



CreeNationGovernment

Youth Engagement Fund



Please complete each section of this form, as the process is standardized for all applicants. Your personal project proposal may be submitted as supporting attachments..

GENERAL GUIDELINES

Proposed project must:

- have a fixed duration and be non-recurrent (exceptionally, may be multi-year)
- not duplicate existing projects, programs or services available for the same clientele.
- incorporate Cree values, way of life and culture, while taking into account Cree circumstances.
- be supported by a signed Band Council Resolution.

Section 1. Project Information

General contact information about the applicant. **Eligible applicants** include:

- Cree bands, Cree Nation Youth Council, Local Youth Councils.

Section 2. Project Description and Results

Describe project, including the issue it aims to address, the target audience, anticipated results and measurements of success. You must also describe how the project:

- supports the objectives of the Youth Engagement Fund, and what issue or problem it aims to solve.
- involves the community and/or a community justice committee.
- incorporates educational and awareness components, as well as training and mentoring.

Section 3. Project Timeline/Workplan

Provide a detailed work plan for your project, including the activities, resources, timeline and deliverables.

Section 4. Applicant/Organizational Capacity

Describe your capacity to fulfill the project, such as your ability to administer the funds, to ensure confidentiality of project clientele as well as the safety of staff and clientele. Include your recommendations for post-program follow-ups.

Section 5. Partners

List the names and role of any project partners, - their financial or in-kind contribution. Include copies of funding / contribution agreement(s).

Section 6. Expenses

Provide clear and reasonable estimates of costs to be incurred for all aspects of your project.



CreeNationGovernment

Youth Engagement Fund

PROJECT FUNDING APPLICATION - 2019/20



Submission Date:		PROJECT CODE: (Office use only)	
PROJECT TITLE:			
APPLICANT: (ORGANIZATION)			
ADDRESS:			
PHONE:		FAX:	
EMAIL:			
CONTACT PERSON: (Project Manager) Please inform the Fund Administrator of any changes.			
ADDRESS:			
PHONE:		FAX:	
EMAIL:			

To be included with application:

Mandatory	
<input type="checkbox"/>	Signed Band Council Resolution
<input type="checkbox"/>	Copy of funding/contribution agreement(s) related to project
Recommended	
<input type="checkbox"/>	Void check
<input type="checkbox"/>	Credentials
<input type="checkbox"/>	Resume
<input type="checkbox"/>	Experience (Example of similar past projects to demonstrate project management capacity)
<input type="checkbox"/>	Written recommendation from local Justice Committee
<input type="checkbox"/>	Other:

1. PROJECT INFORMATION

Project Scope: Regional Community-based

Please indicate the community(ies) involved:

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Chisasibi | <input type="checkbox"/> Eastmain | <input type="checkbox"/> Mistissini |
| <input type="checkbox"/> Nemaska | <input type="checkbox"/> Ouje-Bougoumou | <input type="checkbox"/> Waskaganish |
| <input type="checkbox"/> Waswanipi | <input type="checkbox"/> Wemindji | <input type="checkbox"/> Whapmagoostui |
| <input type="checkbox"/> Washaw Sibi | | |

2. PROJECT DESCRIPTION & RESULTS

b) Provide a summary of the project. Define the existing problem the project seeks to address.

Age group targeted:	
Number of expected participants:	

c) What is the selection process for participants/individuals who will be impacted by this project?

d) Anticipated Results - What are the Objectives Pursued by the Project? How is this project related to Cree Justice?

Anticipated project results must be linked to general Fund objectives as defined in Section B of the Policy.

e) Specific Elements and Results that will demonstrate the success of the overall Project:

(How will you be able to show this project has had the intended impact?).

f) Describe how participants and community members will be involved in this Project:

3. PROJECT TIMELINE/WORKPLAN

Start Date:

End Date:

Duration: Months Weeks Days

	What are the key steps & activities?	Projected dates	Deliverables
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

4. APPLICANT/ORGANIZATIONAL CAPACITY

CONFLICT OF INTEREST	YES	NO
Do you or any member of your immediate family have current business interests or activities (professional or personal) that can be related, by their nature, to the initiative that you propose?	<input type="checkbox"/>	<input type="checkbox"/>
Can these activities potentially be in conflict with, or interfere, by their nature, with the initiative that you propose?	<input type="checkbox"/>	<input type="checkbox"/>
Can these activities adversely impact your ability to appropriately manage this initiative?	<input type="checkbox"/>	<input type="checkbox"/>
<p>If you answered yes to any of the above questions please briefly explain: <i>Please note that any non-disclosure of conflict of interest may jeopardize the awarding of funding.</i></p>		

5. PARTNERS

What other persons or entities are involved in making this project a success?

Partners	Role (Financial, Professional, training, etc)

6. EXPENSES (estimate)

SALARIES					
Positions	# of People	# of Hours	Hourly Rate	Benefits (if applicable)	TOTAL
TOTAL					

TRAVEL AND LODGING (staff and participants travel, lodging and per diem)			
Activity	# of people	Amount	Total
TOTAL			

