



Makigiaqta Inuit Training Corporation
☎ 1-800-646-0006 ☎ 867-979-7923 📠 867-975-4949
✉ Makigiaqta@tunngavik.com

Applicant Information

Primary Contact			Title	
Organization				
Mailing Address			Street Address	
Community			Territory or Province	Postal Code
Telephone			Email	
Alternate Contact			Title	
Organization				
Mailing Address			Street Address	
Community			Territory or Province	Postal Code
Telephone			Email	

1. Are you applying on behalf of an organization or as an individual? *Please check the appropriate box.*

☐ Organization ☐ Individual → **Please skip to Project Information.**

2. Are you an incorporated not-for-profit organization? *Please check the appropriate box.*

☐ Yes → **Please skip to question 4.** ☐ No

3. Are you a business? *Please check the appropriate box.*

☐ Yes ☐ No

4. Are you currently registered with the following entities? *For each entity, please check the appropriate box and include the relevant details.*

Entity	No	Yes	If yes, what is your registration number?
Legal Registries (Government of Nunavut)	<input type="checkbox"/>	<input type="checkbox"/> →	
Inuit Firm Registry (IFR)	<input type="checkbox"/>	<input type="checkbox"/> →	
Nunavummi Nangminiaqtunik Ikajuuti (NNI)	<input type="checkbox"/>	<input type="checkbox"/> →	

Project Information

Project Name	
Project Summary and Goals	

5. In what fiscal year(s) will your project activities take place? *Please check the most appropriate box.*

☐ 2019/20 only (1 fiscal year) ☐ 2019/20 to 2020/21 (2 fiscal years) ☐ 2019/20 to 2021/22 (3 fiscal years)

Strategic Priority 1. Early Learning Systems

6. Will any of your project activities help achieve the goal of Strategic Priority 1: “Strengthened administrative systems, capability, and program content to support early learning, including Inuktitut acquisition”? *Please check the appropriate box.*

☐ Yes

☐ No → **Please skip to question 9.**

7. Are any of your project activities eligible under the support categories for Strategic Priority 1? *For each support category, please check the appropriate box and include relevant details.*

Support Category	No	Yes	If yes, please name the activity and explain how?
Capability Development and Systems Improvements	<input type="checkbox"/>	<input type="checkbox"/> →	
Research	<input type="checkbox"/>	<input type="checkbox"/> →	

8. Will any of your project activities help achieve the objectives of Strategic Priority 1? *For each objective, please check the appropriate box and include relevant details.*

Objective	No	Yes	If yes, please describe the activity and explain how.
A. Strengthened capability to support Inuit early learning, including Inuktitut acquisition in the early years, among service providers, communities, and families.	<input type="checkbox"/>	<input type="checkbox"/> →	
B. Strengthened collective vision and understanding of effective ELCC practices for Inuit children, families, and communities.	<input type="checkbox"/>	<input type="checkbox"/> →	
C. Improved practical and financial support for community-based organizations delivering early learning programs (including streamlined, stabilized, and increased funding and centralized administration).	<input type="checkbox"/>	<input type="checkbox"/> →	

Strategic Priority 2. Wrap-around supports for success in K-12 and beyond

9. Will any of your project activities help achieve the goal of Strategic Priority 2: “Strengthened wrap-around supports for success in K-12 and beyond”? *Please check the appropriate box.*

☐ Yes

☐ No → **Please skip to question 12.**

10. Are any of your project activities eligible under the support categories for Strategic Priority 2? *For each support category, please check the appropriate box and include relevant details.*

Support Category	No	Yes	If yes, please name the activity and explain how.
Capability Development and Systems Improvements	<input type="checkbox"/>	<input type="checkbox"/> →	
Research	<input type="checkbox"/>	<input type="checkbox"/> →	

11. Will any of your project activities help achieve the objectives of Strategic Priority 2? *For each objective, please check the appropriate box and include relevant details.*

Objective	No	Yes	If yes, please describe the activity and explain how.
A. Strengthened capability to support success of Inuit students in K-12 among service providers, community groups, and families.	<input type="checkbox"/>	<input type="checkbox"/> →	
B. Strengthened collective understanding of effective extracurricular support programs for school-aged Inuit children and youth (including “early leavers”).	<input type="checkbox"/>	<input type="checkbox"/> →	
C. Strengthened planning and coordination in the delivery of wrap-around supports, by local organizations and schools.	<input type="checkbox"/>	<input type="checkbox"/> →	

Strategic Priority 3. Foundational skills development opportunities for adults

12. Will any of your project activities help achieve the goal of Strategic Priority 3: “Strengthened foundational skills for employment and further training among adults who are unemployed, underemployed, not participating in the workforce, or employed and needing core skills to advance”? *Please check the appropriate box.*

☐ Yes

☐ No → **Please skip to question 15.**

13. Are any of your project activities eligible under the support categories for Strategic Priority 3? *For each support category, please check the appropriate box and include relevant details.*

Support Category	No	Yes	If yes, please name the activity and explain how.
Service Delivery	<input type="checkbox"/>	<input type="checkbox"/> →	
Capability Development and Systems Improvements	<input type="checkbox"/>	<input type="checkbox"/> →	
Research	<input type="checkbox"/>	<input type="checkbox"/> →	

14. Will any of your project activities help achieve the objectives of Strategic Priority 3? *For each objective, please check the appropriate box and include relevant details.*

Objective	No	Yes	If yes, please describe the activity and explain how.
A. Support Nunavut Arctic College to enhance and expand adult basic education opportunities in all communities.	<input type="checkbox"/>	<input type="checkbox"/> →	
B. Strengthen collective understanding of effective adult learning programs for Nunavut Inuit.	<input type="checkbox"/>	<input type="checkbox"/> →	
C. Strengthen capability of community groups to plan and deliver non-formal adult learning programs, including intergenerational learning programs.	<input type="checkbox"/>	<input type="checkbox"/> →	
D. Increase access to formal adult learning programs (classroom-based, workplace based, and programs that combine learning and work).	<input type="checkbox"/>	<input type="checkbox"/> →	
E. Increased access to non-formal, community-based adult learning programs, including a range of programs rooted in Inuit culture.	<input type="checkbox"/>	<input type="checkbox"/> →	
F. Increase access to all levels of Inuktitut learning programs for Inuit, including diverse workplace-based, classroom-based, and community-based programs.	<input type="checkbox"/>	<input type="checkbox"/> →	

Strategic Priority 4. Advanced training and post-secondary for employment in key sectors

15. Will any of your project activities help achieve the goal of Strategic Priority 4: “Increased Inuit preparedness for employment and advancement in sectors with high demand, including a special focus on Inuit employment in schools (to increase Inuit employment and enhance K-12 services).”? *Please check the appropriate box.*

☐ Yes

☐ No → **Please skip to question 18.**

16. Are any of your project activities eligible under the support categories for Strategic Priority 4? *For each support category, please check the appropriate box and include relevant details.*

Support Category	No	Yes	If yes, please name the activity and explain how?
Service Delivery	<input type="checkbox"/>	<input type="checkbox"/> →	
Capability Development and Systems Improvements	<input type="checkbox"/>	<input type="checkbox"/> →	
Research	<input type="checkbox"/>	<input type="checkbox"/> →	

17. Will any of your project activities help achieve the objectives of Strategic Priority 4? For each objective, please check the appropriate box and include relevant details.

Objective	No	Yes	If yes, please describe the activity and explain how.
A. Increased access by Inuit to job and sector-specific advanced training programs, including on-the-job, mentorship, and classroom-based programs, directly linked with opportunities for employment or advancement.	<input type="checkbox"/>	<input type="checkbox"/> →	
B. Increased overall access by Inuit to post-secondary programs, within and outside of Nunavut, directly linked with opportunities for employment or advancement.	<input type="checkbox"/>	<input type="checkbox"/> →	
C. Strengthened student funding programs.	<input type="checkbox"/>	<input type="checkbox"/> →	
D. Enhanced holistic wrap-around supports for Inuit students in post-secondary and advanced training programs and increased access to such supports.	<input type="checkbox"/>	<input type="checkbox"/> →	

18. Which community will be directly affected or targeted by your proposed project activities (e.g. a training session will be held in the community, community members will be invited to a regional training session, community will receive copies of training materials, etc.)? For each community, please check the appropriate box and include relevant details.

Community	No	Yes	If yes, please describe how?
Arctic Bay	<input type="checkbox"/>	<input type="checkbox"/> →	
Arviat	<input type="checkbox"/>	<input type="checkbox"/> →	
Baker Lake	<input type="checkbox"/>	<input type="checkbox"/> →	
Cambridge Bay	<input type="checkbox"/>	<input type="checkbox"/> →	
Cape Dorset	<input type="checkbox"/>	<input type="checkbox"/> →	
Chesterfield Inlet	<input type="checkbox"/>	<input type="checkbox"/> →	
Clyde River	<input type="checkbox"/>	<input type="checkbox"/> →	
Coral Harbour	<input type="checkbox"/>	<input type="checkbox"/> →	
Gjoa Haven	<input type="checkbox"/>	<input type="checkbox"/> →	
Grise Fiord	<input type="checkbox"/>	<input type="checkbox"/> →	
Hall Beach	<input type="checkbox"/>	<input type="checkbox"/> →	
Iglolik	<input type="checkbox"/>	<input type="checkbox"/> →	
Iqaluit	<input type="checkbox"/>	<input type="checkbox"/> →	
Kimmirut	<input type="checkbox"/>	<input type="checkbox"/> →	
Kugaaruk	<input type="checkbox"/>	<input type="checkbox"/> →	
Kugluktuk	<input type="checkbox"/>	<input type="checkbox"/> →	
Nauyasat (Repulse Bay)	<input type="checkbox"/>	<input type="checkbox"/> →	
Pangnirtung	<input type="checkbox"/>	<input type="checkbox"/> →	
Pond Inlet	<input type="checkbox"/>	<input type="checkbox"/> →	
Qikiqtarjuaq	<input type="checkbox"/>	<input type="checkbox"/> →	
Rankin Inlet	<input type="checkbox"/>	<input type="checkbox"/> →	
Resolute	<input type="checkbox"/>	<input type="checkbox"/> →	
Sanikiluaq	<input type="checkbox"/>	<input type="checkbox"/> →	

Taloyoak	<input type="checkbox"/>	<input type="checkbox"/> →	
Whale Cove	<input type="checkbox"/>	<input type="checkbox"/> →	

Outside of Nunavut (please specify)

Community				
Province or Territory				

Partnerships

19. Have you partnered with other organizations for funding or other support? Please check the appropriate box.

☐ Yes☐ No → Please skip to question 21.

20. Who are your partners and what kind of support are they or will they be providing to your project? For each partner, please provide the relevant details.

Partner Organization	Funding (please specify \$)		Other support (please specify)	
	Requested	Confirmed	Requested	Confirmed

21. If you have any additional comments or suggestions on why your project should be funded by the Makigiaqta Contribution Program, please share them below.

Attachments

In addition to this Application Form, please ensure to include all the following attachments:

- ☐ Project Activity and Funding Application forms for each of your project activities.
- ☐ If applicable, a copy of your proof of registration from Legal Registries, IFR or NNI.
- ☐ If applicable, a copy of your Research License from Nunavut Research Institute (NRI).

Declaration

We are applying for funding under the Makigiaqta Contribution Program administered by the Makigiaqta Inuit Training Corporation.

To the best of our knowledge, all of the statements or information in this application are true. We understand that any false or misleading information will result in our application being denied and may disqualify our organization or ourselves from receiving future funding from Makigiaqta.

We promise that any funding received under this program will only be used for the proposed project activities. Upon receiving funding, we will agree to supply any relevant receipts, reports, training materials or other relevant information requested by Makigiaqta.

We give permission to Makigiaqta to collect and use our personal information related to this application and to make inquiries needed to evaluate this application.

Our organization is registered and in good legal standing and we agree to provide relevant organizational and project information upon request. Further, we understand that submission of this Application Form does not guarantee funding or other support from Makigiaqta, and that if the project is selected for further exploration and development, we will work in good faith with program staff.

Our receipt of funding will not make us an employee, contractor, or agent of Makigiaqta.

If you agree with the declaration above, please sign below.

Primary Contact		Signature		Date	
Alternate Contact		Signature		Date	

Project Activities

22. For each activity, please provide the name and a brief description.

Activity 1 Name	
Activity 1 Description	
Activity 2 Name	
Activity 2 Description	
Activity 3 Name	
Activity 3 Description	
Activity 4 Name	
Activity 4 Description	
Activity 5 Name	
Activity 5 Description	

23. What is the timeline for your activities? *Following the activity order above, please describe any relevant tasks or each activity.*

Activity Details		Activity 1	Activity 2	Activity 3	Activity 4	Activity 5
2019/20	April					
	May					
	June					
	July					
	August					
	September					
	October					
	November					
	December					
	January					
	February					
	March					
2020/21 (if applicable)	April					
	May					
	June					

2021/22 (if applicable)	July				
	August				
	September				
	October				
	November				
	December				
	January				
	February				
	March				
	April				
	May				
	June				
	July				
	August				
	September				
	October				
	November				
	December				
	January				
	February				
	March				

24. Does your project involve any training activities (e.g. workshops)? *Please check the appropriate box.*

☐ Yes

☐ No → **Please skip to question 26.**

25. What are the details of your training activities? *For each activity, please provide any relevant details following the order above.*

Event Details		Activity 1	Activity 2	Activity 3	Activity 4	Activity 5
# of anticipated participants	Nunavut Inuit					
	Non-Nunavut Inuit					
	Female					
	Male					

	Youth				
	Adult				
	Elder				
Duration	# of sessions				
	# of hours per session				

26. As part of this project, will you produce any new training materials? *Please check the appropriate box.*

☐ Yes

☐ No → **Please skip the next question.**

27. What training materials will you produce? *For each training material, please provide any relevant details.*

Training Material Title	Media Type	# of copies to be printed	# of copies to be distributed