



ROMAN CATHOLIC DIOCESE OF PETERBOROUGH

Indigenous Reconciliation Fund (“IRF”) Application for Project Funding

PROJECT SUMMARY

Indigenous Name of Applicant: _____

Name of Applicant: _____

First Nations, Métis, Inuit, urban Indigenous organization – please check one:

<input type="checkbox"/> Alderville First Nation	<input type="checkbox"/> Wasauksing First Nation
<input type="checkbox"/> Curve Lake First Nation	<input type="checkbox"/> Métis Nation of Ontario - Moon River Métis Council *MNO citizenship verification is required.
<input type="checkbox"/> Henvey Inlet First Nation	<input type="checkbox"/> Métis Nation of Ontario - Peterborough and District Wapiti Métis Council *MNO citizenship verification is required.
<input type="checkbox"/> Hiawatha First Nation	<input type="checkbox"/> Nogojiwanong Friendship Centre
<input type="checkbox"/> Magnetawan First Nation	<input type="checkbox"/> Parry Sound Friendship Centre
<input type="checkbox"/> Moose Deer Point First Nation	<input type="checkbox"/> First Peoples House of Learning, Trent University
<input type="checkbox"/> Shawanaga First Nation	<input type="checkbox"/> Indigenous Student Services, Fleming College
<input type="checkbox"/> Wahta Mohawks First Nation	Other (Please specify): _____

If you are an Indigenous person who meets all eligibility requirements but is unaffiliated with any of the above communities or organizations, please check the 'Other' box.

*Successful applicants who are Métis must be willing to have their citizenship verified by the MNO.

Project title: _____

Check the area(s) that your project addresses:

<input type="checkbox"/> Healing for communities and families	<input type="checkbox"/> Culture and language revitalization
<input type="checkbox"/> Knowledge-sharing, heritage & traditions and community building	<input type="checkbox"/> Dialogues for promoting indigenous spirituality and culture

Project Description and how it addresses one or more the areas mentioned in the box above:

Please provide examples of similar successful projects, if any, or check "Not aware of any similar projects.":

Not aware of any similar projects.

Start Date: _____

Anticipated End Date: _____

Amount of Indigenous Reconciliation Fund request: \$ _____

PARTNERSHIP INFORMATION

Not applicable. (Please check this box if there are NO other project funders.)

If there are other project funders, please list them. _____

TOTAL PROJECT COST: IRF Application \$ _____ + Other partners \$ _____ = \$ _____

Please check and initial the NOTE below.

NOTE: If for some reason this project does not proceed, it is understood that you will inform the Local IRF Committee and return any funds received to the National Indigenous Reconciliation Fund.

I have read this NOTE. _____ Initials

OFFICE USE ONLY

Signatures:

Georgie Horton-Baptiste
Chair of the Local IRF Committee

Most Reverend Daniel Miehms
Bishop of the Diocese of Peterborough

Date:

DESCRIPTION OF THE ORGANIZATION RECEIVING THE FUNDS

Name and background information about the organization

NAME OF THE ORGANIZATION: _____

ABOUT THE ORGANIZATION: _____

NOTE - If you checked the 'Other' box in the section titled **First Nations, Métis, Inuit, urban Indigenous organization**, please add the name and contact information of a secondary Indigenous person who recommends your project proposal. This person does not need to be part of your project but must meet the same eligibility requirements to recommend your proposal.

Name: _____

Email: _____

Phone Number: _____

Confirm organization's charitable or qualified donee status by providing the Canada Revenue Agency ("CRA") number below.

CRA number: _____

If you are not registered as a charity or not-for-profit with the CRA, please contact [Deirdre Thomas](mailto:DeirdreThomas@peterboroughdiocese.org) at the Diocese of Peterborough. DeirdreThomas@peterboroughdiocese.org or 705 745 5123 x24

If requested, can you provide the following:

Yes No Audited financial statements

If you check "No", you will **not** be disqualified from consideration.

If your organization is a registered charity or not-for-profit, please include your T3010 Registered Charity Information Return required by the Charities Directorate.

If this project is being done in partnership with other funders or NPOs, please attach proposed agreements between the organization to be funded by this grant and the other organization(s)

- Draft agreements are attached (please check the box)
- Not applicable.

Contact information for key individual at the organization receiving the funds:

Name:

Telephone:

Email:

Mailing address:

DETAILED DESCRIPTION OF THE USE OF FUNDS (Use additional sheet, if necessary.)

Summarize expenses by category:

CATEGORY	AMOUNT OF FUNDS
Salary	
Honorarium	
Purchased goods	
Services	
Reimbursement for personal costs	
Rental of facilities	
Contracted Services / Other:	
TOTAL	

Expenses by year: (if applicable)

YEAR	AMOUNT OF FUNDS SPENT
2023	
2024	
2025	
2026	
2027	

- Not applicable.

PROJECT COMPLETION REPORT

(This section does not need to be completed when the Application is submitted.)

You will be asked to send a PROJECT COMPLETION REPORT to the IRF Local Committee once the project is finished.

DESCRIPTION OF THE PROJECT'S SUCCESS:

Yes No **Pictures are enclosed.**

Yes No **Include links to videos.**

