

## **Indigenous Responsive Grant Fund Application Form**

| Indigenous community or organization: |   |              |           |                    |  |  |
|---------------------------------------|---|--------------|-----------|--------------------|--|--|
|                                       |   |              |           |                    |  |  |
|                                       | Name:   |              |           |                    |  |  |
| Main Contact Person                   | Title:  |              |           |                    |  |  |
|                                       | Organization Address:   |              |           |                    |  |  |
| Ivialii Contact Ferson                |   |              |           |                    |  |  |
|                                       | Phone (Office):   |              | Mobile:   |                    |  |  |
|                                       | Email:  |              |           |                    |  |  |
|                                       |   |              |           |                    |  |  |
| Proposed Project Title                |   |              |           |                    |  |  |
|                                       |   |              |           |                    |  |  |
| Project Sector                        | Check all Applicable  ☐ Community Health ☐ Youth Engagement ☐ Climate Action ☐ Safe Water |              |           |                    |  |  |
|                                       |   |              |           |                    |  |  |
| Project Location                      | Community / City / Province / County  |              |           |                    |  |  |
|                                       |   |              |           |                    |  |  |
| Project Timeline                      | Duration  | Proposed Sta | art Date: | Proposed End Date: |  |  |
|                                       |   |              |           |                    |  |  |
| Project Cost:                         | Total Project Cost (CAD\$): Amount sought from Alongside Hope (CAD\$):                    |              |           |                    |  |  |

Please fill out the answers below as fully as possible, then save the document and email to Jeanine Cudmore, Alongside Hope Program Coordinator, at <a href="mailto:jcudmore@alongsidehope.org">jcudmore@alongsidehope.org</a>.

### 1. Project Description

| Please tell | us about: |
|-------------|-----------|
|-------------|-----------|

- your organization/community

| What impact do you expect to achieve as a result of this project? |                                   |  |  |  |
|---|-----------------------------------|--|--|--|
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| 2 Community Communitation (Callaboration                          |                                   |  |  |  |
| 2. Community Consultation/Collaboration                           |                                   |  |  |  |
|   |                                   |  |  |  |
| How will community members participate in planning                | ng and implementing this project? |  |  |  |
|   | ng and implementing this project? |  |  |  |
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|   | ng and implementing this project? |  |  |  |

| How does this project complement other activities going on in your community?                 |  |  |  |
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| 3. Project Participants   |  |  |  |
|   | ypact to bonefit from the project? Please        |  |  |
| How many people in your community do you e  |  |  |  |
| nrovide some description/information about the  | ne neanle you expect to benefit from the project |  |  |
| provide some description/information about the (expected ages, gender, students? Urban, rural |  |  |  |
| provide some description/information about the (expected ages, gender, students? Urban, rural |  |  |  |
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#### 4. Budget

Please fill in the budget template below. Any line items that do not apply to your project (for example, Government) please leave blank. Please include a budget line for each activity and provide details about cost per unit and number of units in the comments (for example, Rental of 50 chairs @ \$2.50/chair.)



# Indigenous Responsive Grant Fund BUDGET OUTLINE

#### PROJECT TITLE: LOCATION:

| REVENUE  |               | Please add explanatory comments |  |  |  |
|--|---------------|---------------------------------|--|--|--|
| Alongside Hope                                   |               |                                 |  |  |  |
| Government                                       |               |                                 |  |  |  |
| Foundations, Businesses, and other NGOs          |               |                                 |  |  |  |
| In-kind  |               |                                 |  |  |  |
| TOTAL  | \$ -          |                                 |  |  |  |
|  |               |                                 |  |  |  |
| EXPENSES   | COST          | Please add explanatory comments |  |  |  |
| 1. Staff and other/Personnel costs               |               |                                 |  |  |  |
| 21 Otali and other, i discille costs             |               |                                 |  |  |  |
|  |               |                                 |  |  |  |
|  |               |                                 |  |  |  |
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|  |               |                                 |  |  |  |
|  |               |                                 |  |  |  |
|  |               |                                 |  |  |  |
| Sub-total  | \$ -          |                                 |  |  |  |
| Jub-total  | 1             |                                 |  |  |  |
| 2. Travel Costs                                  |               |                                 |  |  |  |
| Z. Haver Costs                                   |               |                                 |  |  |  |
|  |               |                                 |  |  |  |
|  |               |                                 |  |  |  |
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|  |               |                                 |  |  |  |
|  |               |                                 |  |  |  |
| Sub-total  | \$ -          |                                 |  |  |  |
|  |               |                                 |  |  |  |
| 3. Contractual Services such as for training, we | orkshops, etc |                                 |  |  |  |
|  |               |                                 |  |  |  |
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|  |               |                                 |  |  |  |
| Sub-total  | \$ -          |                                 |  |  |  |
| Sub-total  | 1 7           |                                 |  |  |  |
| 4. Supplies/Materials                            |               |                                 |  |  |  |
| 4. Supplies/ Materials                           |               |                                 |  |  |  |
|  |               |                                 |  |  |  |
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|  |               |                                 |  |  |  |
|  |               |                                 |  |  |  |
|  |               |                                 |  |  |  |
| Sub total  | \$ -          |                                 |  |  |  |
| Sub-total  |               |                                 |  |  |  |
| 5. Operating Costs (rent, phone, internet, etc.  | 1             |                                 |  |  |  |
| 5. Operating Costs (rent, phone, internet, etc.  |               |                                 |  |  |  |
|  |               |                                 |  |  |  |
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|  |               |                                 |  |  |  |
|  |               |                                 |  |  |  |
| C. h. t. t. l                                    |               |                                 |  |  |  |
| Sub-total  | \$ -          |                                 |  |  |  |
|  |               |                                 |  |  |  |
| GRAND TOTAL                                      | \$ -          |                                 |  |  |  |