

Applicant Information
Name of Charity:
Charitable Status Number:
Address:
Phone Number:
Email address:
Contact Person:
Phone Number (if different from above):
Email address (if different from above):
Name of Proposing Entity (if different from above):
Address:
Phone Number:
Email Address:
Contact Person:
Phone Number (if different from above):

Email address (if different from above):						
Please provide or attach a brief history, mission, or vision statement of the entity:						
Proposal for Project/Initiative Funding						
What is the name of your project/initiative?						
<p>Which of the following areas best describe the focus of your project/initiative? Check all that apply.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Healing and reconciliation for communities and families. <input type="checkbox"/> Culture and language revitalization. <input type="checkbox"/> Education and community building. <input type="checkbox"/> Empowerment of Indigenous spirituality and culture. 						
<p>For non-Indigenous applicants, please list the name(s) of Indigenous Collaborators or Consultants. If more space is needed, please add a page to the application.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 33%; padding: 5px;">Name</th> <th style="width: 33%; padding: 5px;">Affiliation</th> <th style="width: 33%; padding: 5px;">Phone Number</th> </tr> </thead> <tbody> <tr> <td style="height: 150px;"></td> <td></td> <td></td> </tr> </tbody> </table>	Name	Affiliation	Phone Number			
Name	Affiliation	Phone Number				

Indigenous Reconciliation Fund Grant Application Form

Diocese of Pembroke

Give a short description of the project/initiative. Attach additional pages if necessary.

Describe the need being met by this project or initiative. Attach additional pages if necessary.

Please include a proposed budget with detailed expenses.

Application Checklist:

- Application Form
- History, Mission, or Vision Statement
- Project Description
- Area of Identified Need
- Proposed Budget with Detailed Expenses.