

Nunavut Tunngavik Foundation Cultural & Healing Program Application

APPLICANT INFORMATION	
Organization, Group or Individual Name:	
Mailing Address:	
Region:	
Location of program:	
Telephone number:	
Fax number:	
Date:	
Contact person:	
Contact email:	
Amount requested:	

CHECKLIST		
	Project Proposal	
	Detailed Project Budget	
	% of Nunavut Inuit Enrolled Clientele	
	Business license # (where applicable)	NNI# (where applicable)

I read the Cultural and Healing Program Guide before I filled out this Application

I am applying for Cultural and Healing Program funds for its intended purposes and for no other improper purpose

If selected, I agree to comply with the terms and conditions of the Nunavut Tunngavik Foundation's funding agreement

Signature

Applicant INFORMATION

**Applicant(s)
Information**

**Individual Inuk
(Enrollment
_____)**

**Group of Inuit
Enrolled under
Nunavut
Agreement**

**Educational
Institution**

**Non-Profit
Organization**

**Urban/Friendship
Centre**

**Early Childhood
Centre**

Other (Specify:)

Project Objectives:

Healing program that addresses effects or harm of Residential Schools

Teaching of Inuit history, culture, languages and traditions

Traditional or On-the-Land Programs

Other (Specify:)

Project Proposal:

Describe Activities of Project to be provided to Inuit Enrolled under Nunavut Agreement

**Detailed Budget:
List Eligible
Expenses**

**Honouraria for
Guides or
Instructors**

**Honouraria for
Elders**

Equipment Rental,

**Material and
Supplies**

Food

**Travel and
Accommodation**

**Fuel and
Incidental Costs**

Other (Specify:)

**Percentage of
Nunavut Inuit
Enrolled Clientele:**