**APPENDIX 1: General Information Form**

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| **Part A – First Nation Community / Organization / group** | |
| 1. Legal name of your First Nation community / organization /group   Enter **legal name** | |
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| 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 organization/group’s responsibility to inform the Program 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. Fax number: |
| **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. Fax number: |

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| **Part C – Funding information** | |
| Project title  Enter project title | |
| Start date **no earlier than April 1, 2025**  Enter project start date (YYYY-MM-DD) | End date **no later than** **March 31, 2026**  Enter project end date (YYYY-MM-DD) |
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**APPENDIX 2: Organization Information Form**

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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. |
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| **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. |
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| **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). |
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| **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. |
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**APPENDIX 3: PROPOSAL APPLICATION FORM**

**Language Plan: Description of Work**

Please provide a description of the development of a language plan to guide the delivery of language revitalization program and activities.

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| **Part A – Funding information for Language Plan Development** | |
| Start date - **no earlier than April 1, 2025**  Enter project start date (YYYY-MM-DD) | End date **no later than** **March 31, 2026**  Enter project end date (YYYY-MM-DD) |
| Amount of ILC Funding Requested   |  | | --- | | **2025-2026** | | $ Enter amount | | Amount of total Project Cost   |  | | --- | | **2025-2026** | | $ Enter amount | |

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| **Part B – Language Plan information: Provide descriptive details of the work activities for the development of the language plan – include timelines of the work. Please provide description details in the area next to each directive. Please do not forget to save your document(s).** | |
| Provide a thorough description of the kinds of work you will do in developing the language plan, include timelines; ie: engagement sessions with community, needs assessment, policy development, research on language speakers (please note: the activities are listed to give an example of the kinds of work associated with developing a language plan).  Please list each work activity you will engage in throughout the course of the language plan development project and include in each work activity who will lead, who is involved, and the timelines and expected results. |  |
| Identify the First Nation language(s) that will be supported through the language plan. |  |
| Please include listing the timeframe of your language plan: Is your plan three years or five years? Identify the kinds of strategies and approaches to be undertaken in each year? Identify the target date for implementation of your language plan? Describe how your language plan will be implemented? |  |
| Identify who will benefit from the language plan; i.e: Elders, First Nation communities, schools, children, adult learners, teachers, First Nation urban population; partners. |  |
| Will your language plan include other First Nation communities or First Nation organizations plan such as if your language plan will have partners.  If yes, enter total number of plans that will be developed and detail information on who will be included and how other First Nation communities and/or organizations will be involved in the development and implementation of the language plan. |  |
| Describe how your language plan will be supported by your First Nation leadership. |  |

**MANDATORY REQUIREMENT OF PROPOSAL APPLICATION**

Do not forget to attach the Budget identifying Activity Cost and Expenses

**PLEASE SEE APPENDIX 5: BUDGET TEMPLATE – FILL IN THE REQUIRED BUDGET INFORMATION APPLICABLE TO EACH WORK ACTIVITY IDENTIFIED IN YOUR PROPOSAL APPLICATION FORM : Appendix 3.**

**APPENDIX 4: 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 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 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 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 *Please fill in the requested information and sign the declaration.* |
| Signature (required) |
| Enter full name |
| Enter title/position |
| Enter date (DD/MM/YYYY) |