

### 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.



# Youth Engagement Fund PROJECT FUNDING APPLICATION - 2018/19



Subm	ission Date:			PROJECT CODE (Office use only		
	ECT TITLE:					
1	ICANT: ANIZATION)					
ADDRESS:						
PHON	IE:			FAX:		
EMAII	 L:					
CONT	ACT PERSON:					
Please in	ect Manager) Inform the Fund Administra	tor				
of any ch						
ADDR	RESS:					
PHON	NE:			FAX:		
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	o be included w	th application:				
Mandat		• •				
	Signed Band Cou	ncil Resolution				
	Copy of funding/o	ontribution agreement(s) related to	o project			
Recom	mended					
	Void check					
	Credentials					
	Resume					
	Experience (Exar	nple of similar past projects to den	nonstrate pro	ject management	capacity)	
	Written recomme	ndation from local Justice Commit	tee			
	Other:					

## 1. PROJECT INFORMATION Community-based **Project Scope:** Regional Please indicate the community(ies) involved: Chisasibi Eastmain Mistissini Ouje-Bougoumou Nemaska Waskaganish Waswanipi Wemindji Whapmagoostui ີ 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 s	) What is the selection process for participants/individuals who will be impacted by this project?					
Cree Justice?					this project related	to
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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 commu	unity members will be involved in this Project:				
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## 3. PROJECT TIMELINE/WORKPLAN

Start Date:				
End Date:				
Duration: Mo	onths	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 into (professional or personal) that can be related, by their nature, to the initiation							
Can these activities potentially be in conflict with, or interfere, by their natu you propose?	re, with the initiative that						
Can these activities adversely impact your ability to appropriately manage	this initiative?						
If you answered yes to any of the above questions please briefly explain:  Please note that any non-disclosure of conflict of interest may jeopardize the awarding of funding.							
5. PARTNERS							
What other persons or entities are involved in making t	his project a succe	ss?					
Partners Role (Financi	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						
MATERIAL & SUPPLIES (equipment, supplies and	materials for op	erations)				
Item	Quantity	Unit Price	Total			

TOTAL			
INFRASTRUCTURE COSTS (construction, rent			
Description	Quantity	Unit Price	Total
TOTAL			
OTHER EXPENSES			
Description	Quantity	Unit Price	Total
TOTAL			

TOTAL COST OF PROJECT	

### **PROJECT FINANCING**

FUNDING SOURCES							
NAME	STATUS	%	AMOUNT				
Cree Justice Funds							
	I	I					
TOTAL							