**Application for Na-mi-quai-ni-mak (I remember them) - Community Support Fund:**

Instructions: Please fill out the form completely. Once the form is completed, please submit it to:

|  |  |
| --- | --- |
| **The National Centre for Truth and Reconciliation**  177 Dysart Road  Winnipeg, Manitoba R3T 2N2 |  |

For any questions about the Fund or the application process, please contact Brooke Bunn, Commemoration and Community Engagement Liaison Officer toll-free at 1 (855) 415-4534 or via email at [brooke.bunn@umanitoba.ca](mailto:brooke.bunn@umanitoba.ca).

**Part A: Applicant Information**

*Please Note: Payments cannot be made to individuals and require the support of a community organization.*

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Organization or Group: |  | | |
| Contact Person: |  | Phone Number: |  |
| Email Address: |  | | |
| Mailing Address: |  | Postal Code: |  |
| City/Town/Reserve: |  | Province/Territory: |  |

**Part B: Project Information**

Has your community or project received a grant from Na-mi-quai-ni-mak previously?  Yes  No

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| This project will commemorate (check all that apply): | | | | | | |
|  | | | | | | |
|  | Residential School Survivors | |  | Unmarked Gravesites | | |
|  | Residential School Site | |  | Orange Shirt Day | | |
|  | Missing Children | |  | Indigenous Traditional Ceremony or Event | | |
|  | Other: | | | | | |
|  |  | |  |  | | |
| Project Name: | |  | | | | |
| Start Date: | |  | | | End Date: |  |
| Brief Description of the Project (500 words or less): | | | | | | |
|  | | | | | | |
| If known, please describe any previous commemoration activities in your community: | | | | | | |
|  | | | | | | |
| Please list the Residential School(s) commemorated by this project: | | | | | | |
|  | | | | | | |
| Please describe how Residential School Survivors are involved in the planning and delivery of this project: | | | | | | |
|  | | | | | | |
| Please describe how you will acknowledge the contribution of the National Centre for Truth and Reconciliation (e.g. newsletter, logo placement, opening remarks, etc.): | | | | | | |
|  | | | | | | |

**Part C: Budget Information**

Please list ALL costs required to complete your project/event:

|  |  |  |
| --- | --- | --- |
| **Project Costs** |  | **Amount** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL COSTS:** |  |  |

Please list ALL revenue that will help complete your project:

|  |  |  |
| --- | --- | --- |
| **Revenue Source** |  | **Amount** |
| NCTR Community Support Fund |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| In-Kind |  |  |
| **TOTAL REVENUE:** |  |  |

**Complete this section *AFTER* the event has been held and send it in to NCTR to report on the commemoration/event.**

**Part D: Final Report**

|  |
| --- |
| Please provide a summary of the activity, event or project completed. |
|  |
| How many persons participated in the project? |
|  |
| How did the community, survivors and families benefit from the activity, event or project? |
|  |

*Note: Please submit photos of the project/event (including Survivors and community members in attendance) and copies of expenses attached to your final report.*