI.**
- ☐ **Organization is registered as an Inuit Firm in the Inuit Firm Registry.**

## 7. SIGNATURE & AUTHORIZATION

I certify that:

- The information in this application and its annexes is correct, to the best of my knowledge;
- Appointed Makigiaqta representatives are authorized to obtain and share with persons or organizations, public or private, any information necessary to complete the assessment of this project;
- The applicant is in principle prepared to enter into a funding agreement with Makigiaqta and to accept the terms, conditions, and other obligations of the funding agreement;
- The applicant agrees to meet all Makigiaqta reporting requirements; and
- I am authorized to sign this application on behalf of the organization making the application.

Name:

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Position/Title:

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Date Submitted:

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Signature:

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**This section is to be completed by Makigiaqta staff. If you are the applicant, please do not fill out this section.**

Date Received:

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Date Entered:

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Received By:

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Signature:

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