Ungaluk Safer Communities Program

How to fill out application online

To start, go to: https://ungaluk.makivvik.ca

Register an account if you do not have one already. A verification link will be sent to the e-mail address you entered.

If you already have an account, please log in.

Ungaluk Safer Communities Program we zeet	
	Inuktitut
Welcoma In order to solumit an application form to Unpitole, phone registers have not done so shready <u>Revisited an account</u> Sign In Uteranous (your small address): Panawood, <u>Depret my meanwood</u>	
Sign In	

For a new project application, click here

	Apply for Funding
Cre	ate a New On-Line Application
	Start
	Download a Blank Project
	Application From
Dow	nload a Microsoft Word version of the application form.

(Or go to your saved project application, go to draft application if it is not finished and submitted yet.)

Ungaluk Safer Communities Program											
<u>Inuktitut</u>											
PROJE	CT INFORMA	TION 12204	6 [122046	5]			Save				
Summary	Application Form	Mid-Term Report	Final Report	Documents	Email	Payments					
STR#NOT#F											

General Information

Fill out every box and read carefully for instructions. Please enter the entire address, including postal code.

Name of Sponsoring Institut Organization that will be the f activity) of your project. Ex	fiduciary (manage financial	
	Summary Application Form Mid-Term Report Final Re	eport Documents Email Payments
	General Information Goals Target Groups Description Co	ulture Impacts / Results Partners Activities Budget Submit Application
	GENERAL INFORMATION	UPLOAD DOCUMENTS
	PROJECT TITLE	
	STR#NOT#FOUND	
	? Applicant Information	
	Name of sponsoring institutions/organization	Name of project manager / Primary contact person
		Velesie Nungak
	Address (provide the entire address, not just P.O. Box)	Address (provide the entire address, not just P.O. Box)
		PO Box 119 Kangirsuk Quebec JOM 1A0
	Email	Email
		vnungak@makivvik.ca
	Phone Number	Phone Number
		819-935-4513
	Fax Number	Fax Number
		819-935-4440
	r YYYY-MM-DD format) than 1 year but less than 3 years	year, you must upload Appendix A - Justification for project duration of more in the Documents section

Enter Date in 'Year-Month-Date' format YYYY-MM-DD (2025-05-01 for May 1, 2025)

Select Project Scope, Regional or Community-based, then select your community.

? Project Scope				
Regional-based O	Community-based 🔘 Indiv	idual		
Select the communities i	nvolved			
Chisasibi	🗌 Inukjuak	🗌 Ivujivik	Quartaq	🗌 Tasiujaq
🗌 Kuujjuaraapik	Puvirnituq	🗌 Salluit	🗌 Kangirsuk	🗌 Kuujjuaq
🗌 Umiujaq	🗌 Akulivik	🗌 Kangirsujuaq	🗌 Aupaluk	🗌 Kangirsualujjuaq
Letters of support and r	resolutions			

Please provide a letter of support for regional projects if representing an organization, or please provide a resolution for community-based projects. Please



Important Letters of Support and Resolutions are required.

attach the letter of support or resolution to your application by using the UPLOAD DOCUMENTS button

Please provide copies of your Resolution from your Sponsoring Organization, and Letters of Support from your Partner(s). Attach them in the Documents section of this application.

Do not forget to click 'Save and Continue'. After each section

<u>Goals</u>

What is your Priority Goal of the Project? Please select one goal. If you have more than one, explain it in the Project Description section. To get more information, please see the guidelines.

and the second	Application Form	Mid-Term Report	Final Report	Documents	Email	Payments		
eneral Inform	ation Goals Ta	arget Groups Descrip	otion Culture	Impacts / Results	Partner	s Activities	Budget Subm	iit Applicatio
OALS							UPLOAD DO	DCUMENTS
? What is th	e priority goal of the	project?						
	IV ONE goal If your or	ject includudes more that	n one Ungaluk priori		in it in the P	aiact Description	raction	
ease select ON	LY ONE goal. If your pro	oject includudes more thai	n one Ungaluk priori	ty goal, you can expla	iin it in the Pi	oject Description	section.	
ORDER OF IM	PORTANCE FOR UNGAL	UK		UNGALUK PRIC	RITY GOALS			
1 (r	nost important)	To redu	ce substance abuse	and/or addiction(s)				۲
								0
2		To prev	ent violence and oth	er crimes (adults an	d/or youth)			0
2				er crimes (adults an on or reintegration (p		ding or reoffendi	ng)	0
		To pron	note social integratio		revent offen	ding or reoffendi	ng)	0
3		To pron To addr	note social integratio	on or reintegration (p nental health proble	revent offen	ding or reoffendi	ng)	0 0 0 0
3		To pron To addr To assis	note social integratic ess trauma and/or n t victims of crime ar	on or reintegration (p nental health proble	orevent offen ms	ding or reoffendi	ng)	0
3 4 5		To pron To addr To assis To build	note social integrationess trauma and/or n ess trauma and/or n t victims of crime ar d parental skills and/	on or reintegration (p nental health proble nd/or violence for encourage safe fa	nrevent offen ms milies		ng) opment opportunities	0 0 0 0 0 0

*Personal Development includes activities that improve awareness and identity, develop talents and potential, build human capital and facilitate employability, enhance quality of life and contribute to the realization of dreams and aspirations.

Target Groups

Select only one.

6-10 years old 20 11-15 years old 20

And add the number of participants for each age group.

ARGET GROUP	S											UPLOAD DO	CUMENTS
? Who is the	e target gro	oup in your project?											
Please select ON	LY one.												
ORDER OF IM	PORTANCE	FOR UNGALUK					UNGALUK TAR	GET GROUPS					
			Ir	dividuals a	t risk:								
1 (n	nost import	ant)	e	conomic, etc	.) and/or	past exper	itted but giver ience (trauma) soon and/or a	and/or their	way of li	fe (heavy	drinking	, addiction,	ι, Ο
			Ir	dividuals i	n difficult	<u>y:</u>							
2				rime(s) have sk of victimi		een comm	itted and thos	e individuals	could be	at risk of	reoffend	ling, and/or a	at 🔘
			lr	dividuals g	aining sta	bility:							
3							l but if those ir could reoffen		not get t	he suppor	rt they n	eed (social,	0
4			N	o particula	r group of	individua	als targeted						0
http://localhos	st:63804/ap	pform.aspx											
	inants from	each age group will											
		participants for each	age group										
		participants for each 16-20 years old	age group		ears old	0							

Description

Please respond to all of the following questions, to be considered for funding.

What issues is your project going to aim, target, and/or address?

What are the reasons, the causes of these issues?

Briefly explain your target group, Men? Women? Youth? Target Group you selected in the previous page/selection.

Briefly describe the project activities. What are the participants going to do?

What do you want your project to achieve?

How will it prevent crime?

How do you know it is needed in your community or the region?

General Information	Goals	Target Groups	Description	Culture	Impacts / Results	Partners	Activities	Budget	Submit Application
DESCRIPTION								UP	LOAD DOCUMENTS
Please provide a sumn	nary of the p	oroject. Please resp	pond to all of the	following to	o be considered for fu	nding:			
It should include the fol	lowing:								
- What issue(s) is you									
 What are the causes Briefly explain your 	s behind the target group	issue(s)?							
- What are the causes	s behind the target group project activ	issue(s)? vities	ect (what do you v	vant your pro	ject to achieve)?				
 What are the causes Briefly explain your Briefly describe the What are the main g How will your proje 	s behind the target group project activ goals and obj ct prevent cr	issue(s)? vities jectives of the proje ime?			-				
 What are the causes Briefly explain your Briefly describe the What are the main g 	s behind the target group project activ goals and obj ct prevent cr	issue(s)? vities jectives of the proje ime?			-				
 What are the causes Briefly explain your Briefly describe the What are the main g How will your proje 	s behind the target group project activ goals and obj ct prevent cr	issue(s)? vities jectives of the proje ime?			-				
 What are the causes Briefly explain your Briefly describe the What are the main g How will your proje 	s behind the target group project activ goals and obj ct prevent cr	issue(s)? vities jectives of the proje ime?			-				
 What are the causes Briefly explain your Briefly describe the What are the main g How will your proje 	s behind the target group project activ goals and obj ct prevent cr	issue(s)? vities jectives of the proje ime?			-				

Culture: Answer the question.

How does the project take into consideration Inuit values, Inuit traditional skills and/or Inuit language?

Impacts/Expected Results

What do you think will be the impact(s) of the project? Please explain by providing short-term and long-term expected results. You can use these in your work plan.

(What do you think the participants will gain in terms of priority goals you selected?)

Long town is	ESULTS	**					UPLOAD DOCUMEN
i. What do yo	npact and expected resul u think will be the impact(your work plan.		se explain by providing	short, medium and lo	ong-term expe	cted results. You ca	an
	erm expected results						
? Long-t	erm expected results						
	to know what the project fter the project is complete					formation during a	nd
? Step 1:	If funded by Ungaluk, wh	ich expected results v	vill you evaluate to det	termine if your project	t had an impa	ct?	
? Step 2: collect the in	You will need to collect in formation?	formation to determi	ine if you achieved the	results you listed in S	tep 1. What to	ools will you use to	
lf Funded	by Ungaluk. W	hich expect	ted results (s	short-term	or long	term) will	you evaluate to
	if your projec	-	•			,	,

Partners

It is important to have at least 1 partner in the project.

Please attach Letters of Partnership Commitment from each partner. Each Letter should include the name of the partner, and the role of the partner in the project.

Summary Application Form Mid-Term Report Final Repo	ort Documents Email Payments
General Information Goals Target Groups Description Cult	ture Impacts / Results <u>Partners</u> Activities Budget Submit Application
PARTNERS	UPLOAD DOCUMENTS
? E. Work in partnership and Letters of Partnership Commitment	
It is important that there is AT LEAST 1 (ONE) partner in the project. A partner is s regional level who is involved in a project activity.	someone from another organization or an individual in a community or at the
Please attach Letters of Partnership Commitment from each partner to this appl form. Each letter should include: the name of the partner and the role of the par	lication using UPLOAD DOCUMENT button located in the top right corner of this rtner in the project.
You can only list 3 partners in the application form. If you have more than 3 parts commitment for those three and any additional partners you have.	ners, list the first three below and then upload all the letters of partnership
Partner 1	
Name of primary contact person	Organization
Velesie nungak	Company 'A'
Address (provide the entire address, not just P.O. Box)	List the specific role of the partner
Po box KangrsukJ0m 1A0	Provide equipment for outings
	Email
	vel_nun2004@hotmail.com
	Phone Number
	819-935-4321
Partner 2	
Name of primary contact person	Organization
Address (provide the entire address, not just P.O. Box)	List the specific role of the partner
	Email

Activities

What are the planned activities of the project? Please fill out the work plan below.

Summary Aj	plication For	m Mid-Ter	n Report Fi	nal Report	Documents	Email	Payments		
General Informatio	n Goals	Target Group	Description	Culture	Impacts / Results	Partners	Activities	Budget	Submit Application
ACTIVITIES								UPLO	AD DOCUMENTS
? What are the p	anned activiti	ies of the project	? Please fill out th	e work plan I	below.				
Planned Activity		(amping/hunting						
Timeline		1	larch to May						
								Save Chang	es Remove
Planned Activity			ewing tents						
Timeline		ć	pril to june						
								Save Chang	es Remove
									Add Activity
xplanation of each	category in th	ne work plan:							
Planned Activity ist IN DETAIL all of t	he activities in	the project. Exan	ples of activities a	re: recruit 20 p	participants, hire a coor	dinator, orga	nize a workshop	on substance al	ouse, etc.
imeline Provide dates for eac	h activity								
f you would like to Additional docume		ditional docume	nts, please use the	UPLOAD DO	CUMENTS button in th	ne right top c	orner of this for	m, and select o	locument category

List in Detail all of the activities in the project.

Timeline: Provide Dates for each activity, example: Recruit participants May 5-10, 2025.

Budget

Fill out the form for Salaries:

Job title, # of people, # of weeks, Hours per week, Hourly Rate, Benefits Insurance

It will automatically give you the total amount, but you need to put your request amount.

For Travel (if your project has it)

Select Travel Type, Enter Activity, # of People, # of Days, Amount per person per day. Enter your amount request. (Preferably in exact percentage, 60%, 50% of total cost) Same with Material, Infrastructure and Other costs. Fill out all fields and request amount.

BUDGET												UPLOA	D DOCUMENTS
Please read the "Gu	idelines'' (availa	ble on the Ung	aluk webpage) b	efor	re fillin	g out t	he budg	et sh	eet. Please sa	ve your work	before leavin	g this pag	ze.
Expenses R	evenues												
Salaries and Benefi	its												
Job Title	# People		# Wooks	Hours Per Week		Hour	Hourly Rate		efits/ urance	Total Costs	Amount Requ from Ungaluk		
Animators	3		52]	.6		25		0		\$62,400.00	31,200.00		Remove
Coordinator	1		52 2	20		30		0		\$31,200.00	15,600.00		Remove
	0)		0		0		\$0.00	0		Remove
											o:		Add Line
Travel													
Travel Type		Activity			# Peo	ole	# Days		Amount Per Person Per Day	Total Costs	Amount Requested f Ungaluk	rom	
Staff Transport	~	Rental skidoo			3		52		200	\$31,200.00	23,400.00		Remove
Staff Transport	~				0		0		0	\$0.00	0		Remove
L					1				1	1			Add Line
Materials													
Maria and		A							Amount Per	THE	Amount R	equested	

	28	<i>62</i>	12 A	22			
Material	Activity/Type	# Items	# Days	Amount Per Item Per Day	Total Costs	Amount Requested from Ungaluk	
Activity Supplies	Camping	60	1	50	\$3,000.00	3000.00	Remove
		0	0	0	\$0.00	0	Remove

Add Line

Revenues

This section is important to be filled out. Funds will not be provided for projects requesting 100% of their budget from the Ungaluk Program as per guidelines.

General Information Goals Target Groups	Description Culture Impacts / Resu	Ilts Partners Activities <u>Bu</u>	udget Submit Applicatio
BUDGET Please read the "Guidelines" (available on the Ung	aluk webpage) before filling out the budget she	eet. Please save your work before leav	UPLOAD DOCUMENTS
Expenses Revenues	Description	In-kind	Amount
Organizational contribution Please describe and provide the total amount (in- kind or amount) provided by your organization/institution			\$0.00
Confirmed Revenue from other organizations Please provide the name(s) of contributor(s) and describe and provide the total amount (in-kind or amount) from other contributions to the project.	Organization 'A'		\$20,000.00
Potential revenue from other organizations Please provide the name(s) of contributor(s) and describe and provide the total amount (in-kind or amount) from other contributions to the project.	Organization 'B'		\$10,000.00

Please provide the names of contributors

Organizational Contribution: Provided by your Organization.

Confirmed Revenue from other Organizations: Funds that you requested that are confirmed.

Potential Revenue from other Organizations: Funds that you requested and awaiting response.

Submit Application

Checklist

Information that appears in the table below shows which sections of your application are complete/incomplete. You cannot submit your application until all the required information is provided. Please review carefully and make the necessary updates.

	Goals Ta	arget Groups	Description	culture	Impacts / Results	Partners	Activities	Budget	Submit Applicat
UBMIT APPLICATION									
Checklist									
he information that app nformation is provided.					cation are complete	/incomplete. You	cannot submit	your applica	ition until all requir

I acknowledge that should this project be approved for funding, I will be required to enter into a formal agreement which will outline the terms and conditions.

Name and title of signing authority (Project Manager)

Organization/Institution Name

Submit Application

Date

Once your application has been validated and signed, click on the Submit Application is submitted, you will not be able to edit its content.	button to send your application for review. Please note that once your application
Submit App	plication