

**2018-19 Language & Cultural Development Fund**

**Application Form**

***Section 1: Background Information***

|  |  |
| --- | --- |
| **Section A: Organizational Information** | |
| Name of Organization Applying for Funding:  Date Organization Established: | |
| **Section B: Type of Organization (please check one)** | |
| Not for Profit  Community Group  For Profit  Other (please specify): | |
| **Section C: Prior Year Funding** | |
| Have you received funding from HCCC in the past?    Yes  No | |
| **Section D: Mailing Address** | |
| # and Street Name:  City:  Province: | P.O. Box:  Postal Code: |
| **Section E: Phone, E-Mail, Website (if available)** | |
| Phone #:  Email Address:  Website (if applicable): | |
| **Section F: Lead Applicant (name of person to contact if more information is required)** | |
| Name:  Phone #:  Email: | |
| **Section G: Board of Directors / Executive Members:**  ***(Please list the name and contact information for your Board of Directors or Executive Members – if applicable)*** | |
| Board of Directors:  Executive Members: | |

***Section 2: Project Information***

|  |  |  |
| --- | --- | --- |
| **Section A: Project Background Information** | | |
| Title of your Project:  Project Start Date:  Project End Date: | | |
| **Section B: Project Costs and Funding Summary**  ***(Please summarize the total project costs and sources and amounts of funding required – more detailed financial information will be requested in the Excel template)*** | | |
| Project Costs:  Total Project Costs = $ | Project Funding Sources:  HCCC  Other (specify):  Other (specify):  Other (specify): | Project Funding Amount from each Source (indicate if funding has been approved):  $  $  $  $ |
| **Section C: Organization Description & Mandate:**  ***(Please provide a description of your organization and discuss its mandate – maximum 250 words)*** | | |
|  | | |
| **Section D: Management Experience & Capacity:**  ***(Please indicate who the key members of your team are and what experience and capacity each brings to the project – maximum 300 words)*** | | |
|  | | |
| **Section E: Project Description:**  ***(Please provide an overview of your project, its objectives, impact on the community, number of community members it will benefit directly, etc. – maximum 300 words)*** | | |
|  | | |

***Section 3: 2018-19 Project Activity Workplan***

**Please describe your 2018-19 project workplan (use as many rows as required):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Workplan Activities | Responsibility | Timeline | Results | Measurement |
| *What activities will be carried out to achieve the desired goals?* | ***Who is responsible for each activity?*** | ***Requested projected amount for this task?*** | ***Expected results*** | ***How will you measure your success?*** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***Section 4: Financial***

* + Please complete the Excel workbook template (Project Costs & Funding)

***Section 5: Signature Page***

The Signing Officer(s) understand and agree that:

* All information provided to Ogwawihsta Dedwahsnye in this application is true and correct to the best of our knowledge.
* We authorize Ogwawihsta Dedwahsnye to make enquiries about this application to third parties, if necessary.

The authorized Signing Officer(s) must sign this application for it to be valid.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Signing Officer 1** | **Signing Officer 2**  **(if applicable)** | **Signing Officer 3**  **(if applicable)** |
| **Name** |  |  |  |
| **Signature** |  |  |  |
| **Title** |  |  |  |
| **Date** |  |  |  |

**The deadline to receive your completed application is:**

**Friday, February 16, 2018 by 4:30 pm**

**Please email your completed application to:** [**hccc.application@gmail.com**](mailto:hccc.application@gmail.com)

**or deliver it to:**

**HCCC Administrative Office at the GREAT building,**

**16 Sunrise Crt, Suite 600 (2nd floor)**

**Late applications will not be accepted. Thank you.**