**ANNEX 1: Applicant Form**

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| **Part A – First Nation / Inuit Community or Federal Indian Day School Survivor Committee**  |
| 1. **Legal name of Community or Survivor Committee**
 |
| 2.**Name of Federal Indian Day School that was in your Community**Name:  |
| 3.**Identify the Years the Indian Day School operated in your Community** Years:  |
| 4. **Is the Applicant (please identify which one is applicable to you):** □ First Nations Community □ First Nation Indian Day School Survivor Committee □ First Nations Organization □ Inuit Community □ Inuit Organization □ Inuit Survivor Committee  |
| 5. . Incorporated jurisdiction (if applicable)  a) Federal b) Provincial c) TerritorialEnter type of incorporated jurisdiction | 6. Corporation or business number (if applicable)Enter business number |
| **Primary Address of First Nation / Inuit Community** |
| 7. Primary address – number, street, P.O box Enter primary address  |
| 8. City Enter city  | 9. Province/Territory (required)Enter province  |
| 10. Postal code Enter postal code |
| 11. Telephone Enter telephone | 12. Extension (if applicable) Enter extension |
| 13. Official email address Enter official email address |
| 14. Official website (if applicable) Enter official website |
| **Mailing Address of Applicant**  |
| 15. Mailing address – number, street, P.O box Enter mailing address  |
| 16. City & Province Enter city & province  | 17. Postal Code  |



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| **Part B – Name of Applicant - Person who is making application on behalf of Community or Committee**  |
| Identify name and contact information of applicant  |
| 17. Salutation a) Mr. b) Ms. c) Mrs. d) Chief e) Dr. f) OtherEnter salutation |
| 18. First name Enter first name |
| 19. Last nameEnter last name |
| 20. Title/Position Enter title/positionpo |
| 21. Email address Enter email address |
| 22. TelephoneEnter telephone | 23. Extension (if applicable)Enter extension | 24. Fax number (if applicable)  |
| **Alternative contact person**  |
| 25. Salutation a) Mr. b) Ms. c) Mrs. d) Chief e) Dr. f) OtherEnter salutation |
| 26. First Name Enter first name |
| 27. Last Name Enter last name |
| 28. Title/Position  Enter title/positionpo |
| 29. Email address Enter email address |
| 30. Telephone Enter telephone | 31. Extension (if applicable)Enter extension | 32. Fax number (if applicable)  |



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| **Part C – IDENTIFY WHICH LEGACY FUND PILLAR YOU ARE APPLYING FOR** |
| **Category 1:** **□** Establishment of Indian Day School Survivors Committee* Up to $25,000.00 (one time only funding)
 |
| **Category 2: Select only one pillar.** * + Healing & Wellness - Up to $250,000 per year for 1 to 4 years
	+ Language & Culture - Up to $100,000 per year for 1 to 4 years
	+ Commemoration - Up to $100,000 for one time only funding – this funding can be split over 4 years (for maximum total of $100,000.00)
	+ Truth Telling - Up to $100,000 for one time only funding – this funding can be split over 4 years (for maximum total of $100,000.00)
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| **Part D – CATEGORY 1 PROJECT ACTIVITY - Identify Project Title and Project Time Period**  |
| Project Title: Enter project title |
| Start Date of Project: Enter project start date (YYYY-MM-DD) | End Date of Project: Enter project end date (YYYY-MM-DD)  |
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| **Part E – CATEGORY 2 PROJECT ACTIVITY - Identify Project Title and Project Time Period**  |
| Project Title: Enter project title |
| Start Date of Project: Enter project start date (YYYY-MM-DD) | End Date of Project: Enter project end date (YYYY-MM-DD)  |



**ANNEX 2: Application Funding Request and Description of Activities**

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| **Section 1.A : FUNDING REQUEST – CATEGORY 1 (if you selected Category 1 – provide information)**  |
| Start Date of Project:  Enter project start date (YYYY-MM-DD) | End Date of Project Enter project end date (YYYY-MM-DD)  |
| Amount of Funding Requested:

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| **Funding Request** |
| $ Enter amount  |

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| **Section 1.B: Provide descriptive details of your proposed Category 1 activity - the timeline, the participants, project lead, beneficiaries, goals and outcomes**  |
| Please list the activity or activities you are planning to develop for the creation of a Survivors Committee; provide a timeline for the activity/activities; include the project lead; participants; beneficiaries, goals, milestones, outcomes/results, and budget (see template).  |  |
| Who are the leads and participants of your overall project and each activity?  |  |
| Identify what expertise and resources you will use.  |  |
| Describe how Federal Indian Day School Survivors will be involved with the project; and how will they benefit from this project?  |  |
| Describe how your Survivors Committee will be implemented, managed and ongoing.  |  |
| Describe how your project will be supported by your Community leadership.  |  |
| **Section 2.A: FUNDING REQUEST – CATEGORY 2 (if you selected Category 2 & are requesting for 1- 4 years of funding, provide information)**  |
| Start Date of Project:  Enter project start date (YYYY-MM-DD) | End Date of Project Enter project end date (YYYY-MM-DD)  |
| Amount of Funding Request

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| **Funding Request Year 1**  |
| $ Enter Amount |
| **Funding Request Year 2** |
| $ Enter Amount |

 | Amount of Funding Request

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| **Funding Request Year 3**  |
| $ Enter amount  |
| **Funding Request Year 4**  |
| $ Enter amount  |

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| **Section 2.B: Provide a Work Plan of your proposed Category 2 activities - the timeline, the participants, project lead, beneficiaries and goals - you must provide a work plan for each year (funding is up to 4 years, if you are applying for less than four years of funding, you only need to provide a work plan for the relevant years of your application). Please provide details in the space beside each question.**  |
| Please list the activities you are planning to develop and deliver over the course of a year or years; provide a timeline for each year of the activities, for example:  Year 1: 2025-2026: Work Plan Year 2: 2026-2027: Work PlanYear 3: 2027-2028: Work PlanYear 4: 2028-2029: Work Plan Include the project lead; participants; beneficiaries; goals; milestones; outcomes/results; and budgets (see templates).  | Work Plan Year 1Work Plan Year 2Work Plan Year 3Work Plan Year 4  |
| Who are the leads and participants of your overall project and for each activity?  |  |
| Identify what expertise and resources you will use.  |  |
| Describe how Federal Indian Day School Survivors will be involved with the project; and how will they benefit from your proposed project?  |  |
| Describe how your project will be implemented and managed; and continued on after the end date of your overall project.  |  |
| Describe how your project will be supported by your Community leadership.  |  |



**ANNEX 3: Applicant Information Form**

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| **Background: Provide a brief description of your First Nation or Inuit Community or Federal Indian Day School Survivor Committee and include the name of the Federal Indian Day School that was operating in your community.**  |
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| **Experience: Provide a brief description of your work with Federal Indian Day School Survivors or Survivors Group.**  |
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| **Partnerships: If your proposed activities will include partners, please list partners and their roles.**  |
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| **Participation and Beneficiaries: Describe how your program / project activities will align with the objectives of the MDSSC Legacy Fund. Also include how Federal Indian Day School Survivors will be included, involved and benefit from the legacy fund activities.** |
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**ANNEX 4: Applicant Declaration Form**

**Read and SIGN**

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| **Declaration and Attestation** |
| **I declare that**: * The information in the application is true, accurate and complete.
* I have all the necessary authorities to undertake the proposed project, or will obtain these authorities prior to the approval of the project.
* I am in compliance with the Legacy Fund Guidelines for this application for funding.
* I commit to take measures conducive to creating a workplace free from harassment, abuse and discrimination.
* I have the necessary capacity to conduct and complete the program activities and initiatives identified in the propsed work plan(s).

**I agree that**:* The submission of this Application does not constitute a commitment on the part of the MDSSC to award funding.

**If funds are approved, I agree that**: * Where the Applicant is found to have submitted false or unsupported information, the Applicant shall be required to repay the full amount.
* This Agreement does not create a partnership, agency or joint venture and I shall not represent myself as an agent, partner or employee in carrying it out.
* The terms and conditions of the Funding Agreement will be respected and fulfilled.
* Where the Applicant fails to remain eligible or where there is a default under this Agreement, the MDSSC may reduce the funding level, suspend any payment, rescind this Agreement and immediately terminate any financial obligation arising out of it and recover any unexpended amount or any amount that the Applicant was not eligible or entitled to receive.
* To share the outcomes / results of the legacy fund progam and activities.

**In addition, I shall:*** Use the funds only for the purposes specified in the Funding Agreement.
* Indemnify the MDSSC from any claim or cause of action arising from injury, damage, or death sustained in carrying out the Applicant’s activities

[ ]  **I Accept (**you must apply a check mark**)**  |

**Application requires your signature**

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| **Signature (required)** |
| **Enter full name** |
| **Enter title/position** |
| **Enter date (DD/MM/YYYY)** |

***PLEASE FILL IN THE REQUIRED INFORMATION – DO NOT FORGET TO SIGN***

**MANDATORY REQUIREMENT OF APPLICATION SUBMISSION**

Do not forget to attach the Budget identifying each Activity, Expenses & Cost

**PLEASE SEE BUDGET TEMPLATE**

**FILL IN THE REQUIRED BUDGET INFORMATION APPLICABLE TO EACH ACTIVITY LISTED IN YOUR APPLICATION FORM**

