

SUPPORT FOR THE WELLBEING OF FAMILIES AND SURVIVORS OF MISSING AND MURDERED INDIGENOUS WOMEN, GIRLS AND 2SLGBTQQA+ PEOPLE PROGRAM PROJECT FUNDING APPLICATION

PAW Number/Fiscal Year:
9701986 (2023-2024)

Purpose:
This is the proposal form for the Support for the Wellbeing of Families and Survivors of Missing and Murdered Indigenous Women, Girls And 2SLGBTQQA+ People Program Project.

Reporting Period:
As specified in the terms and conditions of the offer.

- Instructions:**
- Each project proposal requires a separate application.
 - Once completed, SAVE your form for your records and FORWARD to the Missing and Murdered Indigenous Women and Girls Secretariat (MMIWG) at Crown Indigenous Relations and Northern Affairs Canada (CIRNAC): aadnc.mmiwg-programsffada-programmes.aandc@canada.ca. Please note, you may use this email address to submit your application form and supporting documentation. You may also submit by mail to: MISSING AND MURDERED INDIGENOUS WOMEN AND GIRLS SECRETARIAT, 10 Wellington St, 20th Floor, Gatineau, Quebec K1A 0H4, Canada. Should you have questions or comments, please email: aadnc.mmiwg-programsffada-programmes.aandc@canada.ca
 - Alternatives to travel should be used whenever possible. CIRNAC will only reimburse travel costs according to the budget and the principles, guidelines and rates prescribed by the Travel Directive (<https://www.njc-cnm.gc.ca/directive/d10/en>).
 - Legal costs and core-like activities are not eligible expenses. Core funding is accessed through the Basic Organizational Capacity Contribution Program (<https://www.aadnc-aandc.gc.ca/eng/1386610826543/1386610899912>).

Field Definitions:

Field	Definition
Project Information	
Applicant Organization Name	The name of the organization applying for funding as per the legal name that will appear on the funding agreement. The following types of organizations may apply: <ul style="list-style-type: none"> • Indigenous organizations representing or providing services to Indigenous people • National or Regional Indigenous Organizations • First Nations, Métis, and Inuit communities • Indigenous groups with a signed self-government agreement or modern treaty (modern treaties negotiated since 1973 under Canada’s Comprehensive Claims policy or those under the Inherent Rights Policy since 1995)

Field	Definition
	<ul style="list-style-type: none"> Indigenous non-governmental and voluntary associations and organizations, including non-profit organizations and corporations
Project Title	The main title of the project. (Maximum 100 characters)
Contact Information	
Given Name Family Name Mailing Address City/Town/Community Postal Code Telephone Number Extension Email Address	The name and contact information of the person who can be contacted for further information about the application. A valid postal code is in upper case in the format, A#A #A#. A valid telephone number includes the 3 digit area code in the format, ###-###-####. A valid facsimile number includes the 3 digit area code in the format ###-###-####. A valid email address may be in upper or lower case in the format a@a.a.
Project Description and Results	
Project Description	In 2500 character or less: <ul style="list-style-type: none"> Describe the intent and need for your project. Explain how you will achieve the desired results. Describe the major activities that this proposed project will entail. Describe who will be providing the services or activity, and what their qualifications are for delivering trauma-informed, culturally relevant services. <p>The following are examples of eligible activities that support families and survivors. Projects are not limited to these examples and consideration will be given to all activities submitted:</p> <ul style="list-style-type: none"> celebrations of life and legacy memorial feasts and events provision of healing kits that could include traditional medicines establishment of items of commemoration holding healing gatherings provision of resources (whether written, on-line or in person) to assist in the navigation of supports, where such assistance is not otherwise available. <p>*When holding gatherings, feasts or other activities where a group of people get together, please indicate in your proposal how safety will be guaranteed (e.g. ensuring a large enough venue, in case of Covid restrictions how public health rules will be observed etc.).</p>

Field	Definition
Description of who will participate and benefit directly or indirectly from this project	<ul style="list-style-type: none"> • Include a brief description of your targeted project participants and beneficiaries and how this project will benefit them and their healing journeys. • Highlight target audiences for key activities, including the numbers of expected participants or beneficiaries. (maximum 2000 characters)
Deliverables	Provide a bulleted list of results or outcomes that this project will produce. (maximum 1000 characters)
Milestones, Timelines and Deliverables (Please include specific dates for deliverables)	<ul style="list-style-type: none"> • Link timeline to the deliverables. • Reference actual projected dates. • This must be presented as a bulleted list. (maximum 2500 characters)
Proposed reporting	Indicate briefly how you intend to report on the outcomes, particularly the improvement in wellbeing of Families and Survivors. (maximum 1000 characters)
Partners	
Will there be partners involved in the development, delivery and/or reporting of this project?	Will there be partners involved in the development, delivery and/or reporting of this project (Yes/No)? If Yes, please provide the partner information, involvement, financial and in-kind contributions.
Partner	Indicate all the partners who will provide funding and/or collaborate (in-kind contributions) for the delivery of the project.
Involvement	Indicate the nature of each partner's involvement (e.g., in-kind contributions, financial support, use of materials or properties, etc.).
Financial Contribution (\$)	Enter the dollar value (\$) of financial contributions received/requested. The currency is automatically formatted.
In-Kind Contribution (\$ value)	Enter the dollar value (\$) of in-kind contributions received/requested. The currency is automatically formatted.
Budget – Cost Breakdown	
Project Title	Provide the name of the proposed project.
Expenditure Type	<p>Provide a brief description of the expenditure type. The following expenses are related to the delivery and reporting on the proposed project:</p> <ul style="list-style-type: none"> • honoraria for elders • domestic travel and transportation • meetings • traditional medicines, cultural and country foods • hospitality

Field	Definition
	<ul style="list-style-type: none"> • equipment • rent and utilities • salaries • communications products (e.g. websites, brochures etc.) • materials and supplies • volunteer participation expenses.
Budeted Expenditures Year 1 Year 2	Provide the total dollar value (\$) for each expenditure type.
Total Expenditure (\$)	The total dollar amount (\$) requested from Crown Indigenous Relations and Northern Affairs Canada (CIRNAC) for all project expenditure types is calculated automatically.

Mandatory Documentation

<p>The following information must accompany the application form (check when completed):</p> <ul style="list-style-type: none"> • Proof of incorporation OR not for profit delivery organization certification/number OR description of organization; • Community support (letters of support, Band Council Resolution, community or friendship centre, etc) (where applicable); • Demonstration of experience in providing trauma-informed, respectful, dignified and culturally relevant healing journey support to people or communities that have experienced the loss of a loved one 	<p>The following information must accompany the application form.</p> <ul style="list-style-type: none"> • Organizations must provide proof of incorporation or not for profit delivery organization certification/number or have a legal capacity to enter into an agreement, and provide a description of their organization. • Where applicable, have the support of community where the project will take place, this could include letters of support from individuals, band council resolutions, support letter from a community centre/friendship centre or local Indigenous organization or group, etc. • Demonstration of experience in providing trauma-informed, respectful, dignified and culturally relevant healing journey support to people or communities that have experienced the loss of a loved one. This can be achieved through proof of training of members in trauma informed services, provision of past projects reports or annual reports.
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Declaration

Given Name Family Name Title Date (YYYYMMDD)	The given name, family name and position title of the person who acknowledged the accuracy of the information, and the date on which it was completed. Dates are in the format of Year-Month-Day.
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