



Nunavut Harvesters Support Program Atugaksait Application Program

Please refer to the Nunavut Harvesters Support Program Description for eligibility requirements. Please print or type when completing this form. Attach a separate sheet to this application if you need more space. Submit application to:

Nunavut Tunngavik Inc.
Program Officer
Nunavut Harvester Support Program
PO Box 280 Rankin Inlet, NU X0C 0G0
Tel: (867) 645-5400 Fax: (867) 645-3451
Toll Free: 1-888-236-5400
Web site: www.tunngavik.com

Name of Project:

Project Coordinator (Individual only)

First Name _____
Last Name _____
Mailing Address _____

Community _____ Postal Code _____

e-mail _____
Telephone (Day) _____ Fax (Day) _____

Secretary Treasurer

First Name: _____
Last Name: _____
Position with Organization: _____
Mailing Address: _____

Community: _____ Postal Code: _____

e-mail: _____
Telephone (Day): _____ Fax (Day): _____

Project Activities

Attach a separate sheet if you need more space.

1) Where will the activities/program take place?

2) Who will instruct the project and what are their qualifications?

3) What skills and/or knowledge will be taught?



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4) What are the benefits of delivering such a program in your community, and who will benefit from the project?

5) What will be done with the finished product or garments?

Project Schedule

Project start date: Year: _____ Month: _____ Day: _____
Project end date: Year: _____ Month: _____ Day: _____
Days of activities: S M T W T F S
Hours spent per day: _____
Total hours of project: _____

Schedule of Events

List the specific activities and events for the project duration.

Project Instruction

of Instructors: _____
 PAID VOLUNTEER
Rate of pay: _____ per hour
of hours: _____ per instructor
Is the instructor(s) a community Elder? Yes No

Project Participation

1) What group of participants is this project targeting? For example: youth, men, women, students, community members.

2) How many people will participate in this project?



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References

You must enclose at least two letters of support with your application. Please list below the persons who provided these letters of support.

Name: _____ Telephone: _____

Additional Information

You may use this space for any additional information that you would like to include

Applicant Statement

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief, and that I do not have any outstanding commitments resulting from previous projects financed by Nunavut Harvesters Support Program or Nunavut Tunngavik Incorporated.

Signature: _____

Print Name: _____

Date : (DD/MO/YY): _____

Witness: _____

Print Name: _____

Date: (DD/MO/YY): _____