**ANNEX B: General Application Form (includes Appendix 1 & Appendix 2 – please use the Appendix relevant to your proposal)**

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| **Part A – First Nation Community / Organization / Group** | |
| 1. Legal name of your First Nation community / organization /group   Enter **legal name** | |
| 2.Select type of organization/group  □ First Nations Communities / Governments / Bands / Tribal Councils  □ First Nation cultural, language and education centres  □ Band or Tribal Council operated education institutions  □ First Nation community-based groups such as ad-hoc committees delegated to perform specific language work  □ First Nation led institution including accredited programs  □ First Nation not for profit organizations (incorporated and un-incorporated) includes community based and urban | |
| 3. Incorporated jurisdiction (if applicable)  a) Federal b) Provincial c) Territorial  Enter type of incorporated jurisdiction | 4.. Corporation or business number (if applicable)  Enter business number |
| **Primary address of your First Nation / Organization /Group** | |
| 5.. Primary address – number, street, P.O box  Enter primary address | |
| 6. City  Enter city | 7. Province/Territory (required)  Enter province |
| 8. Postal code  Enter postal code | |
| 9. Telephone  Enter telephone | 10. Extension (if applicable)  Enter extension |
| 11. Official email address  Enter official email address | |
| 12. Official website (if applicable)  Enter official website | |
| **Mailing address of your First Nation / Organization /Group (if different from primary address)** | |
| 13. Mailing address – number, street, P.O box  Enter mailing address (if different from Primary Address) | |
| 14. City  Enter city | 15. Province/Territory  Enter province/territory |
| 16. Postal code  Enter postal code | |

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| **Part B – First Nation Community / Organization/Group’s contact person** | | |
| Note: It is your responsibility to inform FNCCEC of any changes to the contact person(s). | | |
| 17. Salutation a) Mr. b) Ms. c) Mrs. d) Chief e) Dr. f) Other  Enter salutation | | |
| 18. First name  Enter first name | | |
| 19. Last name  Enter last name | | |
| 20. Title/Position    Enter title/position  po | | |
| 21. Email address  Enter email address | | |
| 22. Telephone  Enter telephone | 23. Extension (if applicable)  Enter extension | 24. In which official language do you prefer to communicate  English  French |
| **Alternative contact person** | | |
| 25. Salutation a) Mr. b) Ms. c) Mrs. d) Chief e) Dr. f) Other  Enter salutation | | |
| 26. First Name  Enter first name | | |
| 27. Last Name  Enter last name | | |
| 28. Title/Position    Enter title/position  po | | |
| 29. Email address  Enter email address | | |
| 30. Telephone  Enter telephone | 31. Extension (if applicable)  Enter extension | 32. In which official language do you prefer to communicate  English  French |

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| **Part C – Funding information** | |
| **Check the box pertaining to the funding stream you are applying for:**  Development of a Language Plan - Stream 1  OR  Participatory and/or Resource Activity – Stream 2 | |
| Project title  Enter project title | |
| Start date **no earlier than April 1, 2024**  Enter project start date (YYYY-MM-DD) | End date **no later than** **March 31, 2025**  Enter project end date (YYYY-MM-DD) |
| **PLEASE NOTE**: Insert the amount of funding requested for your project. If you are applying for funding to support language plan development, the funding is up to $200,000.00. If you are applying for proposal based activities, the funding is up to $150,000.00  You cannot apply for the two streams of funding.   |  |  | | --- | --- | | 2024-2025  Language Plan | 2024-2025  Activities | | $ | $ | | |

**ANNEX C – Organization Overview**

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| **Part A – First Nation: organization / group’s history, mandate, experience, capacity, collaboration and partnership** |
| **History and mandate**  Provide a brief description of your First Nation’s organization / group’s history and mandate. |
|  |
| **Experience and capacity**  Provide a brief description of your First Nation’s organization / group’s experience and capacity, including details on similar activities delivered over the past few years. |
|  |
| **Collaboration and partnership(s)**  If applicable, list the partner(s) that will work with your First Nation’s organization / group and support this project or its objectives, and describe their contribution(s). |
|  |
| **Part B – Application objective** |
| Describe how your application will align with the objectives of the Indigenous Languages Component, which is to support the efforts of First Nation communities and organizations to reclaim, revitalize, maintain and strengthen First Nation languages as well as create new First Nation language speakers, increase immersion opportunities, increase use of First Nation languages, and the documentation of First Nation languages. |
|  |

**APPENDIX 1: Language Plan Development – Stream 1 Funding**

If you are applying for funding for the development of a language plan to guide the delivery of language revitalization services, provide the following details.

|  |  |
| --- | --- |
| **Part A – Funding information for language plan** | |
| Start date **no earlier than April 1, 2024**  Enter project start date (YYYY-MM-DD) | End date **no later than** **March 31, 2025**  Enter project end date (YYYY-MM-DD) |
| Cost of language plan development project:   |  | | --- | | **2024-2025** | | $ Enter total project cost | | **Amount requested from the ILC program funding:**   |  | | --- | | **2024-2025** | | $ Enter amount requested | |

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| **Part B – Language plan information – description of project activity / work** | |
| Does your language plan include other First Nation communities or First Nation organizations plan?  If yes, enter total number of plans that will be developed. |  |
| Enter the language or languages that will be supported through this plan. |  |
| Enter description of the development activities and implementation timeframe of the language plan(s) (at least 3 years) |  |
| Enter list of targeted clientele (i.e.: children, adults, Elders, First Nation communities, urban) that will be supported through this plan. |  |
| Is your language plan supported by your leadership? Please describe how your plan is supported by your First Nation leadership. If not supported, please explain why, and how you will obtain support from leadership? |  |

**APPENDIX 2 - Proposal-Based Activities 2024-2025 - Stream 2 Funding**

You must complete Appendix 2 for single year funding 2024-2025 to support your participatory and/or resource activities.

|  |  |
| --- | --- |
| **Part A – Funding information** | |
| Start date **no earlier than April 1, 2024**  Enter project start date (YYYY-MM-DD) | End date **no later than** **March 31, 2025**  Enter project end date (YYYY-MM-DD) |

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| --- | --- | --- | --- |
| **Part B – Project component** | | | |
| **Project Participatory activities and expected results - April 1, 2024 to March 31, 2025**  Describe all Participatory project activities for which funding is being requested and list the expected results.  \*If your project has more than 3 activities, add rows accordingly. | | | |
| **Type of participatory activity** | **First Nation language(s) and level** | **Description of participatory activity** | **Expected results** |
| **Enter activity #1 Title**  *Participatory activity examples:*  *Camps;*  *Classes, etc.* | **Enter list of First Nation language(s)**  and  **Enter language level** *(beginner, intermediate or advanced)* | **Describe the participatory activity**  *What will take place during the activity?*  *Who will be participating in the activity?*  *Who will carry out the activity (e.g. staff involved, partners)?* | **Enter expected results**  *Number of participants attending the activity?*  *Number of hours of language instruction per participant?* |
| *Enter activity #2 Title* |  |  |  |
| *Enter activity #3 Title* |  |  |  |
| **Project Resource activities and expected results - April 1, 2024 to March 31, 2025**  Describe all project resources for which funding is being requested and list the expected results.  \*If your project has more than 3 resources, add rows accordingly. | | | |
| **Type of resource activity** | **First Nation language(s) and level** | **Description of resource** | **Expected results** |
| **Enter resource #1 Title**  *Resource examples:*  *Books;*  *Website;*  *Video, App, etc* | **Enter list of First Nation language(s)**  and  **Enter language level** *(beginner, intermediate or advanced)* | **Describe the resource**  *What will the resource consist of (content)?*  *To whom will the resource be distributed to?*  *Will the resource be available online?*  *How will the resource be accessible to the community?*  *What % of the resource will be in the First Nation language(s)?*  *Will the content also be available in English or French?* | **Enter expected results**  *Number of pages or minutes?*  *Number of copies?* |
| *Enter resource #2 Title* |  |  |  |
| *Enter resource #3 Title* |  |  |  |

**ANNEX D – Declaration**

**Read, Accept and Sign Declaration**

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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 and any person lobbying on my behalf to obtain funding are in compliance with the Lobbying Act and that no actual or potential, direct or indirect, contingency fee arrangement exists; * No public servant or holder of public office, past or present, will derive a direct benefit from the approved funding in breach of the Values and Ethics Code for the Public Service or the Conflict of Interest Act; * I will act in compliance with applicable statutes, laws, bylaws, regulations, orders, codes, standards, directives and guidelines governing the activities for which funding is being sought; and * I commit to take measures conducive to creating a workplace free from harassment, abuse and discrimination.   I acknowledge that the submission of this Application does not constitute a commitment on the part of the FNCCEC and/or the Minister to award funding.  I authorize the FNCCEC and/or the Minister to disclose any information submitted in this Application within the Government of Canada or to outside entities, subject to applicable restrictions associated with privacy, confidentiality and security for the following purposes:   * + To reach a decision on this application or any other application by the applicant under any other government program;   + To administer and monitor the grants and contributions;   + To evaluate program results;   + To transfer data for statistical purposes;   + To support transparency, accountability and citizen engagement; and   + To respond to requests made under the *Access to Information Act* and the *Privacy Act.*   If funds are approved, I agree that:   * Funding received, whether received as a grant or a contribution, may be audited by the FNCCEC and/or the Department or by the Office of the Auditor General of Canada (pursuant to clause 7.1 of the Auditor General Act, R.S.C. (1985)); * If found to have submitted false or unsupported information, the Applicant may be required to repay the full amount of the financial support received and may be declared ineligible for funding from the FNCCEC and/or the Department for the next two fiscal years or more; * This Agreement does not create a partnership, agency or joint venture and I shall not represent myself as an agent, partner or employee of the FNCCEC and/or the Department in carrying it out; * Where the Applicant fails to remain eligible or where there is a default under this Agreement, the FNCCEC and/or the Minister 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; and * I will share results, as requested.   **In addition, I shall:**   * Use the funds only for the purposes specified in the Agreement; * Indemnify the FNCCEC and/or the Minister from any claim or cause of action arising from injury, damage, or death sustained in carrying out this Agreement; and * [Publicly acknowledge](https://www.canada.ca/en/canadian-heritage/services/funding/acknowledgement-financial-support.html), in English and in French, the funding received from the Government of Canada in all communication materials related to the Agreement, such as program materials, public announcements, speeches, websites, and social media.   □ I Accept |
| Signature (required) |
| Enter full name |
| Enter title/position |
| Enter date (DD/MM/YYYY) |