

First Nations and Métis Relations

Engagement Projects Grant Application

Organization Information

Legal Name of Applicant Organization

Mailing Address

City

Province

Postal Code

Phone Number

Facsimile

Email

Incorporation number

Organization type (select best fit)

First Nations Band Council, Tribal Council

Métis Nation - Saskatchewan Local, Métis Region

First Nations or Métis representative organization

Aboriginal non-profit organization

Non-Aboriginal non-profit organization seeking partnership with Aboriginal communities or whose programs/services benefit a primarily First Nations or Métis clientele.

Municipality

Government organization

Project Contact

Authorized Signing Authority

First Name

Last Name

Job Title

Email

Phone Number

Cell Number

Primary Contact (if different than authorized signing authority)

First Name

Last Name

Job Title

Email

Phone Number

Cell Number

Project Partner(s)

Legal Name of Partner Organization

Mailing Address City Province Postal Code

Phone Number Facsimile Email

Primary Contact

First Name Last Name Job Title

Email Phone Number Cell Number

Secondary Partner Contact

First Name Last Name Job Title

Email Phone Number Cell Number

Legal Name of Partner Organization (if more than one partner)

Mailing Address City Province Postal Code

Phone Number Facsimile Email

Primary Partner Contact

First Name Last Name Job Title

Email Phone Number Cell Number

Secondary Partner Contact

First Name Last Name Job Title

Email Phone Number Cell Number

Program Target Area (check all that apply)

Building Safe Communities

Supporting Educational Achievements

Nurturing Family Foundations

Stimulating Economic Activity

Budget

Note: if you require additional space, complete in a separate document and attach.

Total cost of the program/project (attach the budget to your email)

Funding amount requested from the First Nations and Métis Relations unit and complete cost breakdown:

Funding amount provided by each partner

Program/Project Description

Note: if you require additional space, complete in a separate document and attach.

Please give a detailed description of your project, including how it will be accomplished and what outcomes are anticipated:

Project Name

Project Start Date

Project Completion Date

Location of program/project

How will you evaluate the success of your program/project?

Save As