



# NATIONAL INDIGENOUS PEOPLES DAY EVENT FUNDING APPLICATION

Event Name: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

LEGAL STATUS: (Are you federally or provincially incorporated? (it is not a requirement)

Yes Federal Incorporation Corporation Registration No: \_\_\_\_\_

Yes Provincial/Territorial Corporation Registration No: \_\_\_\_\_

Contact Person  Mr.  Mrs.  Miss  Ms.  Other: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Website URL: \_\_\_\_\_

**Brief (50 word) summary of your event, background, and reason you are planning this celebration.**



**NATIONAL INDIGENOUS PEOPLES DAY COMMUNITY EVENTS 2019**

EVENT INFO

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

# of Indigenous people expected to be involved in the program (volunteers and presenters): \_\_\_\_\_

# of people expected to attend from Indigenous community: \_\_\_\_\_

# of other/general public expected to attend (if any): \_\_\_\_\_

Description of Activity:

IF YOU FEEL YOU WOULD LIKE TO GIVE THE COMMITTEE MORE INFORMATION, PLEASE ATTACH A MORE DETAILED OUTLINE - A MAXIMUM OF ONE PAGE.



A – PLANNED EXPENDITURES (LIST ALL OF YOUR EVENT EXPENSES) Consider all of the actual costs you incur for the event, plus everything that is provided In-Kind (with exception of volunteer time). The expenditures should match the revenues in the next column.		B – LIST ALL ANTICIPATED REVENUE - Financial support from other organizations including all the funding requested. - Donations In-Kind (itemize and list estimated donations like food).	
Description	Amount	Other Contributions/Financial (additional funding, provided in cash)	Amount
		Donations in kind (the value of the service donated to your event in kind, like printing food)	
		Your own funding/fundraising (cash you generate or fundraise)	
		<b>TOTAL ANTICIPATED REVENUE(B)</b>	
		<b>C – FUNDING REQUESTED FROM NIPD COMMITTEE</b>	
<b>TOTAL PLANNED EXPENDITURES (A)</b>		<b>TOTAL REVENUES (B + C)</b>	



<p>Approved Amount: (this section to be completed by NIPD Committee)</p>	<p>LIST ALL EXPENDITURES THAT YOU WILL COVER WITH NIPD FUNDING:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>TOTAL FUNDING REQUESTED (\$): _____</p>
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Applications to be considered are due May 10th