

PATHWAYS TO SAFE INDIGENOUS COMMUNITIES INITIATIVE FUNDING APPLICATION

PAW Number/Fiscal Year:
1058111 (2023-2024)

Purpose:

The purpose of this form is to collect key information of project proposals to the Pathways to Safe Indigenous Communities Initiative. This information, along with other proposal documents submitted to ISC, will be used to review proposals and consider for funding.

Please refer to the Pathways to Safe Indigenous Communities Program – Terms and Conditions for the scope of the program funding, eligible activities, expenses, and additional documents that may be requested by the department to assess new funding request.

Due Date:

There is no due date for submissions to the Pathways to Safe Indigenous Communities Initiative.

Note:

The information contained in this application may be shared with external consultants, review committee members, officials in other federal departments, and provincial or territorial governments for assessment purposes and for potential co-funding opportunities. It may also be used or disclosed for policy analysis, research and evaluation purposes.

For information about the Pathways to Safe Indigenous Initiative, please see Terms and Conditions at <https://www.sac-isc.qc.ca/eng/1646081005051/1646081035664#wb-cont>

Field Definitions:

Field	Definition
Identification	
Recipient Name	The name of Organization requesting funding under this authority
Recipient Number (if known)	The number assigned by Indigenous Services Canada (ISC) for the recipient who has received funding under this authority
Mailing Address (Number/Street/Apartment/P.O. Box) City/Town Province/Territory Postal Code Organization Website (if applicable)	The general contact information of the applicant. A valid postal code is in upper case in the format, A#A #A#.
Preferred Official Language of Communication	Specify English or French.
Primary Contact	

Field	Definition
Given Name Family Name Title Telephone Number Extension Email Address	The given name, family name, position title, telephone number and email address (if applicable) of the primary person who can be contacted for further information about the proposed project. A valid telephone number includes the 3 digit area code in the format, ###-###-####. If there is an extension, it has a maximum of 5 digits and is in the format #####. A valid email address may be in upper or lower case in the format a@a.a.
Secondary Contact	
Given Name Family Name Title Telephone Number Extension Email Address	The given name, family name, position title, telephone number and email address (if applicable) of the secondary person who can be contacted for further information about the proposed project. A valid telephone number includes the 3 digit area code in the format, ###-###-####. If there is an extension, it has a maximum of 5 digits and is in the format #####. A valid email address may be in upper or lower case in the format a@a.a.
Project Information	
Project Name/Proposal Title	Provide the name/title of the proposed project.
Proposed Project Start Date (YYYYMMDD)	Indicate the project start and completion dates. Note that expenses prior to the approval of the project cannot be compensated. Dates are in the format of 'Year Month Day'. For example, September 20, 1969 would be 1969-09-20.
Proposed Project Completion Date (YYYYMMDD)	Indicate the project completion date which must be before March 31 st . Dates are in the format of 'Year Month Day'. For example, September 20, 1969 would be 1969-09-20.
Population that will benefit from the Proposed Project	Indicate the primary beneficiary of the proposed project: <ul style="list-style-type: none"> • First Nation On-Reserve; • First Nation Off-Reserve; • Inuit and Métis; • Unaffiliated; • Urban Indigenous
Project Description	Describe the proposed project in brief. Please include description of: <ol style="list-style-type: none"> a) The needs your project will address; b) Project objectives; c) Key activities, and

Field	Definition
	d) Expected outcomes/deliverables
Is your proposal linked to other initiatives or larger plan?	Indicate if proposed project is linked to other initiatives or a larger plan.
Project Impact	
Target Audience	Indicate the target audience of the proposed project (i.e., women, men, children, 2SLGBTQQIA+, Youth, Seniors, Other – please specify). Check all that apply.
How many individuals do you expect will benefit from this project and/or which First Nation, Métis and/or Inuit communities will it serve?	Depending on the nature of the project, provide an estimated number of individuals who will benefit from this project and/or which First Nation, Métis and/or Inuit communities will it serve.
How would you define success for this project/initiative?	Indicate how you will measure or evaluate the success of the project.
Budget Information	
Are you applying for a multi-year funding?	Indicate if the project will be for one fiscal year or additional fiscal years and their duration in YYYYMMDD. Please provide approximate budget details for multiyear projects in the additional budget sheet.
Is total annual budget under \$1 million?	Indicate if annual budget is under or above \$1 million.
Budget Summary	
Expenses	Indicate what expenses type is being proposed and the anticipated cost of the different items listed to carry out the project. If reporting salaries/wages in 'Other', specify the amount under this item. Please provide planned budget expenses for multi-year project in the table or in a separate supporting budget document. Note that a salaries/wages budget item can only be confirmed for the duration of the project. It cannot support permanent positions, extension of a program or core funding.
Partners	
Partner	List all the partners (funding and/or collaboration) who may be involved in this project and their role, including other federal government funders, Indigenous organization, First Nation Bands/governments, provincial government partners, other agencies/organizations, etc.

Field	Definition
Involvement	Indicate the nature of each partner's involvement (e.g., in-kind contributions, financial support, use of materials or properties, etc.)
Funding Contribution	Provide the funding contribution being provided or proposed by the partner(s) for this proposed project.
Supporting Documents	This table allows you to identify the supporting document(s) being submitted and the method of submission.
Title	Provide the title name of the document being submitted.
Submission Method	<p>From the drop-down list, select the method by which additional documents will be submitted. The options include:</p> <ul style="list-style-type: none"> - Attachment - Email - Mail - By Hand/Courier <p>If you select 'Attachment' as the submission method, an 'Attach File' button will appear. Selecting this button allows you to select a file that will be attached to the form. After attaching the file you can click on the paper clip icon on the left side of the Adobe application to see the attached file. Once the file is attached, the "Attach File" button changes to "Remove File". To remove the file only, select this button. To clear all fields for a single document and remove the associated file, select the [-] button.</p>
Declaration	
Given Name Family Name Title Date (YYYYMMDD)	The given name, family name and position title of the person who acknowledge the accuracy of the information, and the date on which it was completed. Dates are in the format of 'Year Month Day'.