# SECTION A – APPLICANT INFORMATION

**Name of Organization:**

Click or tap here to enter text.

**Organization Type:**

Choose an item.

*\*If you checked “Individual” please complete the Endorsing Organization section.*

**Charitable Organization / Incorporation Number:**

## Organization Mailing Address

Click or tap here to enter text.

**Street or P.O. Box:**

Click or tap here to enter text.

**City or Town:**

Click or tap here to enter text.

**Postal Code:**

Click or tap here to enter text.

## Organization Contact Information

**First and Last Name:**

Click or tap here to enter text.

**Position:**

Click or tap here to enter text.

**Phone Number:**

Click or tap here to enter text.

**E-Mail:**

Click or tap here to enter text.

***Individuals*** must identify an endorsing organization

## Endorsing Organization (Applicable Only if Proponent is an ‘Individual’)

**Organization Name:**

Click or tap here to enter text.

**Organization Type:**

Choose an item.

**Charitable Organization / Incorporation Number:**

Click or tap here to enter text.

**Contact First and Last Name:**

Click or tap here to enter text.

**Position:**

Click or tap here to enter text.

**Phone Number:**

Click or tap here to enter text.

**E-Mail:**

Click or tap here to enter text.

# SECTION B – PROJECT INFORMATION

**Project Name:**

Click or tap here to enter text.

**Project Location(s):**

Click or tap here to enter text.

## Project Description

1. **Target project audience and expected number of participants**

Click or tap here to enter text.

1. **Project partners (ex. other funding partners, in-kind supports, etc.). If no other project partners, please indicate “Not Applicable.”**

Click or tap here to enter text.

1. **Brief description of the project (approximately 200 words)**

Click or tap here to enter text.

1. **Project work plan, including start date, end date, timelines and key milestone(s) (approximately 1,000 words)**

Click or tap here to enter text.

1. **How does your project support the Indigenous and Northern Initiatives Fund Objectives? Refer to the Grant Guide – Fund Objectives. (approximately 400 words)**

Click or tap here to enter text.

1. **Identify the projected in-kind and volunteer support (number of hours and/or total dollar value of goods/services) from your organization and other partner organizations.** (Note for successful applicants: The actual in-kind and volunteer support hours/dollars will be requested in the Final Report.)

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Estimated Value of Goods/Services**  (identify hours and/or dollar value) | |
| **Organization Name** | **Support Type**  (ex. donated goods/services) | **Number of Hours** | **Total Dollar Value** |
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1. **Attach your own budget or complete the budget template available on the fund website. Refer to “What We Fund” for a general breakdown of eligible and ineligible costs.**

# SECTION C – APPLICANT DECLARATION

I hereby certify that:

1. I read, understand, and comply with the Indigenous and Northern Initiatives Fund Terms and Conditions:
2. If approved proposals equal to or less than $5,000 will receive a grant funding letter issued by Manitoba.
3. If approved proposals greater than $5,000 will require a project grant funding agreement signed by the applicant and Manitoba.
4. If approved, the project grant funding letters and agreements will outline the terms, the acceptable use of funds, project end date, payment process, treatment of project surplus or deficit and reporting requirements.
5. I am an authorized signing officer of the applying organization.
6. The information provided in this application is accurate to the best of my knowledge and is endorsed by the organization that I represent.

I consent to Manitoba sharing this information with program reviewers, technical advisors and other agencies with interests in my project, to be used solely to assess my application for funding.

I agree to provide further information as requested by Manitoba Indigenous and Northern Relations, as part of the project review process.

DECLARED by the applicant with the following signature\*:

**First and Last Name:** Click or tap here to enter text.

**Position:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

\* I understand that typing my name constitutes a legal signature.

Questions? Please contact us at [INRgeneral@gov.mb.ca](mailto:INRgeneral@gov.mb.ca) or call (204) 945-7569. Please indicate ‘Indigenous and Northern Initiatives Fund’ in the subject line.

Please submit completed **application form AND project budget** to:

[INRgeneral@gov.mb.ca](mailto:INRgeneral@gov.mb.ca)

Att: Indigenous and Northern Initiatives Fund

OR

INDIGENOUS AND NORTHERN RELATIONS

Att: Indigenous and Northern Initiatives Fund

300-352 Donald Street

Winnipeg, MB R3B 2H8