



# Indigenous Youth Community Grants

## Application Form 2024

### PROGRAM:

#### Completing the form

This is a standard form used by two streams (A and B) available through the Indigenous Youth Community Grants Program.

Please read the Funding Guide that is specific to the program to which you are applying. Each funding stream may have unique mandatory questions, priorities, or supporting documents to submit with the completed Application Form.

Unless otherwise indicated in the Funding Guide or on this form, you must complete all parts of the Application Form. NCNS YDI may refuse applications that are incomplete or contain errors. We will contact you to request any mandatory information if it is missing from your application.

If a closing date is posted, you must submit your Application Form by that date. We will not accept applications received after a closing date.

This document includes the following sections:

- **Section A – Notice to Applicants**
- **Section B – Group/Organization Information**
- **Section C – Project Proposal**
- **Section D – Budget**
- **Section E – Attestation**

#### How to submit the form and supporting documents

Please submit the application form and supporting documents:

- By Email – [ydi@ncns.ca](mailto:ydi@ncns.ca)
- or
- By Mail – ATTN: Youth Development Initiative  
P.O. Box 1320, Truro, NS, B2N 5N2

#### SECTION A – Notice to Applicants

##### Attestation

For your application to be eligible, you must have the authority:

- To submit project proposals for the applicant group/organization
- To enter into contracts and agreements on behalf of the group/organization
- To certify that the information in the application is true, accurate, and complete

##### Information in the form and supporting documentation

The completion of this application form and provision of supporting documents is voluntary. Should you apply, note that there are some fields in the application form that are mandatory and required to submit a completed application.

We may also use or disclose your application information:

- To share information with others outside the Native Council of Nova Scotia's Youth Development Initiative as part of the review process
- For policy and research analysis

<b>SECTION B – Group/Organization Information</b>		
<b>Group/Organization Identification</b>		
<b>1. Group/Organization Legal Name*</b> - <i>Group/Organization's full name, as it appears on legal documents</i>		
<b>2. Operating Name*</b> - <i>If different from legal name</i>		
<b>3. Year Established*</b> - <i>Year the group/organization was created</i>		
<b>4. Group/Organization Type*</b>		
Incorporated or registered organization		Youth Council
Community Group		School Group
Grassroots Organization		Other:
Collective/Collectivity		
<b>5. Canada Revenue Agency (CRA) Business Number*</b> - <i>Unique 15-digit number assigned to your business or legal entity by CRA</i>		
<p><b>If you do not have a CRA Business Number, provide one of the following:</b></p> <p><b>Other Registration Number:</b></p> <p><b>We/I have provided a separate document confirming the proof of operations for my/our organization (Please specify below):</b></p>		
<b>6. Group/Organization Primary Address*</b>		
<b>Street number and name</b>	<b>City or Town</b>	
<b>Province or Territory</b>	<b>Postal Code</b>	<b>Phone</b>
<b>Email</b>	<b>Website</b>	
<b>7. Mailing Address*</b> – <i>Is it the same as the Group/Organization Primary Address?</i>		
Yes		No (Include below)
<b>Mailing Address</b>		
<b>Province or Territory</b>	<b>Postal Code</b>	<b>Phone</b>

**8. Tell us about your group/organization\*** – In 500 words or less, describe your group/organization's primary activities

**Select the target group(s) that best align with your organization's primary activities. You may select more than one option.\***

- |                             |                    |                          |
|-----------------------------|--------------------|--------------------------|
| Elders/Seniors              | 2SLGBTQQA+         | People with Disabilities |
| Women                       | Visible Minorities | Youth                    |
| Remote/Rural                | Low Income         | Youth In-Care            |
| Indigenous (please specify) |                    |                          |
| First Nations               | Inuit              | Métis                    |
|                             |                    | Urban/Non-Affiliated     |
| Other (please specify):     |                    |                          |

**9. Group/Organization's operating budget\***

**Group/Organization Contacts**

**10. Primary Contact\*** – This should be your primary contact person with respect to this application for funding

**First Name** **Last Name**

**Position Title**

**Email** **Phone**

**Primary Contact Address**

- |                               |                                       |                           |
|-------------------------------|---------------------------------------|---------------------------|
| Same as Group Primary Address | Same as Group Primary Mailing Address | Different (include below) |
|-------------------------------|---------------------------------------|---------------------------|

**Street number and name** **City or Town**

**Province or Territory** **Postal Code**

<b>11. Secondary Contact</b> – <i>This should be your secondary contact person with respect to this application for funding in case we cannot reach the primary contact</i>		
<b>First Name</b>	<b>Last Name</b>	
<b>Position Title</b>		
<b>Email</b>	<b>Phone</b>	
<b>Secondary Contact Address</b>		
Same as Group Primary Address	Same as Group Primary Mailing Address	Different (include below)
<b>Street number and name</b>		<b>City or Town</b>
<b>Province or Territory</b>		<b>Postal Code</b>
<b>SECTION C – Project Proposal</b>		
<b>Project Proposal Identification</b>		
<b>12. Project Title*</b>		
<b>13. Project Focus Area*</b> - <i>Select all that apply</i>		
Mentorship Opportunities	Education Resources and Support	
Skill Development	Student Communities	
Arts and Culture	Intergenerational Relationship Building	
Youth and Community Wellness	Resiliency Building	
<b>14. Beneficiaries*</b>		
First Nations Youth (aged 12-20)	Inuit Youth (aged 12-20)	Métis Youth (aged 12-20)
<b>15. Participant Reach*</b> - <i>Please specify how many Indigenous youth participants (aged 12-20) you expect your project to reach</i>	<b>16. Non-Youth Participants*</b> - <i>Please specify how many community members you will reach who are 20+. This includes but is not limited to participants, parents, Elders, facilitators, etc.</i>	
<b>17. Project Location*</b> - <i>Please specify the community, town, or city where the project will take place. If the project takes place in more than one area, please list all.</i>		
<b>18. Community Type*</b> – <i>This project will support</i>		
Remote Community	Urban Community	
Rural Community	On-Reserve Community	
<b>19. Planned Project Start Date*</b> (YYYY-MM-DD)	<b>20. Planned Project End Date*</b> (YYYY-MM-DD)	
<b>21. Total Amount Requested from the Indigenous Youth Community Grants Program *</b>		



**24. Community Context\*** – *In 250 words or less, provide details about the youth and community that this project will benefit and what ages are they? What are some of the community's challenges and successes?*

**25. Expected Results\*** – *In 250 words or less, what are your expected outcomes? How will participants benefit from your project?*

**26. Supports\*** – *In 250 words or less, describe the supports you already have in place for this project to be successful*

#### **SECTION D – Budget**

**27. Project Cost\*** – *Total amount it will cost to fund your entire project*

**28. Amount Requested\*** – *Total amount requested from the Indigenous Youth Community Grants Program*

Please provide further cost details using the IYCG Excel Budget Template and attach it to your application

**SECTION E – Attestation\***

For your application to be eligible, an official representative who has the capacity and the authority to submit project proposals and enter into contracts and agreements on behalf of your group/organization must complete this section of the form. By doing so, you are attesting to the following:

- We/I have the capacity and the authority to submit this Application for Funding on behalf of the applicant organization
- We/I certify and warrant on behalf of the group/organization and in our/my personal capacity that the information provided in this Application for Funding and any supporting documentation is true, accurate, and complete
- I have read the IYCG Guidebook and understand the program’s requirements

Official Representative Name (print)

Title (Print)

Date (YYYY-MM-DD)

Official Representative Name (print)

Title (Print)

Date (YYYY-MM-DD)