



ᖃᕈᕈᖃᖃᖃᖃ ᖃᖃᖃᖃ ᖃᖃᖃᖃᖃᖃᖃᖃᖃᖃ
Qikiqtani Inuit Association

NUNAVUT HARVESTERS SUPPORT PROGRAM

HARVEST EQUIPMENT PROGRAM MANUAL

TABLE OF CONTENTS

1	Program Objective	3
2	Program Description	3
3	Applicant Eligibility	3
4	Eligible Expenses	4
5	Approval Process	4
6	Appendix 1- Application Form	6



1 PROGRAM OBJECTIVE

Nunavut Harvesters Support Programs (NHSP) are intended to relieve poverty among Inuit in Nunavut and to preserve and advance Inuit harvesting culture, heritage and traditional ways of life by providing Inuit in need with funding assistance to purchase harvesting equipment.

2 PROGRAM DESCRIPTION

The NHSP Harvesting Equipment Program provides Inuit in Nunavut who are in need with funding assistance to make harvesting equipment and tools more affordable so they can participate in traditional harvesting activities. An applicant is considered in need if they need financial assistance to purchase harvesting equipment required to support their family and/or community. They are also considered in need if they have suffered equipment loss due to an unavoidable natural disaster.

Funding will be provided in three areas:

- a) Funding assistance for the purchase of small harvesting equipment;
- b) Funding assistance for the purchase of safety equipment; and
- c) Funding assistance for disaster relief.

3 APPLICANT ELIGIBILITY

To be eligible for funding assistance you must meet the following criteria:

- An Inuk 16 years of age or older and enrolled in the Nunavut Agreement;
- A harvester who engages in traditional harvesting activity; and
- Your household has not exceeded the annual funding limit (\$1,000) in the applicable fiscal year. For the purpose of this section, your household includes your legal or common-law spouse (your parents, children or other family members or relatives living in the same house who are 16 years of age or older are considered separate households).

Additionally, you must confirm that you either:

- Need financial assistance to purchase required harvesting equipment; or
 - Have suffered financial loss due to an accident or disaster.
-



4 ELIGIBLE EXPENSES

NHSP Harvesting Equipment Program provides funding assistance for equipment required to carry out hunting, fishing, gathering and/or trapping activities. This includes the following:

- a) **Small Equipment:** 50 per cent of the equipment costs (including shipping costs) to a maximum of \$500 per request and \$1,000 per household each year for small harvesting equipment/tools (See list of eligible small equipment set forth in the application form);
- b) **Safety Equipment:** 50 per cent of the equipment costs (including shipping costs) to a maximum of \$500 per request and \$1,000 per household each year for safety equipment used for harvesting (See list of eligible safety equipment set forth in the application form);
- c) **Disaster Relief:** 25 per cent of the net replacement cost, to a maximum of \$2,000, for any major harvesting equipment lost in an accident or disaster. To qualify for this program, the equipment must be lost or damaged beyond repair. Net replacement cost refers to the purchase price (including shipping costs) of replacement equipment minus any payment from insurance and government program on the same equipment.

Funding assistance will be provided as follows:

- a) If you have purchased your equipment, in the form of a payment to you to partially reimburse the purchase costs;
- b) In the case of a partner program with a northern retailer on small/safety equipment, in the form of final payment after you have paid the down payment and the remaining balance minus the NHSP portion; or
- c) If you have not purchased the equipment (including replacement equipment after an accident or disaster), in the form of a payment to you to partially reimburse the purchase costs, after you have purchased the equipment.

5 Approval Process

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

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

If your submission is approved, instructions on how to receive the fund for your purchase will be provided to you.



NUNAVUT HARVESTERS SUPPORT PROGRAM
HARVESTING EQUIPMENT PROGRAM APPLICATION FORM

1. APPLICANT INFORMATION

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

2. PROGRAM INFORMATION

PLEASE INDICATE WHICH SUBSIDY YOU ARE APPLYING FOR (You can check more than one boxes):

- ☐ Small Equipment
☐ Safety Equipment
☐ Disaster Relief

3. APPLICANT ELIGIBILITY

TO RECEIVE FUNDING ASSISTANCE, YOU HAVE TO CONFIRM:

- ☐ You are 16 years of age or older and enrolled in the Nunavut Agreement
☐ You engage in traditional harvesting activity
☐ Your household has not exceeded the annual funding limit (\$1,000) in the applicable fiscal year
☐ If applying for small and/or safety equipment program, you need financial assistance to purchase required harvesting equipment
☐ If applying for disaster relief, you have sustained substantial financial loss due to an accident or disaster

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



4. FUNDING REQUESTS DETAIL

SMALL EQUIPMENT SUBSIDY (50% of the equipment costs to a maximum of \$500 per request and \$1,000 per household per year)	EQUIPMENT & QUANTITY	UNIT PRICE & SUBTOTAL
	Bailer/manual water pump (_____)	
	Buoyant heaving line (_____)	
	Fishing rods & reels (_____)	
	Fillet knife (_____)	
	Fishing line (_____)	
	Fishing net (_____)	
	Tackle box/tackle (_____)	
	Scales and measuring devices (_____)	
	Fishing waders (_____)	
	Wading boots (_____)	
	Ice auger (_____)	
	Ice fishing electronics (sonar systems and cameras) (_____)	
	Thermos (_____)	
	Portable heater/camping stove (_____)	
	Tent (_____)	
	Sewing machine (_____)	
	Rifle (_____)	
	Ammunition (_____)	
	Bow/crossbow (_____)	



ᑭᑭᑭᑭᑭᑭ ᐃᐃᑦ ᑲᑭᑭᑭᑭᑭᑭᑭᑭᑭᑭ Qikiqtani Inuit Association

	Manual propelling device (_____)	
	SPOT device (_____)	
	Satellite Phone (_____)	
	CB/VHF Radio (_____)	
	Compass/GPS (_____)	
	Flares (_____)	
	Headlamp (_____)	
	Flashlight (_____)	
	First Aid kit (_____)	
	Thermal pack (_____)	
	Reboarding device (_____)	
TOTAL COST		
TOTAL AMOUNT REQUESTED (50% OF THE TOTAL COST – \$500 MAXIMUM)		
DISASTER RELIEF (25% of the net replacement cost, to a maximum of \$2,000, for any major harvesting equipment lost in an accident or disaster)	INCIDENT DATE:	LOCATION:
	DETAILS OF INCIDENT:	
	NAME(S) OF WITNESS(ES):	
	DAMAGED EQUIPMENT:	VALUE:
	REPLACEMENT EQUIPMENT PURCHASED OR TO BE PURCHASED:	PRICE (INCLUDING SHIPPING COST):



6. ATTACHMENTS

PLEASE ENSURE TO INCLUDE THE FOLLOWING ATTACHMENTS:

- ☐ **For small/safety equipment, purchase receipt or proof of payment/down payment, or a brief description of the equipment you plan to purchase**
- ☐ **For disaster relief, purchase receipt, or a brief description of the equipment you plan to purchase**

Please submit completed form to:

Qikiqtani Inuit Association: Neil Kigutaq and
Andrew Randall
Emails: NKigutaq@QIA.ca and ARandall@QIA.ca
Phone Number: 867-975-8381
Toll Free: 1-800-667-2742



7. DECLARATION

I am applying for funding assistance under the Harvesting Equipment 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 or Qikiqtani Inuit Association (QIA).

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

I 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 QIA.

Name

Signature

Date