**Harvester Support Grant**

**Application form**

Feel free to use another format, as long as all the information below is included.

To apply, send your request by email to llaflamme@makivvik.ca

OR call at 418-522-2224 ext. 3

**Project title:**

|  |  |
| --- | --- |
| **Organization:** NV of Puvirnituq | **Address:** |
| **Community:**  |
| **Contact person (name & title):** | **Phone:**  |
| **Email:**  |

**What are your project objectives? What does your project aim to do?** (check all that apply)

[ ] Support harvesters & sustainable harvest

[ ] Increase country food sharing

[ ] Pass on Inuit knowledge

[ ] Support youth participation in harvesting

[ ] Support elders, widows, or people with disabilities participation in harvesting

[ ] Support people & families with limited resources participation in harvesting

[ ] Other:

**Provide a short description of the project**

*Describe planned activities and how it will support harvesters and country food sharing. Please include:*

* *When and where the project will take place*
* *Describe Inuit knowledge that will be passed on*
* *Describe how you plan to share country food within your community*

**Participants**

How many harvesters do you expect to participate? :

Among them, how many youths or less experienced harvesters do you plan to include? :

How do you plan to select the harvesters who will participate in the project? :

**BUDGET**

|  |  |  |
| --- | --- | --- |
|  | **Description** | **Amount ($)** |
| **Food** |  |  |
| **Gas** |  |  |
| **Honorarium (e.g., knowledge holder, guide, helper, cook, etc.)** |  |  |
| **Camping gear & clothing** |  |  |
| **Equipment rental (e.g., canoe, tent, etc.)** |  |  |
| **Transportation (e.g., charter, flight)** |  |  |
| **Safety equipment\*****(e.g. satellite phone, life jacket, first aid kit)** |  |  |
| **Other\*:**  |  |  |
| **TOTAL:** |  |

\*if applying for funding for equipment, material, or small infrastructure (e.g. cabin), please provide a quotation or a detailed list of equipment/material and cost.

**Other funding sources**

|  |  |  |
| --- | --- | --- |
| **Name of the funding program**  | **Amount requested** | **Confirmed (yes/no)** |
|  |  |  |
|  |  |  |

**Thank you for your work in supporting harvesting and country food sharing in Nunavik**