



MIYUUHPICHINAAUSUWIN APATISIIWIN DEPARTMENT

INDIGENOUS EARLY LEARNING AND CHILD CARE FUND

APPLICATION FORM

SECTION A – ORGANIZATION

Name of Organization			
Name of Contact Person for project			
Address:		Postal Code:	
Telephone:			
Email:			
Name of Signing Officer			
Telephone:			
Email:			

SECTION B – PROJECT

Project title: _____

Target group: _____

Scope of project:

Local

Regional: How many communities are targeted? _____ (*Regional project must have a minimum of 3 communities*)

Childcare Centre

Number of participants: _____ children 0 to 6 _____ other children _____ families

Other participants: please specify: _____

YOUR PROJECT:

Please describe what it is that you wish to do through your project

(remember that you will be able to go into details in your action plan below)

OBJECTIVES AND EXPECTED RESULTS:

What outcomes do you hope to achieve with your project? What improvements should result from it?

ACTION PLAN

How do you plan on implementing these changes? Break down the work into clear and manageable steps.

List the tasks that need to be completed (add as many lines as required)	Who will do it	Timeline

SECTION C – FUNDING

<p>TOTAL BUDGET</p> <p><i>(include specifics for each spending area – salaries, benefits, honoraria, materials, rental, transportation, etc.).</i></p> <p>Provide a breakdown for each year, in the case of projects spanning two fiscal years.</p>	
<p>OTHER SOURCES OF FUNDING, INCLUDING IN-KIND CONTRIBUTIONS</p> <p><i>(volunteer time, equipment and materials provided free of charge, facilities offered free of charge, sharing of resources, etc.).</i></p>	
<p>FUNDING REQUESTED FROM IELCC FUND</p>	

Will you require additional deposits over the initial 80% before the end of the project? Yes No

If so, please specify how much funding will be required, and timing of such funding:

Amount of funding: _____ Target date for reception of funding: _____

Additional Supporting Information:

- Feel free to attach any additional information that you want to share with the MA department, in support of your application – for example, additional information describing the scope or detail of the proposed project, confirmation of assistance from another organization, your organization or the community, or any other documentation of need; pictures are encouraged.
- The MA department reserves the right to make recommendations regarding projects/purchases that funding is requested/approved for.

Signature of Applicant:

This application is submitted to the Miyuuhpichinaausuwin Apatisiwin department, Cree Nation Government, by the person who will be financially responsible for the project, known as the Signing Officer:

Name (Please Print): _____

Signature of Signing Officer: _____

Date: _____

If your organization has a Board of Directors or a Steering Committee, please attach a copy of a signed resolution of support from the Board/Committee.

Please email your application to:

MIYUUHPICHINAAUSUWIN APATISIWIN DEPARTMENT

E-Mail: ann-marie.matoush@cngov.ca

