



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

Privacy statement

This statement explains the purposes for the collection and use of personal information. Only information needed to respond to program requirements will be requested. Collection and use of personal information are in accordance with the [Privacy Act](https://laws-lois.justice.gc.ca/eng/acts/P-21/index.html) (https://laws-lois.justice.gc.ca/eng/acts/P-21/index.html). In some cases, information may be disclosed without your consent pursuant to subsection 8(2) of the *Privacy Act*. We will use your personal information in order to respond to your requests and/or program requirements. The collection and use of your personal information provided to Crown-Indigenous Relations and Northern Affairs Canada for selected program/funding reporting and administration purposes are authorized by program specific legislation and required for your participation. The information collected is described by program specific Personal Information Banks (PIB) detailed at [Info Source](https://www.rcaanc-cirnac.gc.ca/eng/1353081939455) (https://www.rcaanc-cirnac.gc.ca/eng/1353081939455). For further details about applicable legislative authority, PIB description and/or to notify us about incorrect information or to withdraw participation after submitting your information, contact the departmental Public Enquiries Contact Centre at 1-800-567-9604. If you require clarification about this statement, contact our Privacy Coordinator at 819-997-8277. For more information on privacy issues and the *Privacy Act* in general, you may consult the Privacy Commissioner at 1-800-282-1376.

Project information

Applicant organization name

Project title (100 characters or less)

Contact

Given name

Family name

Position

Address

City/Town/Community

Province/Territory

Postal code

Telephone number

Facsimile number

Email address

Project description and results

Project description: (2500 characters or less)

Description of who will participate and benefit directly or indirectly from this project (2000 characters or less)

Deliverables (1000 characters or less)



Milestones, timelines and deliverables (Please include specific dates for deliverables) (2500 characters or less)

Proposed reporting: (1000 characters or less)

Partners

Will there be partners involved in the development, delivery and/or reporting of this project? Yes No

Partner	Involvement	Financial contribution (\$)	In-kind contribution (\$)

Budget - Cost breakdown

Project title

Project expenses	Amount (\$)
Total project cost (\$) ►	

Required documentation

- 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

Declaration

The information provided is accurate to the best of my knowledge.

Given name	Family name
Title	
Date (YYYYMMDD)	