



NUNAVUT HARVESTERS SUPPORT PROGRAM
COMMUNITY HUNT PROGRAM MANUAL

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1 PROGRAM OBJECTIVE

The Nunavut Harvesters Support Program (NHSP) Community Hunt Program is intended to relieve poverty among Inuit in Nunavut and to preserve and advance Inuit harvesting culture, heritage and traditional ways of life by funding and assisting with community hunts in Nunavut.

2 PROGRAM DESCRIPTION

The Community Hunt Program provides funding and assistance to organizations or groups interested in participating in community hunts. Eligible organizations include incorporated entities such as hamlets, Hunters and Trappers Organizations (HTOs), Regional Wildlife Organizations (RWOs) or not-for-profit organizations. Unincorporated and informal groups of hunters are also eligible. Businesses will not be eligible to receive funding under this program. Funding amounts are based on community size, nature of the proposed hunt, and number of harvesters involved.

3 APPLICANT ELIGIBILITY

To be eligible for funding assistance an incorporated entity must:

- Be in good legal standing to operate in Nunavut;
- Provide a letter of commitment (or alternatively an organizational resolution; see suggested template) signed by a director or an executive officer indicating the organization supports the proposed hunt and indicating that the applicant understands that all or a substantial portion of the harvest (at least 50 per cent) from the proposed hunt will be distributed to the community;
- Be able to obtain a harvesting permit, tag or appropriate allocation, if required, for the proposed species to be harvested.

To be eligible for funding assistance an unincorporated group must:

- Be made up of at least five individuals (“Organizers”) who are (a) 16 years of age or older, (b) enrolled under the Nunavut Agreement, and (c) will be participating in the proposed hunt;
 - Provide a letter of commitment (see suggested template) signed by all Organizers (additional participants do not have to sign the letter) and indicating that the applicant understands that all or a substantial portion of the harvest (at least 50 per cent) from the proposed hunt will be distributed to the community;
 - Be able to obtain a harvesting permit, tag or appropriate allocation, if required, for the proposed species to be harvested.
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4 ELIGIBLE EXPENSES

The Community Hunt Program will provide funding for the following expenses to a maximum of \$5,000 per application:

- (a) Fuel for skidoos, ATVs or boats used by the group for the community hunt at the following rates:
 - Skidoo, \$50 per day to a maximum amount of \$250 per skidoo per application/trip
 - ATV, \$30 per day to a maximum amount of \$60 per ATV per application/trip
 - Boat, \$100 per day for a maximum amount of \$500 per boat per application/trip
- (b) Food for harvesters involved in the community hunt at a rate of \$30 per harvester per day to a maximum amount of \$150 per harvester per application/trip (only harvesters 10 years of age or older can receive funding for food).

Note that NHSP funding must not be used to pay harvesters for their time during a community hunt or for use of their equipment.

5 APPROVAL PROCESS

NHSP will send you a confirmation after your application is received. We will review your application for accuracy, and verify you meet the eligibility requirements. If your application is incomplete, we will return it to you with a request for more information.

NHSP will work with your Community Liaison Officer (CLO) and/or local HTO to determine whether or not your application will be approved for funding, and will notify you of the decision within 30 days after all information on your application is completed. If your application is approved, the decision will be publicized through our website, community posting and notices to the HTO.



NUNAVUT HARVESTERS SUPPORT PROGRAM
COMMUNITY HUNT PROGRAM APPLICATION FORM

1. APPLICANT INFORMATION

LAST NAME:	FIRST NAME:
MAILING ADDRESS:	
NTI ENROLMENT #:	COMMUNITY:
DATE OF BIRTH:	GROUP/ORGANIZATION:
PHONE NUMBER:	EMAIL ADDRESS:

2. APPLICANT ELIGIBILITY

FUNDING SUPPORT MAY BE PROVIDED TO AN APPLICANT, WHO IS EITHER REPRESENTING AN INCORPORATED ENTITY OR A GROUP OF FIVE OR MORE HARVESTERS ENROLED UNDER THE NUNAVUT AGREEMENT.

THE APPLICANT IS:

- ☐ an incorporated entity in good legal standing to operate in Nunavut
- ☐ an unincorporated group of five or more harvesters 16 years of age or older and enrolled under the Nunavut Agreement

NOTE: Please use a separate sheet if more space is needed



3. COMMUNITY HUNT DETAILS

PARTICIPANTS OF THE HUNT (INCLUDING ORGANIZERS):	NAME:	AGE:
	SPECIES TO BE HARVESTED	NAME OF SPECIES:
PERMIT/TAG/ALLOCATION REQUIRED: ☐ Yes ☐ No		TAG RECEIVED (IF REQUIRED): ☐ Yes ☐ No
PROPOSED DATE, AREA AND MEANS OF TRAVEL:	DATE/HARVESTING AREA:	MEANS OF TRAVEL:
COMMUNITY BENEFITS (e.g., please provide information on the following aspects: sharing		



of catch, enabling those who do not own equipment to engage in hunt, training youth on traditional skills, etc.):	

4. BUDGET

BUDGET ITEM (Maximum: \$5,000)	COST	COST DETAILS (e.g., names of owners of machines/boats, total number of machines/boats, names of harvesters)
FUEL (GAS) FOR BOAT (\$100/boat/day; maximum: \$500/boat/trip)		
FUEL (GAS) FOR SKIDOO (\$50/skidoo/day; maximum: \$250/skidoo/trip)		
FUEL (GAS) FOR ATV (\$30/ATV/day; maximum: \$60/ATV/trip)		
FOOD (\$30/day for each harvester ten years of age or older; maximum: \$150/harvester/trip)		
TOTAL AMOUNT REQUESTED		



5. ATTACHMENTS

PLEASE ENSURE TO INCLUDE THE FOLLOWING ATTACHMENTS:

- ☐ ☐ Letter of Commitment
- ☐ ☐ Copies of permit/tag/allocation, if required

Please submit completed form to:

Kivalliq Inuit Association: Naanasee

Onalik and Kristof Karcza

Email: nonalik@kivalliqinuit.ca

Phone Number: 867-645-5760

Email: kkarcza@kivalliqinuit.ca

867-645-5764

Toll Free: 1-800-220-6581

6. DECLARATION

I, on behalf of _____,
am applying for funding assistance under the Community Hunt Program administered by
Nunavut Harvesters Support Program (NHSP).

To the best of my knowledge, all of the statements or information in this application are true.
I understand that any false or misleading information will result in my application being denied
and may disqualify my organization or myself from receiving future funding assistance from
NHSP and/or Kivalliq Inuit Association (KIA).

I promise that any assistance received under this program will be used for the proposed
harvesting activities only.

I, herein, give permission to NHSP to collect and use my personal information related to this
application and to make inquiries needed to evaluate this application.

Upon receiving assistance, I will agree to supply any relevant receipts, records or other relevant
information requested by NHSP.

My receipt of assistance will not make me an employee, contractor, or agent of NHSP or KIA.

Name

Signature

Date