

## **Kivalliq Inuit Association**

# Kivalliq Community Cultural Initiative Program Funding (KCCIP)

Policy, Guidelines and Application Form



Kivalliq Inuit Association
PO Box 340
Rankin Inlet, Nu XOC 0G0
qnetser@kivalliqinuit.ca

Direct Line: 867-645-5726 Toll-Free: 1-800-220-6581 www.kivalliginuit.ca

### **KCCIP Policy & Guidelines**

#### Introduction

The Kivalliq Inuit Association has funding available for grants and contributions to support community based initiatives that foster and enhance Inuit traditional skills and activities as well as promoting and/or maintaining the Inuit language. Through this program, Kivalliq beneficiaries can run community based programs organized and operated by its community members. It is the responsibility of KIA and KCCIP recipients to work together to successfully coordinate and run their programs.

#### Eligibility

Eligibility for funding is open but limited to Inuit registered under the Nunavut Agreement living in the Kivalliq region.

Funding is prioritized to individuals to run community based projects. Groups, committees, councils and staff from non-for-profit organizations will be considered last priority depending on funding availability.

#### Budget

It is extremely important for approved recipients to stay within their allocated budgets.

KIA <u>will not, under any circumstances</u> cover overspending by the recipient. It is the responsibility of the recipient to stay within their budgets. If the recipient over spends in one area of their budget they will have to make cuts in another area of their budget.

#### Budget guidelines include:

- Maximum **\$5000** per proposal request
- Administrative fees (book keeper/secretary) must NOT exceed more than 10% (\$500) of total budget
- Rental fees must **NOT** exceed 20% (\$1000) of total budget
- Instructor fees must **NOT** exceed 40% (\$2000) of total budget
- Funding must be spent before fiscal year end- March 31
- Payments will be sent through mail <u>only</u>
- Approved applicants must purchase snacks that fall under the Nunavut Health guide (Cannot purchase junk food, pop, chips etc.)

The following items will not be considered for funding:

- Capital Assets such as ATV's, boats, sewing machines, video cameras etc. cannot be purchased
   ONLY rented
- Budget items that exceed budget guidelines
- Programs that do NOT foster, enhance and promote traditional skills and/or language will automatically be declined.
- Approved applicants <u>cannot purchase tobacco products</u>

#### Guidelines of proposal must include:

- 2 reference letters from non-family member
- For approved applicants- Public announcements <u>must</u> be made to the community through social media, radio etc. for all approved applicants who will deliver the program
- For approved applicants- Selection of participants for programs must be chosen fairly by the instructor, elder and administrator
- Please provide quotes if you are purchasing materials and supplies for your project.

#### Reports

Completion of program must be written and sent to KIA Program Officer or KIA's Community Liaison Officer. You may request for a <u>report template</u> from KIA Social Development Department or write a report in your own format with the requested information written below.

#### Report must include:

- Pictures of project- minimum 2 photos- Photo consent release form included in report
- Number and names of participants
- What they have learnt during the program
- Challenges faced during program delivery
- Success stories
- For media such as news (ex. CBC), facebook etc. Individuals must recognize KIA financial contribution towards project
- If Purchase Orders are used- Please send **receipt** after purchase
- A **cheque request** form must be requested from CLO or Program Officer and sent to KIA head office for payments such as Instructor fees, rental fees etc..

#### **KCCIP** Schedule

#### Annual intake of KCCIP applications

Seasons	Open for intake	Closing dates
Spring Activities	April 1 <sup>st</sup>	May 15 <sup>th</sup>
Summer Activities	May 16 <sup>th</sup>	June 30 <sup>th</sup>
Fall activities	July 1st	August 31 <sup>st</sup>
Early winter activities	September 1 <sup>st</sup>	November 15 <sup>th</sup>
Winter	November 16 <sup>th</sup>	January 30 <sup>th</sup>

Please send completed application forms to <a href="mailto:qnetser@kivalliqinuit.ca">qnetser@kivalliqinuit.ca</a> or your KIA CLO within your community based on the schedule above.

#### **Application Process**

Following are the next steps in the application process:

- 1.) The Social Development Program Officer reviews the application and documentation submitted. The Program Officer may contact the recipient for additional information.
- 2.) The selection committee will review your application shortly after the closing dates.
- 3.) After a committee meeting, the Program Officer will notify the applicant. If an applicant is approved, the committee will send an approval letter which outlines the terms and conditions along with any other documents needing to be signed.
  - In the case of rejected applications, a letter is sent to the client advising the reasons of rejection.
  - For deferred applications, the Program Officer consults with the applicant, advises why the application was deferred, and explains requirements to have the application reviewed again by the Committee.
- 4.) When a signed copy of the documents are received, and after all conditions associated with the funding, applicants may request for a Purchase Order (PO) from KIA to purchase approved budget items.
- 5.) Approved applicants may request for a **Cheque requisition** form to fill out and submit for Instructor fees, administrative fees, Honoria, rental fees and other related expenses.

#### **Questions?**

If you have any questions after reading these guidelines, please contact:

Manager Inuit Programs & Services, Qovik Netser Email: <a href="mailto:qnetser@kivalliqinuit.ca">qnetser@kivalliqinuit.ca</a>

Phone: 867-645-5726

OR/

KIA Receptionist

Email: reception@kivalliginuit.ca

Phone: 867-645-5725 Toll-free: 1-800-220-6581

Kivalliq Inuit Association Po Box 340 Rankin Inlet, NU X0G-0G0 Fax: 867-645-2348

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## **Application for Kivalliq Community Cultural Initiatives Program (KCCIP)**

This application is for grants and contributions to support community based initiatives that foster and enhance Inuit traditional skills and activities as well as promoting and/or maintaining the Inuit language.

Type of Application			
anguage Preservation		Land Skills	
raditional Skills		Other/Specify	
First Name		Name	Group Name (if applicable)
Community	Mail	ing Address	Postal Code
<b></b>	Po B		
		51 N I	Birth (m/d/y)
Home Number	Cell	Phone Number	( , , , , ,

## **Project Proposal**

Please describe the following in detail:

on carrying o	out your proj		be necessa	ary to succeed? What are you	-	
Who will b	enefit?					
Youth	Male (	<b>□</b> Female	e 🗖	Elder Involvement		
Men		Approx	# of partic	ipants		_
Women		Name	of Instructo	r		
Children		Name	of Instructo	r		
		Name	nf Administ	rator		

## **Project Schedule/Location of Program**

Please state your expected your project.	start and finish dates. Also provi	de a schedule for completing each steps in
Location of Program (When	e your program will be held):	
Start Date:		
End Date:		
Schedule		
Assistance from other so	ources	
Name of source	ance secured for your project	Dalla «Value
Name of source	Contact Name	Dollar Value
Please list any other assista Name of source	Contact Name	Dollar Value (\$)
	Total From other	r sources: \$
References		
You must enclose at least t	wo letters of support with your a	pplication from Non-family members.
Please list below the perso your application process.	ns who provided these letters. Th	nese letters will contribute to the success of
Name	Organization	Telephone Number

## **Project Budget**

You must provide a detailed budget breakdown of cost by category. Ex.) Rental fees, instructor fees, supplies etc. **Maximum \$5000**, Rental fees do **NOT** exceed 20% (\$1000), Instructor fees do **NOT** exceed 40% (\$2000) and administrative fees do **NOT** exceed 10% (\$500) of the total budget.

Description		Dollar Value
	Total Budget	\$
	Total requested from KIA	\$
Applicant's statement		
completion of this program. Furt	sponsible for damages that may oc hermore, KIA is not responsible for osed project. All proponents and p	any liability before, during or
 Signature		
- <b>0</b>		
Witness	 Date	<del></del>
FOR OFFICE USE ONLY		
Date Received:	Meeting date:	
Motion:		